

PLACEMENT CHECKLIST

Trip Number: _____ **Observer:** _____ **Vessel LOA:** _____ **ft**

Vessel Name: _____ **Permit Number:** _____ **Call sign:** _____

Placement Meeting

Date: _____ Time: _____
Captain Phone Number: _____

Owner/Agent: _____
 Others: _____

Placement Meeting Participants

Vessel Specification

Communication Equipment: SSB / VHF/ DSC / Sat
 Is DSC registered: Y / N , Linked to GPS: Y / N
 (comment if non-operational)

Water Supply: B / T / H2O Maker Head: Y / N
 Tank Volume: _____ Shower: Y / N
 Number of Bunks: _____ Reasonable Privacy: Y / N

De-hooking equipment:

Long-handed de-hooker
 Long-handed line cutter
 Short-handed de-hooker
 Mouth Gags
 Bolt Cutters
 Pole Gaff
 Dip Net
 Tire
 Mackerel type bait (Shallow Set Only)
 Blue Dye Tubs x _____ (Shallow Set Only)

Fishing Trip Information

Trip Length: _____ Trip Type: D / S
 Number of Sets: _____
 Number of Crew: _____

Observer Gear

Bag #: _____
 Sat. phone #: _____

Vessel Safety Checklist

Distress Signals Exp. Dates

6 X Hand
 3 X Parachute
 3 X Smoke

of Charged Fire Extinguishers: _____ Current insps? _____

Approval: USCG? _____ Marine? _____ Proper Brackets? _____

of correctly installed Ring Life Buoys: _____

Number of PFDs: _____

of immersion suits (always required above 32 N): _____

Emergency Procedures Posted: Y / N

First Aid Kit: Y / N

First Aid and CPR Certified: Y / N

of certified drill instructors : _____

Survival Craft

Number of Persons: _____ Correct installation: Y/ N
 Manufacture Date: _____
 Inspection Exp: _____
 Hydrostatic Exp: _____

Emergency Position Indicating Radio Beacon

Battery test: P / F Correct installation: Y/N
 Battery Exp: _____ Hydrostatic Date: _____
 UIN: _____

CG Inspection Number: _____
 CG Inspection Exp: _____

Comments: Note safety deficiencies, including those that do not prevent observers placement.
 List aid provided to vessel:

Deficiencies in shaded areas prevent observer deployment
 For tallies, circle total
 For multiple Exp dates record earliest
 If vessel has Safety Orientation Log, have observer sign

Port Coordinator Departure Checklist

Trip no: _____

Observer _____

- Select Vessel
- If shallow-set trip, send LLTPS to Kevin Busscher
- Assign Trip Number
- Setup Placement Meeting

Travel Pouch Papers

- Y / N
- Company phone protocols

Placement

- Check out/ Replenish gear
- EPIRB test
- Survival suit Practice _____
- Test fit DNA corer to sampling pole
- Observer departs
- Update Longline Trip Log

Place/ No Place list

Communication gear

Functioning VHF&SSB/ or SAT

Place	No-place
x	

Signals

Quantity smoke _____
 Quantity hand _____
 Quantity rocket _____
 Dates on all _____

Place	No-place
	x
	x
	x
	x

Fire Extinguishers

Quantity _____
 Charge gauge _____
 Service tag/documents _____

Place	No-place
	x
	x
	x

Ring Buoys

Quantity _____
 Serviceability _____
 Mounting (not tied down) _____
 1 w/ 90' rope _____

Place	No-place
	x
	x
	x
	x

PFD/Immersion suits

Quantity _____
 light/sound devices _____
 Serviceability _____

Place	No-place
	x
x	
x	

First aid/CPR

1 1st aid _____
 1 CPR _____
 1st aid manual w/ first aid kit (stocked) _____

Place	No-place
x	
x	
x	

Station bill

posted and filled out _____

Place	No-place
	x

Drills/Orientation

Monthly drill _____
 Safety orientation _____

Place	No-place
x	
	x

Liferaft

Capacity _____
 Service _____
 Hydrostatic date _____
 Hydrostatic installation _____
 Raft installation _____

Place	No-place
	x
	x
	x
	x
	x

EPIRB

Testing _____
 Battery date _____
 Registration _____
 Installation _____
 Hydrostatic release date _____

Place	No-place
	x
	x
x	
	x
	x

CFVSE Decal

Place	No-place
	x