



## **Observer Logbook**

NOAA

Name:			
Time period:			

This logbook is to be used to record all details of your deployment. Take a few minutes to look at each section to familiarize yourself with the format. Each section has instructions on what information to include and how to record it. Please refer to your sampling manual for more detailed instructions, such as documenting a suspected violation.

Always date your entries so that the chronology of events can be traced in each section.

Your logbook is a valuable document. Please make the effort to maintain it, and keep it in a safe place.

All entries must be made in blue or black ink.

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#### **WCGOP Contact Information**

WCGOP database website: https://nwcoa3.nwfsc.noaa.gov/obsprod/logon.display

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To reach any of the NMFS Coordinators, call toll-free 1-866-780-8064

NOAA SASH Helpline: 1-866-288-6558; Website & Online Chat: http://NOAASASHHelpline.org; Text: (202) 335-0265

## **Paperwork Reduction Act (PRA)**

The PRA requires federal agencies to obtain clearance in order to ask questions of members of the public. All questions asked by west coast groundfish observers have been approved under OMB Control No. 0648-0593 through 10/31/2018. Under the Magnuson-Stevens Fishery Conservation and Management Act (MSA) and implementing regulations, vessels are required to answer any question related to observer and vessel safety. However, vessels are not required to answer any other question asked by the observer. Vessel's willingness to answer all questions asked by observers is voluntary and this willingness is appreciated as it will ensure observer data collected on the vessel can be used in future analyzes.

The observer program can be contacted toll free at: (866) 780-8064 or by the program's email address at NWFSC.observerprogram@noaa.gov if anyone has any questions.

A "Paperwork Reduction Act Information" sheet is mailed to all selected vessels for observer coverage and is included with their selection letter.

#### **Paperwork Reduction Act Information**

Information collected through the observer program is used to: (1) monitor catch and bycatch; (2) understand the population status and trends of fish stocks and protected species, as well as the interactions between them; (3) determine the quantity and distribution of net benefits derived from living marine resources; (4) predict the biological, ecological, and economic impacts of existing management actions and proposed management options; and (5) ensure that the observer programs can safely and efficiently collect the information required for the previous four uses. In particular, these biological and economic data collection programs contribute to legally mandated analyses required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA),

the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law.

Most of the information collected by observers is obtained through "direct observation by an employee or agent of the sponsoring agency or through non-standardized oral communication in connection with such direct observations". Under the Paperwork Reduction Act (PRA) regulations at 5 C.F.R. 1320.3(h)(3), facts or opinions obtained through such observations and communications are not considered to be "information" subject to the PRA. The public reporting burden for responding to the questions that observers ask and that are subject to the PRA is estimated to average 34 minutes per trip, including the time for hearing and understanding the questions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: West Coast Groundfish Observer Program, 2725 Montlake Blvd. East, Seattle, WA 98112.

Providing information related to observer and vessel safety is mandatory under regulations at 50 C.F.R. 600.746. However, all other requested information is voluntary. Although you are under no legal obligation to answer non-safety related observer questions, we would appreciate your support as it ensures observer data can be used for its intended purpose. The information collected will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

## **List of Vessels**

List in chronological order the following information for each of the vessels you were assigned to during this deployment. List each vessel once and list the embark and disembark dates for each trip.

Vessel name & USCG# or State Reg#:	
Master/Captain name:	
Embark & Disembark date(s):	
Vessel name & USCG# or State Reg#:	
Master/Captain name:	
Embark & Disembark date(s):	
Vessel name & USCG# or State Reg#:	
Master/Captain name:	
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Vessel name & USCG# or State Reg#:	
Master/Captain name:	
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Master/Captain name:	
Embark & Disembark date(s):	
Vessel name & USCG# or State Reg#:	
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Embark & Disembark date(s):	

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14	15	16	17	18	19	20	11	12	13	14	15	16	17	11	12	13	14	15	16	17
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28	29	30	31	1	2	3	25	26	27	28	1	2	3	25	26	27	28	29	30	31
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30 7 14 21	1 8 15 22	Tue 2 9 16 23	3 10 17 24	Thu 4 11 18 25	5 12 19 26	6 13 20 27	28 4 11 18	29 5 12 19	Tue 30 6 13 20	31 7 14 21	1 8 15 22	2 9 16 23	3 10 17 24	1 8 15 22	9 16 23	Tue 3 10 17 24	Wed 4 11 18 25	5 12 19 26	Fri 6 13 20 27	7 14 21 28
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30 7 14 21 28 4	1 8 15 22 29 5	2 9 16 23 30 6	3 10 17 24 31 7	Thu 4 11 18 25 1 8	5 12 19 26 2 9	6 13 20 27 3 10	28 4 11 18 25 1	29 5 12 19 26 2	Tue 30 6 13 20 27 3	Wed 31 7 14 21 28 4	1 8 15 22 29 5	2 9 16 23 30 6	3 10 17 24 31 7	1 8 15 22 29 6	9 16 23 30 7	Tue 3 10 17 24 1 8	Wed 4 11 18 25 2 9	5 12 19 26 3 10	Fri 6 13 20 27 4 11	7 14 21 28 5 12
30 7 14 21 28 4	1 8 15 22 29 5	Tue 2 9 16 23 30 6	3 10 17 24 31 7	Thu 4 11 18 25 1 8	5 12 19 26 2 9	6 13 20 27 3 10	28 4 11 18 25 1	29 5 12 19 26 2	Tue 30 6 13 20 27 3	Wed 31 7 14 21 28 4	1 8 15 22 29 5	2 9 16 23 30 6	3 10 17 24 31 7	1 8 15 22 29 6	Mon 2 9 16 23 30 7	Tue 3 10 17 24 1 8	Wed 4 11 18 25 2 9	5 12 19 26 3 10	Fri 6 13 20 27 4 11 Fri	7 14 21 28 5 12
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## **Vessel Safety**

Prior to boarding a vessel for the first time, you are required to check the vessel for safety equipment required by U.S. Coast Guard regulations. Check the major safety items identified below. Please be aware that certain items on the safety checklist may not be required for vessels of certain sizes or operating in certain geographic areas. For further information, refer to the US Coast Guard publication "Federal Requirements for Commercial Fishing Industry Vessels" or contact your coordinator.

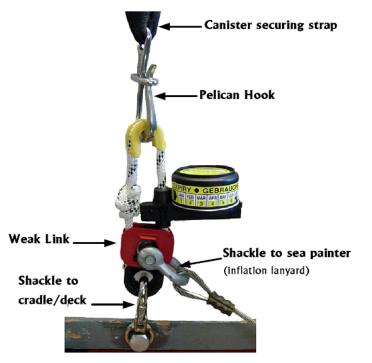
Write thorough comments on any items that are unavailable, expired, unsafe, or you feel are not adequate.

Advise your NMFS coordinator of any unsafe situations. Do not leave on a vessel that you do not feel is safe. Items listed below may not necessarily deem a vessel safe. Hydrostatic releases are good for two years from installation date. Equipment expires midnight of the last day of the month listed. Ex. A hydrostatic release marked 11/2018 expires midnight Nov 30, 2018. Do not leave on a vessel if any piece of equipment will expire during the trip. Each trip, verify that the safety gear remains on the vessel and is in working order. Mail, fax, or email this form to your coordinator prior to leaving on the first trip.

Float-free arrangement: Life raft in the alternate float-free arrangement



Hydrostatic release set-up: The hydrostatic release must be current, hooked up properly and the expiration date marked



## **WCGOP Vessel Safety Checklist Instructions**

Depending upon the vessel length, the area of operation and number of crew, the safety equipment required under USCG regulations will vary. For details, be sure to refer to the "Federal Requirements for Commercial Fishing Industry Vessels" pamphlet. After referring to the pamphlet, if you still have questions contact your lead observer or coordinator.

## Commercial Fishing Vessel Safety Examination Decal

- Record the Vessel Name and USCG/State Registration number. These are available in the WCGOP Database and should be confirmed during the vessel safety check.
- Look for a current USCG Commercial Fishing Vessel Safety Examination decal. These decals are valid for two years from the last day of the month issued. Currently there are two versions of the decal in circulation, those with an expiration date and those with an issue date. This date is indicated with the hole punched. Mark on the checklist the exact marks from the decal including documented/undocumented, location, year and month. Also record the decal number.
- Confirm that the vessel only plans to operate in the area marked on the decal.
- Is the Decal Valid? Circle Yes or No.

#### **Life Rafts**

- Circle either Inflatable, Buoyant apparatus, None, or N/A. If N/A draw a line though the rest of this section.
- Total Capacity: Fill in the box with the number of people the liferaft can accommodate.
- Total number of people on-board: Fill in the box with total number of people on-board the vessel, including yourself. Be sure to confirm how many vessel personnel will be on the trip including last minute friends/family members.
- Life raft/s able to float free? Circle Yes or No. In an emergency situation, would the raft float free of the rigging and equipment? The cradle of a float free raft needs to be bolted or attached to the vessel. The raft should not be attached to the cradle, but the painter line needs to be attached to the vessel with a weak link in between the painter line and the attachment.

- Service due sticker expiration date: Record the repack date. The expiration date is the last day of the month displayed.
- Hydrostatic release/weak link expiration date: Record the expiration date of the hydrostatic release/weak link. The weak link expiration date is for float free life-rafts only. The hydrostatic release is good for 2 years from installation date.
- Life raft Equipment? Circle either SOLAS A, SOLAS B, Coastal, PA, PB, or Ocean Service.
- Write notes to the left in the margin if it's labeled as
   Ocean Service (SOLAS A equivalent) or Limited Service
   (SOLAS B equivalent).

#### **Immersion Suits/PFDs**

- Immersion Suits on-board? Circle Yes, No, or N/A. Not including the observers.
- Is there one for each person on-board? Circle Yes or No.
   Observers should have their own immersion suit issued by WCGOP.
- Location(s): Document where the immersion suits are stowed.
- Is there a PFD for each person on-board? Circle Yes or No. Observers should have their own PFD issued by WCGOP.
- Location(s): Document where the PFDs are stowed.

#### **Fire Extinguishers**

- Present: Circle Yes or No. Document the total number.
- Extinguishers in serviceable condition? Circle Yes
  or No. Extinguishers with gauges need to have
  gauges registering in the green to be considered
  serviceable. Extinguishers without gauges, such as CO2
  extinguishers, should be considered serviceable if they
  appear to be in good shape and good working order.
  No dents, severe rust, broken valves, or cracked hoses
  should be present.
- Location(s): Record the locations of all fire
  extinguishers. Use note section on the back of the safety
  checklist if necessary. Make sure you remember their
  location and how to remove them from their bracket in
  case of an emergency.

#### **Flares**

- Location(s): Record where flares are stowed on-board.
- Handheld: Record the number and expiration dates of handheld flares on-board.
- Parachute: Record the number and expiration dates of parachute flares on-board.
- Smoke: Record the number and expiration dates of smoke flares on-board.
- Meteor: Record the number and expiration dates of meteor flares on-board.
- Flares expire on the last day of the month listed as the expiration date.
- Remember that expired flares cannot be stored in the same container as unexpired flares.

#### **Type IV Throwable PFDs**

- Type: circle: ring, cushion, or lifesling.
- Easily Accessible? Circle Yes or No.
- How many are on the vessel? Record number of throwable PFDs.
- Location(s): Record location(s) of throwable PFDs. Be sure to note their locations and how to access them from your sampling area in a man overboard situation.
- Document any other signaling devices on board.

#### **EPIRB**

- Visually inspect EPIRBs. Leave all handling and testing to the crew. If an EPIRB is accidentally activated, notify the USCG on VHF Channel 16 immediately.
   Be prepared to give them the vessel's name, and approximate location.
- Present: Circle Yes, No or N/A. If N/A draw a line though the rest of this section.
- Located in a float free location? Circle Yes, No, or N/A.
   Only Type I EPIRBs need to be mounted in a float free location. Type II EPIRBs only need to be accessible.
   Observer EPIRBs do not qualify as a vessel's EPIRB.
- Registered to the vessel? Circle Yes or No. The vessel name on the sticker must match the vessel it is on. If No, contact your coordinator.
- Signal tested? Circle Yes or No. Have the captain/crew test if possible or ask to see the log of the monthly tests.

- Alphanumeric code on sticker matches code on EPIRB?
   Circle Yes or No. If No, contact your coordinator.
- Battery expiration date(s): Record the battery expiration dates. The battery expires on the last day of the month displayed.
- Hydrostatic releases date: Record the hydrostatic release date. The hydrostatic releases are good for two years from the installation date.
- NOAA registration sticker expiration date: Record
  the expiration date, month/day/year. If the EPIRB
  registration sticker has expired an observer can not
  depart on that vessel until the EPIRB registration
  form has been filled out either on-line, or a hard copy
  has been faxed or mailed to the SARSAT Office. See
  instructions in manual for details on how to assist vessel
  owner in registering an EPIRB.

#### **Additional Safety Checks**

- First Aid Materials present? Circle Yes or No. Record location stowed.
- Who on-board, other than yourself, is currently certified for CPR/First Aid? Record name and position.
- Number of working radios: Record the number and type (CB, VHF, SSB) of working radios. Be aware of which radios actually work and which ones don't. Look for an "emergency button" which automatically takes you to the emergency channel for that type of radio.
- Watertight doors/hatches work properly? Circle Yes, No, N/A. If no, include comments in notes. Watertight doors and hatches should open, close, and seal.
- Did you see the bilge pumps? Circle Yes, No, or N/A. If No, include comments in notes.
- Hatches/passageways unobstructed? Circle Yes or No. If No, include comments in notes. Hatches and passageways should be free of clutter or gear that could shift and obstruct passage openings.
- Did you hear the general/high water alarm? Circle Yes or No. If No, include comments in notes.
- Is there adequate means of escape? Does the vessel have adequate means of escape from your quarters? Circle Yes or No. If No, include comments in notes.
- Is there an anchor present? Circle Yes or No. Does it have chain attached to it? If No, include comments in notes.
- Is there a station Bill posted? Circle Yes or No.

- Was a wheel watch arranged? Circle Yes or No. If No, include comments in notes. Observers are not allowed to leave on a vessel if a proper wheel watch is not maintained.
- Charts and compass present? Circle Yes, No, or N/A. If No, include comments in notes. Charts can be electronic or paper.
- Were you given Emergency directions? Circle Yes or No and record what they were. Did the skipper ensure that you were given, a safety orientation? If not, ask the skipper to do so.

#### **Notes Section**

Additional comments/concerns: Additional comments about items not mentioned above should be documented in the notes section, including, but not limited to, the quality of the bin boards, excess water in the bilge or lazarette, the amount of gear/clutter on deck, lack of anchor chain, unsafe bunk situations or any other safety issues warranting documentation.

## **Vessel Safety Checklist**

All highlighted equipment and safety topics must b	e checke	ed off be	fore you leave port. OPERATIONS		2019			
Do not deploy if any are not verified or current.			☐ Cold Waters ☐ Warm Waters ☐ Inside Boundary Lir		2020 <u> </u>			
/essel name:			Beyond Boundary L	ine	JAN JU			
JSCG/State registration#:			☐ < 12 NM U	S VESSEL MEETS ALL SCG COMMERCIAL ISHING INDUSTRY SSEL REGULATIONS FOR OPERATING	APR OC			
Life Rafts			Decal Verification	REAS AS MARKED	JUN DE CG-5587A (Rev. 608)			
☐ Inflatables ☐ Buoyant apparatus ☐ None ☐	1 N/A		Complete the above sticker as it	partment of Honseland Secu	rity			
Total capacity:Total # people on board:				lds are ch	ecked:			
Life raft able to float free? ☐ Yes ☐ No			□ Documented □ Expiration month					
Service sticker expiration date*:			☐ Locations ☐ Expiration year					
Hydrostatic release expiration **:								
Life raft equipment? ☐ SOLAS A ☐ SOLAS B ☐ PA ☐ PB ☐ Ocean Service	□ Coas	tal	Is the decal valid? ☐ Yes ☐ No					
Immersion Suits			Flares					
On board? ☐ Yes ☐ No ☐ N/A			Required (unless inside 3 miles); 6 handheld, 3 Para					
One for each person? ☐ Yes ☐ No			Location(s):					
Location:			Handheld: how many: Exp. da					
DED ( ) O D V D V			Parachute: how many: Exp. dat Smoke: how many: Exp. dat					
PFD for each person? ☐ Yes ☐ No  Location:			Meteor: how many: Exp. dat					
Fire Extinguishers			Type IV Throwable					
Present? ☐ Yes ☐ No How many?			☐ Ring ☐ Cushion ☐ Lifesling					
Serviceable? ☐ Yes ☐ No			Easily accessible?					
			Number: Location(s):					
Location:			Other signaling devices:					
EPIRBS								
Present? ☐ Yes ☐ No ☐ N/A In float-free location?	□ Yes	□ No I	Registered to this vessel? ☐ Yes ☐ No Signal tes	ted? □ Ye	s 🗆 No			
Decal's alphanumeric code matches EPIRB code?	☐ Ye	s 🗆 No	Location(s):					
Battery exp. date*:			Hydrostatic release exp. date*:					
NOAA registration sticker:			Exp. date:					
Additional Checks								
First aid materials present? ☐ Yes ☐ No Loca	tion:							
Who besides you is CPR Certified? (Name & posit	ion):							
Working radios: how many?		_Type:						
Digital selective calling (DSC) enabled radio present?	□ Yes	□ No	DSC registered and radio interfaced with GPS?	' □ Yes	□ No			
Watertight doors/hatches working properly?	☐ Yes	□ No	Is there an anchor present?	☐ Yes	□ No			
Did you see the bilge pumps?	☐ Yes	□ No	Is there a Station Bill posted?	☐ Yes	□ No			
Hatches/passageways unobstructed?		□ No	Was a wheel watch arranged?	☐ Yes	□ No			
Did you hear the general/high water alarms?		□ No	Charts and compass present?	□ Yes	□ No			
Is there adequate means of escape?	☐ Yes	⊔ No	Were you given emergency directions?	☐ Yes	□ No			
What were the emergency instructions?								
Observer signature:			Print:					
Date:		1 (1			11 1			

Commercial Fishing Vessel Safety **EXAMINATION** 

2018

#### **Completed Vessel Safety Checklist**

After completing the checklist, sign the form, print your name and date it. Email, text, or fax a copy of the checklist and all associated notes to your provider (CS) or coordinator (NCS). If you have any safety questions or concerns, please contact the following coordinators:

John LaFargue, CA Coordinator 427 F Street #217 Eureka CA 95501

Office: 707.443.3228 Cell: 530.604.7386

Email: John.LaFargue@noaa.gov

Scott Leach, WA/OR Coordinator Hatfield Marine Science Center 2032 SE OSU Dr Newport OR 97365

Fax: 541.867.0505 Office: 541.351.8250 Cell: 541.366.8080

Email: Scott.Leach@noaa.gov

Notes		

## **Vessel Safety Checklist**

All highlighted equipment and safety topics must be Do not deploy if any are not verified or current.	e checke	ed off bej	fore you leave port.  OPERATI  Cold Wates  Warm Wat	ONS	2019 2020 2021			
			☐ Inside Bou	undary Line oundary Line	JAN JU			
/essel name:			FROM COASTL    < 3 NM   < 12 NM	THIS VESSEL MEETS ALL USCG COMMERCIAL	MAD CE			
JSCG/State registration#:			< 20 NM	FISHING INDUSTRY VESSEL REGULATIONS FOR OPERATING AREAS AS MARKED	MAY NO			
Life Rafts			Decal Verification  AREAS AS MARKED NO.					
☐ Inflatables ☐ Buoyant apparatus ☐ None ☐	I N/A		Complete the above sticker as it	U.S. Department of Homeland Secur	ity			
Total capacity:Total # people on board	:		appears on the vessel. Be sure the following	ng fields are ch	ecked:			
Life raft able to float free? ☐ Yes ☐ No			☐ Documented ☐ Expiration m	onth				
Service sticker expiration date*:			☐ Locations ☐ Expiration ye	ear				
Hydrostatic release expiration **:								
Life raft equipment? ☐ SOLAS A ☐ SOLAS B ☐ PA ☐ PB ☐ Ocean Service	□ Coas	tal	Is the decal valid? ☐ Yes ☐ No					
Immersion Suits			Flares					
On board? ☐ Yes ☐ No ☐ N/A			Required (unless inside 3 miles); 6 handheld, 3	Parachute, 3 Sn	ıoke			
One for each person? ☐ Yes ☐ No			Location(s):					
Location:			Handheld: how many: Exp					
			Parachute: how many:Exp					
PFD for each person? ☐ Yes ☐ No			Smoke: how many:Exp					
Location:			Meteor: how many: Exp	o. date*:				
Fire Extinguishers			Type IV Throwable					
Present? ☐ Yes ☐ No How many?			☐ Ring ☐ Cushion ☐ Lifesling					
Serviceable? ☐ Yes ☐ No			Easily accessible? ☐ Yes ☐ No					
			Number: Location(s):					
Location:			Other signaling devices:					
EPIRBS								
Present? ☐ Yes ☐ No ☐ N/A In float-free location?	□ Yes	□ No F	Registered to this vessel? ☐ Yes ☐ No Signa	al tested? □ Ye	s □ No			
Decal's alphanumeric code matches EPIRB code?								
Battery exp. date*:								
NOAA registration sticker:								
Additional Checks								
First aid materials present? ☐ Yes ☐ No Loca	tion:							
Who besides you is CPR Certified? (Name & posit	ion):							
Working radios: how many?		Type:						
Digital selective calling (DSC) enabled radio present?		* *	DSC registered and radio interfaced with 0		□ No			
Watertight doors/hatches working properly?		□ No	Is there an anchor present?	□ Yes	□ No			
Did you see the bilge pumps?	□ Yes	□ No	Is there a Station Bill posted?	□ Yes	□ No			
Hatches/passageways unobstructed?	□ Yes	□ No	Was a wheel watch arranged?	□ Yes	□ No			
Did you hear the general/high water alarms?	□ Yes	□ No	Charts and compass present?	□ Yes	□ No			
Is there adequate means of escape?	□ Yes	□ No	Were you given emergency directions?	□ Yes	□ No			
Vhat were the emergency instructions?								
Dbserver signature:			Print:					
Date:	extrinae tha	last day of	f the mouth displayed ** Hydrostatic releases are valid for	two years from inst	allation da			

Commercial Fishing Vessel Safety **EXAMINATION** 

#### **Completed Vessel Safety Checklist**

After completing the checklist, sign the form, print your name and date it. Email, text, or fax a copy of the checklist and all associated notes to your provider (CS) or coordinator (NCS). If you have any safety questions or concerns, please contact the following coordinators:

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Email: Scott.Leach@noaa.gov

Notes		

## **Vessel Safety Checklist**

All highlighted equipment and safety topics must be checked off before you leave port. D

Do not deploy if any are not verified or current.		☐ Cold Waters☐ Warm Waters☐ Inside Bound	1790	2020 _
Vessel name:		☐ Beyond Bour	ndary Line	JAN JUL FEB AUG MAR SEP
USCG/State registration#:		< 12 NM      < 12 NM      < 20 NM      < 50 NM	USCG COMMERCIAL FISHING INDUSTRY VESSEL REGULATIONS FOR OPERATING	APR OCT
Life Rafts  ☐ Inflatables ☐ Buoyant apparatus ☐ None ☐ N/A  Total capacity:Total # people on board:  Life raft able to float free? ☐ Yes ☐ No  Service sticker expiration date*:  Hydrostatic release expiration **:  Life raft equipment? ☐ SOLAS A ☐ SOLAS B ☐ Co		☐ Documented ☐ Expiration mo	onth	CG-5587A (Rev. 6/08)
Immersion Suits  On board?		Flares  Required (unless inside 3 miles); 6 handheld, 3 P.  Location(s):  Handheld: how many:  Parachute: how many:  Smoke: how many:  Exp.  Exp.	date*: date*:	
Fire Extinguishers  Present?		Meteor: how many:Exp.  Type IV Throwable  □ Ring □ Cushion □ Lifesling  Easily accessible? □ Yes □ No  Number: Location(s):  Other signaling devices:		
EPIRBS  Present? □ Yes □ No □ N/A In float-free location? □ No □ No □ N/A In float-free location? □ No □ N	Yes □ No	Location(s):  Hydrostatic release exp. date*:		
Additional Checks  First aid materials present? □ Yes □ No Location:  Who besides you is CPR Certified? (Name & position):				
Working radios: how many?  Digital selective calling (DSC) enabled radio present?  Watertight doors/hatches working properly?  Did you see the bilge pumps?  Hatches/passageways unobstructed?  Did you hear the general/high water alarms?  Is there adequate means of escape?	Type:  Type:  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No  Yes  No	DSC registered and radio interfaced with GI Is there an anchor present? Is there a Station Bill posted? Was a wheel watch arranged? Charts and compass present? Were you given emergency directions?		
What were the emergency instructions?				
Observer signature:		Print:		
Date: * Expires	s the last day o	f the month displayed. ** Hydrostatic releases are valid for tw	o years from ins	tallation date

Commercial Fishing Vessel Safety **EXAMINATION** 

2018 2019

VESSEL

#### **Completed Vessel Safety Checklist**

After completing the checklist, sign the form, print your name and date it. Email, text, or fax a copy of the checklist and all associated notes to your provider (CS) or coordinator (NCS). If you have any safety questions or concerns, please contact the following coordinators:

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Notes	

## **Vessel Safety Checklist**

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All highlighted equipment and safety topics must be Do not deploy if any are not verified or current.	e checke	ed off be	Cold Waters Warm Waters	1790	2019 [ 2020 [ 2021 [
Vessel name:			☐ Inside Boundary L☐ Beyond Boundary FROM COASTLINE	Line	JAN JU FEB AU MAR SE
USCG/State registration#:			□ < 3 NM TH	IS VESSEL MEETS AL USCG COMMERCIAL FISHING INDUSTRY ESSEL REGULATIONS FOR OPERATING	APR OC
Life Rafts			> 50 NM	O.	JUN DE CG-5587A (Rev. 6408)
☐ Inflatables ☐ Buoyant apparatus ☐ None ☐	I N/A		Complete the above sticker as it	Department of Homeland Secu	
Total capacity:Total # people on board			•	elds are ch	necked:
Life raft able to float free? ☐ Yes ☐ No			☐ Documented ☐ Expiration month		
Service sticker expiration date*:			☐ Locations ☐ Expiration year		
Hydrostatic release expiration **:					
Life raft equipment? ☐ SOLAS A ☐ SOLAS B ☐ PA ☐ PB ☐ Ocean Service	□ Coas	tal	Is the decal valid? ☐ Yes ☐ No		
Immersion Suits			Flares		
On board? □ Yes □ No □ N/A			Required (unless inside 3 miles); 6 handheld, 3 Para		
One for each person? ☐ Yes ☐ No			Location(s):		
Location:			Handheld: how many: Exp. da		
			Parachute: how many: Exp. da Smoke: how many: Exp. da		
PFD for each person? ☐ Yes ☐ No			Meteor: how many: Exp. da		
Location:			Exp. do		
Fire Extinguishers			Type IV Throwable		
Present? ☐ Yes ☐ No How many?			☐ Ring ☐ Cushion ☐ Lifesling		
Serviceable? ☐ Yes ☐ No			Easily accessible? ☐ Yes ☐ No		
			Number: Location(s):		
Location:			Other signaling devices:		
EPIRBS					
Present? ☐ Yes ☐ No ☐ N/A In float-free location?	□ Yes	□ No I	Registered to this vessel? ☐ Yes ☐ No Signal tes	sted? □ Ye	es 🗆 No
Decal's alphanumeric code matches EPIRB code?	☐ Ye	s 🗆 No	Location(s):		
Battery exp. date*:			Hydrostatic release exp. date*:		
NOAA registration sticker:			Exp. date:		
Additional Checks					
First aid materials present? ☐ Yes ☐ No Loca	ition:				
Who besides you is CPR Certified? (Name & posit	tion):				
Working radios: how many?		_Type:			
Digital selective calling (DSC) enabled radio present?	□ Yes	□ No	DSC registered and radio interfaced with GPS	? □ Yes	□ No
Watertight doors/hatches working properly?	□ Yes	□ No	Is there an anchor present?	☐ Yes	□ No
Did you see the bilge pumps?	☐ Yes	□ No	Is there a Station Bill posted?	☐ Yes	□ No
Hatches/passageways unobstructed?	☐ Yes	□ No	Was a wheel watch arranged?	☐ Yes	□ No
Did you hear the general/high water alarms?	□ Yes		Charts and compass present?	□ Yes	□ No
Is there adequate means of escape?	☐ Yes	□ No	Were you given emergency directions?	☐ Yes	□ No
What were the emergency instructions?					
Observer signature:			Print:		
Date:					. 11 .: 1

Commercial Fishing Vessel Safety **EXAMINATION** 

2018

#### **Completed Vessel Safety Checklist**

After completing the checklist, sign the form, print your name and date it. Email, text, or fax a copy of the checklist and all associated notes to your provider (CS) or coordinator (NCS). If you have any safety questions or concerns, please contact the following coordinators:

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Notes	

## **Vessel Safety Checklist**

All highlighted equipment and safety topics must b	e checke	ed off be	fore you leave port.		2019		
Do not deploy if any are not verified or current.		υ.	Cold Waters Warm Waters		2020		
/essel name:			☐ Inside Boundary Li ☐ Beyond Boundary L FROM COASTLINE	ine .ine	JAN JUL FEB AUG		
JSCG/State registration#:			< 12 NM U	S VESSEL MEETS ALI SCG COMMERCIAL ISHING INDUSTRY SSEL REGULATIONS	APR OCT		
Life Rafts			Decal Verification	FOR OPERATING REAS AS MARKED	JUN DEC		
	7 NI/A		Decai verification	partment of Homeland Secu	(Rev. 6/08)		
☐ Inflatables ☐ Buoyant apparatus ☐ None ☐ Total capacity:Total # people on board:			Complete the above sticker as it appears on the vessel. Be sure the following fie	lde are ch	acked:		
Life raft able to float free?  \( \subseteq \text{Yes} \subseteq \text{No}			□ Documented □ Expiration month		ieckeu.		
Service sticker expiration date*:			·				
Hydrostatic release expiration **:			= Expiration your				
Life raft equipment? ☐ SOLAS A ☐ SOLAS B ☐ PA ☐ PB ☐ Ocean Service			Is the decal valid? ☐ Yes ☐ No				
Immersion Suits			Flares				
On board? ☐ Yes ☐ No ☐ N/A			Required (unless inside 3 miles); 6 handheld, 3 Para	chute, 3 Sn	noke		
One for each person? ☐ Yes ☐ No			Location(s):				
Location:			Handheld: how many: Exp. da				
			Parachute: how many: Exp. da				
PFD for each person? ☐ Yes ☐ No			Smoke: how many: Exp. da				
Location:			Meteor: how many: Exp. date*:				
Fire Extinguishers			Type IV Throwable				
Present? ☐ Yes ☐ No How many?			☐ Ring ☐ Cushion ☐ Lifesling				
Serviceable? ☐ Yes ☐ No			Easily accessible? ☐ Yes ☐ No				
			Number: Location(s):				
Location:			Other signaling devices:				
EPIRBS							
Present? ☐ Yes ☐ No ☐ N/A In float-free location?	□ Yes	□ No I	Registered to this vessel? ☐ Yes ☐ No Signal tes	ted? □ Ye	es □ No		
Decal's alphanumeric code matches EPIRB code?							
Battery exp. date*:			• •				
NOAA registration sticker:							
Additional Checks							
	tion:						
Who besides you is CPR Certified? (Name & posit							
Working radios: how many?		• •	DSC registered and radio interfaced with GPS?				
Watertight doors/hatches working properly?	□ Yes		Is there an anchor present?	□ Yes	□ No		
Did you see the bilge pumps?	□ Yes		Is there a Station Bill posted?	□ Yes	□ No		
Hatches/passageways unobstructed?	□ Yes		Was a wheel watch arranged?	□ Yes	□ No		
Did you hear the general/high water alarms?	□ Yes		Charts and compass present?	□ Yes	□ No		
Is there adequate means of escape?	□ Yes		Were you given emergency directions?	□ Yes	□ No		
What were the emergency instructions?							
Observer signature:			Print:				
Date: *#	Expires the	last day o	f the month displayed. ** Hydrostatic releases are valid for two ye	ars from inst	tallation date		

Commercial Fishing Vessel Safety **EXAMINATION** 

2018

VESSEL
Documented
Undocumented

#### **Completed Vessel Safety Checklist**

After completing the checklist, sign the form, print your name and date it. Email, text, or fax a copy of the checklist and all associated notes to your provider (CS) or coordinator (NCS). If you have any safety questions or concerns, please contact the following coordinators:

John LaFargue, CA Coordinator 427 F Street #217 Eureka CA 95501

Office: 707.443.3228 Cell: 530.604.7386

Email: John.LaFargue@noaa.gov

Scott Leach, WA/OR Coordinator Hatfield Marine Science Center 2032 SE OSU Dr Newport OR 97365

Fax: 541.867.0505 Office: 541.351.8250 Cell: 541.366.8080

Email: Scott.Leach@noaa.gov

Notes	

## **Vessel Safety Checklist**

All highlighted equipment and safety topics must be checked off before you leave port. Do not deploy if any are not verified or current.

Do not deploy if any are not verified or current.			Warm Waters   Inside Boundary   Beyond Boundar		2021 JAN JU
Vessel name:			FROM COASTLINE	THIS VESSEL MEETS ALL USCG COMMERCIAL	FEB AU MAR SE
USCG/State registration#:				FISHING INDUSTRY VESSEL REGULATIONS FOR OPERATING AREAS AS MARKED	MAY NO
<b>Life Rafts</b> □ Inflatables □ Buoyant apparatus □ None	□ N/A		Decai verification	NO.  S. Department of Homeland Secur	CG-5587A (Rev. 6/08)
Total capacity:Total # people on board			appears on the vessel. Be sure the following f	ields are ch	ecked:
Life raft able to float free? ☐ Yes ☐ No			☐ Documented ☐ Expiration mont	:h	
Service sticker expiration date*:			☐ Locations ☐ Expiration year		
Hydrostatic release expiration **:  Life raft equipment? □ SOLAS A □ SOLAS B □ PA □ PB □ Ocean Service			Is the decal valid? ☐ Yes ☐ No		
Immersion Suits			Flares	1 . 20	
On board?			Required (unless inside 3 miles); 6 handheld, 3 Par Location(s):		
One for each person? ☐ Yes ☐ No Location:			Handheld: how many: Exp. d		
Location.			Parachute: how many:Exp. d		
PFD for each person? ☐ Yes ☐ No			Smoke: how many: Exp. d	ate*:	
Location:			Meteor: how many: Exp. d	ate*:	
Fire Extinguishers			Type IV Throwable		
Present? ☐ Yes ☐ No How many? _			☐ Ring ☐ Cushion ☐ Lifesling		
Serviceable? ☐ Yes ☐ No			Easily accessible? ☐ Yes ☐ No		
Locations			Number: Location(s):		
Location:			Other signaling devices:		
EPIRBS					
Present? ☐ Yes ☐ No ☐ N/A In float-free location?	? □ Yes	□ No I	Registered to this vessel? ☐ Yes ☐ No Signal to	ested? □ Ye	s □ No
Decal's alphanumeric code matches EPIRB code'	? □ Ye	s □ No	Location(s):		
Battery exp. date*:			Hydrostatic release exp. date*:		
NOAA registration sticker:			Exp. date:		
Additional Checks					
First aid materials present? ☐ Yes ☐ No Loc	ation:				
Who besides you is CPR Certified? (Name & pos	ition):				
Working radios: how many?		_Type:			
Digital selective calling (DSC) enabled radio present	? □ Yes	□ No	DSC registered and radio interfaced with GPS	3? □ Yes	□ No
Watertight doors/hatches working properly?		□ No	Is there an anchor present?	□ Yes	□ No
Did you see the bilge pumps?		□ No	Is there a Station Bill posted?	☐ Yes	□ No
Hatches/passageways unobstructed?  Did you hear the general/high water alarms?		□ No	Was a wheel watch arranged? Charts and compass present?	□ Yes □ Yes	□ No □ No
Is there adequate means of escape?		□ No	Were you given emergency directions?	☐ Yes	□ No
What were the emergency instructions?					
Observer signature:					
-			f the month displayed. ** Hydrostatic releases are valid for two		
	LAPHES HIE	moi uny 0j	, me momi dispunyed. — 11 yan osudu teleuses die valla fot two	years jroin iilst	munion au

Commercial Fishing Vessel Safety **EXAMINATION** 

2018 2019

2020 🗌

VESSEL

Documented
Undocumented

OPERATIONS

Cold Waters

#### **Completed Vessel Safety Checklist**

After completing the checklist, sign the form, print your name and date it. Email, text, or fax a copy of the checklist and all associated notes to your provider (CS) or coordinator (NCS). If you have any safety questions or concerns, please contact the following coordinators:

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Email: Scott.Leach@noaa.gov

Notes	

Observer name:		Date:	Fis	hery:	
Vessel:	USCG/Sta	te#:	Home port:		
Please complete the following checklist descriptions. The debriefer will review t areas of concern.			1 1		
Were you able to locate all required safe	ty equipment?	☐ Yes ☐ No	If no, please explain	:	
Were you given a safety orientation?	☐ Yes ☐ No	If yes, by who?			
Were you ever left on board alone?	□ Yes □ No	If yes, why and	for how long?		
Were any emergency drills conducted?	□ Yes □ No	If yes, which o	nes?		
Were alcohol and/or drugs used by vess	el personnel to	a degree that you	ı felt your safety was	compromised?	☐ Yes ☐ No
Please provide observations including	incident date(s	s):			-
Did you observe any of the following?					
No problems or accidents occurred		Fire			
Boarding refusal by an observer		Fuel leak			
Vessel refusal of an observer		Parting cables			
Person overboard		Hung up doors			
Collision or grounding		Lack of proper v	vheel watch		
Vessel flooding		Vessel incursion	into a closed area		
Loss of steering control		Observer sampl	ing interference		
Loss of electrical or engine power		Situation involv	ing a potential confli	ct of interest	
Vessel personnel injury or loss of life		MARPOL violat	ion(s)		
Observer injury or illness		Other regulator	y violation (explain b	oelow)	
Please further explain any checked boxe	es providing da	ite(s) on which th	e incident occurred		
Troube further emplain any encoured cont	o, providing du	ite (b) off wiffer th			
Were there any conditions aboard this vand well being? ☐ Yes ☐ No ☐ If ye			•	•	
Did you experience harassment, intimic		•			
If yes, please explain:					

Observer name:		Date:		Fishery:	
Vessel:	USCG/Sta	te#:	Home p	ort:	
Please complete the following checklist to descriptions. The debriefer will review that areas of concern.			1 1		
Were you able to locate all required safe	ty equipment?	☐ Yes ☐ No	If no, please expl	ain:	
Were you given a safety orientation?	☐ Yes ☐ No	If yes, by who	?		
Were you ever left on board alone?	□ Yes □ No	If yes, why an	d for how long? _		
Were any emergency drills conducted?	□ Yes □ No	If yes, which o	ones?		
Were alcohol and/or drugs used by vesse	el personnel to	a degree that yo	u felt your safety v	vas compromised?	□ Yes □ No
Please provide observations including	incident date(s	s):			_
Did you observe any of the following?					
No problems or accidents occurred		Fire			
Boarding refusal by an observer		Fuel leak			
Vessel refusal of an observer		Parting cables			
Person overboard		Hung up doors			
Collision or grounding		Lack of proper	wheel watch		
Vessel flooding		Vessel incursion	n into a closed are	a	
Loss of steering control		Observer samp	ling interference		
Loss of electrical or engine power		Situation involv	ring a potential co	nflict of interest	
Vessel personnel injury or loss of life		MARPOL viola	tion(s)		
Observer injury or illness		Other regulator	y violation (expla	in below)	
Please further explain any checked boxe	s, providing da	te(s) on which t	he incident occuri	red.	
- 10mov 1m101101 011p111111 m11/ 01100110 m 0 0110	o, p10 (141118 44	(0) 011 ((111011 0			
Were there any conditions aboard this v and well being? ☐ Yes ☐ No ☐ If ye.		-	•		•
Did you experience harassment, intimid If yes, please explain:		•		l No	

Observer name:		Date:	Fishery:	
Vessel:	USCG/S	State#:	Home port:	
Please complete the following checklist descriptions. The debriefer will review t areas of concern.				
Were you able to locate all required safe	ty equipmen	t? □ Yes □ No If no	o, please explain:	
Were you given a safety orientation?	☐ Yes ☐ N	No If yes, by who?		
Were you ever left on board alone?	□ Yes □ 1	No If yes, why and for l	how long?	
Were any emergency drills conducted?	□ Yes □ 1	No If yes, which ones?		
Were alcohol and/or drugs used by vess	el personnel	to a degree that you felt	your safety was compromised?	☐ Yes ☐ No
Please provide observations including	incident dat	e(s):		_
Did you observe any of the following?				
No problems or accidents occurred		Fire		
Boarding refusal by an observer		Fuel leak		
Vessel refusal of an observer		Parting cables		
Person overboard		Hung up doors		
Collision or grounding		Lack of proper wheel	l watch	
Vessel flooding		Vessel incursion into	a closed area	
Loss of steering control		Observer sampling in	nterference	
Loss of electrical or engine power		Situation involving a	potential conflict of interest	
Vessel personnel injury or loss of life		MARPOL violation(	s)	
Observer injury or illness		Other regulatory vio	lation (explain below)	
Please further explain any checked boxe	e providing	date(s) on which the inc	cident occurred	
Trease further explain any encered boxe	o, providing	date(s) on which the me	eldent occurred.	
Were there any conditions aboard this value and well being? ☐ Yes ☐ No ☐ If yes			noted and that may have affected	d your safety
Did you experience harassment, intimic If yes, please explain:		•	Yes 🗆 No	
ii yes, picase explaini.				

Observer name:		Date:		Fishery:	
Vessel:	USCG/Sta	te#:	Home p	ort:	
Please complete the following checklist descriptions. The debriefer will review t areas of concern.			1 1	*	
Were you able to locate all required safe	ty equipment?	☐ Yes ☐ No	If no, please exp	lain:	
Were you given a safety orientation?	☐ Yes ☐ No	If yes, by who?			
Were you ever left on board alone?	☐ Yes ☐ No	If yes, why and	l for how long? _		
Were any emergency drills conducted?	☐ Yes ☐ No	If yes, which o	nes?		
Were alcohol and/or drugs used by vess	el personnel to	a degree that you	ı felt your safety	was compromised?	□ Yes □ No
Please provide observations including	incident date(s	3):			_
Did you observe any of the following?					
No problems or accidents occurred		Fire			
Boarding refusal by an observer		Fuel leak			
Vessel refusal of an observer		Parting cables			
Person overboard		Hung up doors			
Collision or grounding		Lack of proper v	wheel watch		
Vessel flooding		Vessel incursion	into a closed are	a	
Loss of steering control		Observer sampl	ing interference		
Loss of electrical or engine power		Situation involv	ing a potential co	onflict of interest	
Vessel personnel injury or loss of life		MARPOL viola	tion(s)		
Observer injury or illness		Other regulator	y violation (expla	in below)	
Please further explain any checked boxe	es providing da	ite(s) on which th	ne incident occur	red	
Trease further explain any elected boxe	os, providing du	ice(0) on which th	ie incident occur	ica.	
Were there any conditions aboard this v and well being? ☐ Yes ☐ No If ye		-	•	•	
Did you experience harassment, intimic		•			
If yes, please explain:					

Observer name:		Date:	Fishery:	
Vessel:	USCG/S	tate#:	Home port:	
Please complete the following checklist descriptions. The debriefer will review t areas of concern.				
Were you able to locate all required safe	ty equipment	? □ Yes □ No If no	o, please explain:	
Were you given a safety orientation?	☐ Yes ☐ N	o If yes, by who?		
Were you ever left on board alone?	□ Yes □ N	Io If yes, why and for	how long?	
Were any emergency drills conducted?	□ Yes □ N	To If yes, which ones?		
Were alcohol and/or drugs used by vess	el personnel t	to a degree that you felt	your safety was compromised?	□ Yes □ No
Please provide observations including	incident date	e(s):		_
Did you observe any of the following?				
No problems or accidents occurred		Fire		
Boarding refusal by an observer		Fuel leak		
Vessel refusal of an observer		Parting cables		
Person overboard		Hung up doors		
Collision or grounding		Lack of proper whee	l watch	
Vessel flooding		Vessel incursion into	a closed area	
Loss of steering control		Observer sampling is	nterference	
Loss of electrical or engine power		Situation involving a	potential conflict of interest	
Vessel personnel injury or loss of life		MARPOL violation(	s)	
Observer injury or illness		Other regulatory vio	lation (explain below)	
Please further explain any checked boxe	es providing	date(s) on which the inc	cident occurred	
Trease further explain any checked boxe	o, providing	aute(3) on which the mo	eldent occurred.	
Were there any conditions aboard this v and well being? ☐ Yes ☐ No If ye			noted and that may have affected	d your safety
Did you experience harassment, intimic If yes, please explain:		•	? □ Yes □ No	

Observer name:		Date:		Fishery:	
Vessel:	USCG/Sta	te#:	Home p	ort:	
Please complete the following checklist descriptions. The debriefer will review t areas of concern.			1 1	*	
Were you able to locate all required safe	ty equipment?	☐ Yes ☐ No	If no, please exp	lain:	
Were you given a safety orientation?	☐ Yes ☐ No	If yes, by who?			
Were you ever left on board alone?	☐ Yes ☐ No	If yes, why and	l for how long? _		
Were any emergency drills conducted?	☐ Yes ☐ No	If yes, which o	nes?		
Were alcohol and/or drugs used by vess	el personnel to	a degree that you	ı felt your safety	was compromised?	□ Yes □ No
Please provide observations including	incident date(s	3):			_
Did you observe any of the following?					
No problems or accidents occurred		Fire			
Boarding refusal by an observer		Fuel leak			
Vessel refusal of an observer		Parting cables			
Person overboard		Hung up doors			
Collision or grounding		Lack of proper v	wheel watch		
Vessel flooding		Vessel incursion	into a closed are	a	
Loss of steering control		Observer sampl	ing interference		
Loss of electrical or engine power		Situation involv	ing a potential co	onflict of interest	
Vessel personnel injury or loss of life		MARPOL viola	tion(s)		
Observer injury or illness		Other regulator	y violation (expla	in below)	
Please further explain any checked boxe	es providing da	ite(s) on which th	ne incident occur	red	
Trease further explain any elected boxe	os, providing du	ice(0) on which th	ie incident occur	ica.	
Were there any conditions aboard this v and well being? ☐ Yes ☐ No If ye		-	•	•	
Did you experience harassment, intimic		•			
If yes, please explain:					

## **Equipment Test Checklist**

Observers should maintain program-issued safety equipment on a monthly basis to ensure it's working properly. If any item does not pass the examination, notify the gear coordinator or your debriefer immediately so it may be replaced. Check your equipment a minimum of once per month. Check off only those items that pass.

Inspection date #1:		_ Inspecti	on date #2:	
406 EPIRBs	1	2	Comments	
No physical damage? (cracking corrosion, etc.)				
Tested EPIRB?				
Battery expiration date?			Exp. date:	
Registration expiration date?			Exp. date:	
No antennae damage? (cracks, washer at base)				
Beacon ID:				
PLB				
No physical damage? (cracking, corrosion, etc.)				
Tested PLB?				
Battery expiration date?			Exp. date:	
Registration expiration date?			Exp. date:	
No antennae damage? (bent, poor rotation, etc.)				
Beacon ID:		_		
Immersion Suit				
No rips/tears/holes in Neoprene?				
Seam thread and inner seal glue intact?				
No grease/oil stains/ mildew?				
Zipper seams in good condition?				
Zipper waxed? (if necessary)				
Strobe attached securely?				
Strobe tested?				
Whistle securely attached?				
Whistle tested?				

Inflatable PFD	1	2	Comments
No rips/tears/holes?			
Seams in good condition?			
Straps and clips in good condition?			
Strobe attached securely?			
Strobe tested?			
CO2 indicator green?			
Hydrostatic release date current?			Exp. date:
Complete manual inflation test?			Test date:
Workvest PFD			
No mildew?			
No foam shrinkage?			
No foam water-logging?			
No rips/tears/holes?			
Seams in good condition?			
Straps and clips in good condition?			
Strobe attached securely?			
Strobe tested?			
Marel Scale Inspection			
<u>-</u>			
-			f mud and scales. If dirt is dried on, soak scale in tub for
20 min and scrub with a brush or sponge. (Us	se on a sp	onge on fa	ice plate) Rinse with a garden hose or shower.
Scale serial number:			
Clean and rinsed inside and out?			
Cables: no holes, appear secure?			
No debris under load cells?			
Weight pan straight?			
Battery tube threads cleaned and lubed?			
Buttons function correctly?			
Rust removed?			
Display lights all working?			
No condensation in face plate?			
Current 90 day overload test?			Test date:

## **Hand Scale Test Record**

Instructions: Please consult the manual and refer to any recent policy updates to determine if your scale tests should be logged. Test hand scales every fifth observed day when used or once a month when stored. Consult the chart and use the appropriate weight standard to verify your scales are weighing correctly. Record weight to one decimal place. Scales that are outside of accepted variance are not suitable for use, please contact your coordinator or debriefer immediately. Please indicate units as XX.X.

Scale	Test Weights	Allowed Variances	Test Weight 2	Allowed Variance
6lb. spring	2lb.	+/- 0.1	5lb.	+/- 0.25
10lb. spring	2lb.	+/- 0.1	5lb.	+/- 0.25
25lb. spring	2lb.	+/- 0.1	5lb.	+/- 0.25
50lb. spring	5lb.	+/- 0.25	5lb.+2lb.	+/- 0.35

Scale Type	Test wght 1	Actual wght Value 1	Variance 1	Test wght 2	Actual wght Value 2	Variance 2	Date
6lb. spring	2.0lb	2.0lb	0	5.0lb	4.9lb	.1lb	10/21/17
olb. spring	2.010	2.010	0	3.015	4.915	.110	10/21/17

This page left blank intentionally.

## **Vessel Diagrams**

Vessel diagrams are important pieces of information and should be done for each vessel observed. These diagrams help detail the layout of the vessel and help debriefers better understand your sampling conditions while on-board. It is especially important to thoroughly document any vessels and gear types that are not typically observed. Diagrams should be large, detailed and well labeled. Please use blue or black ink. The following are suggestions of items to include:

#### **Trawl**

- An overall diagram of the trawl deck and deck equipment, such as winches, wire, hatches, etc.
- The location of trawl alley, scuppers, bins, etc.
- Flow of fish, where sample is taken, sorted, weighed, etc.
- Any obstructions and/ or hazardous objects on deck.
- An estimate of overall vessel size is helpful!
- Measurements of trawl alley, deck bins, bin boards, and any other locations appropriate to sampling or vessel layout are helpful but not required.

#### Fixed gear

- An overall diagram of deck layout and deck equipment, such as lines, block, hoppers, etc.
- The location where gear is baited, set, and retrieved.
- Flow of fish, where sample is taken, sorted, weighed, etc.
- Any obstructions and/ or hazardous objects on deck
- An indication of what gear was used, and a rough diagram, if appropriate.

#### Small vessels, skiffs, kayaks, etc.

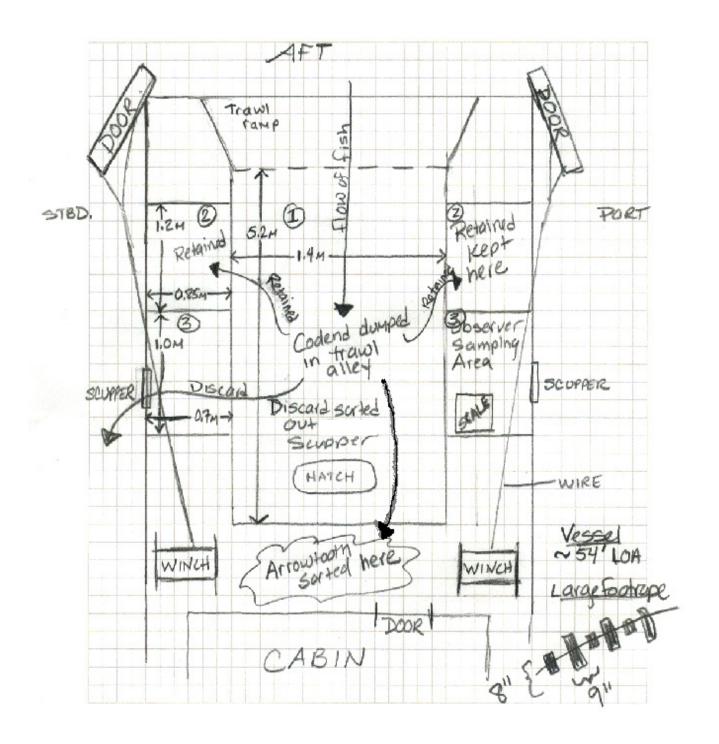
- An overall diagram of the vessel layout and equipment, such as line, block, hoppers, etc.
- The location where gear is stored baited, set, and retrieved
- Flow of fish, where sample is taken, sorted, weighed, etc.
- Any obstructions and/ or hazardous objects on the vessel
- Diagrams of gear, bait, etc. Be detailed!
- An estimate of overall size is very helpful!

On the following page is an example of a trawl vessel diagram.

## **Vessel and Sampling Area Diagram**

Include scuppers, bins, trawl alley, winches, obstructions on deck, flow of fish, where sample is taken, sorted weighed, etc. Estimate vessel length.

Vessel: \_\_\_\_\_ The Flotsam \_\_\_\_ Gear type(s) used: \_\_\_\_ Large footrope



Captain's net capacity estimate (lbs):	20,000 Ws	
• •		
Trawl alley or hopper capacity estimate (lbs):	14,000 lbs	

#### Trawl Net Identification Key

Observers are required to document the gear type used on each fishing vessel. Although vessels document the gear type in the vessel logbook, observers should use this key to verify the gear type when trawl nets are used. After using the key, document the net types used on the vessel in the space provided at the top of the "Vessel and Sampling Area Diagram(s)" page. Please contact your coordinator or debriefer if you have questions about gear type.

The best time to verify the net type is at haul back. A midwater trawl should be easily identified, as is a groundfish trawl net with a large footrope. Any conventional groundfish trawl net with a small footrope should be distinguished from the selective flatfish trawl net (pineapple trawl).

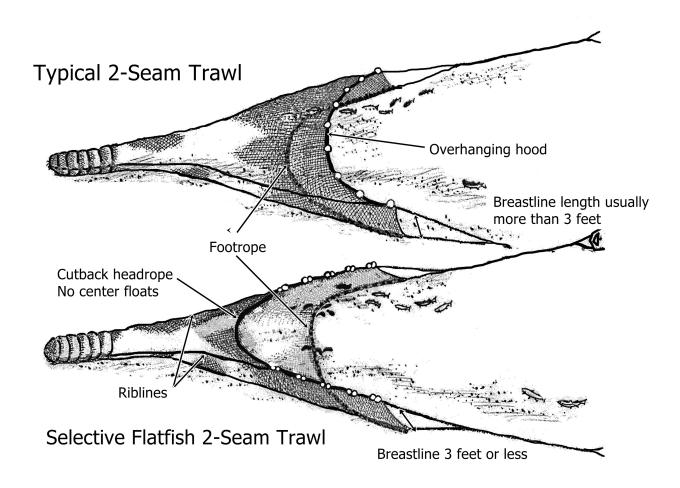
A good description of the selective flatfish trawl net may be found in the Observer manual, but some key features distinguish these two nets. As both types of net are brought in, the wings come aboard first. Conventional trawls generally have long breast lines and tall wings, while selective flatfish trawls have very short breast lines (less than 3 feet) and small wings. As a conventional trawl comes in further, the center of the headrope hits the deck or reel first (before the center of the footrope), with floats obvious at the center. With a selective flatfish trawl, the center of the footrope reaches the deck or reel well before the center of the headrope, where the absence of floats along the center third should be conspicuous in comparison to a conventional trawl.

#### Key

1a. Footrope has bobbins, rollers, tires, rubber disks or similar	Go to 2
1b. Footrope without bobbins, rollers, tires, rubber disks or similar	Midwater trawl gear
2a. Bobbin diameter size* on footrope is equal to or less than 8 inches	Go to 3
2b. Bobbin diameter size on footrope is greater than 8 inches	Groundfish trawl (large footrope)
*Diameter is measured in a straight line from the outside edge to the opposite individual part, including any individual disk, roller, bobbin or other device.	outside edge at the widest part on any
3a. Headrope appears longer than footrope (or the center of footrope hits the deck	before the
center of the headrope	Go to 4
3b. Headrope and footrope appear to be the same length (or center of headrope hit	ts the deck before or at the
same time as the center of the footrope	Groundfish trawl (small footrope)
4a. Floats absent on center third section of headrope	Selective flatfish trawl
4b. Floats present on the center section of the headrope	Groundfish trawl (small footrope)

Note: Record either Double or Single Rigged Shrimp Trawl for Pink Shrimp vessels.

# Conventional Trawl Net vs. Selective Flatfish Trawl (Pineapple)



ssel:	Gear	type(s) use	d:				

essel:		Gear type(s	) used:				
aptain's net capacity estimate (	(lbs):						

Vessel:				G	ear ty	pe(s)	) used	d:					 
					+								
					-								
					-								
Captain's net capac	tu actimat	a (lbs).											
Saptams net Capac	ity Collillati	(108)											
Гrawl alley or hopp	er capacity	v estimate	(lbs):										

Vessel:							G	ear t	ype(s	) use	d:						 
			ı											ı	ı		
																	-
																	_
																	-
																	_
																	_
																	-
																	_
Captain's ne	t capaci	ty esti	mate	(lbs):	:												
Trawl alley o	or hoppe	er cap	acity	estim	ate (1	bs):											

Vessel:							G	ear t	ype(s	) used	d:					 
				/11 \												
Captain's n	et capaci	ty esti	mate	(Ibs):												
Гrawl alley	or hopp	er can	acity	estim	ate (1	bs):										

## **Communication Log**

Use this log to aid you in tracking communications with vessels, coordinators, other observers, your contractor, or any other program related staff. This log is not mandatory but may be helpful for reference.

**Note:** Non-Catch Share vessel communications MUST be entered into the database system.

Date:				Time:
Person/Locati	on contacted:			
Phone:	Email: 🗆	Text: [	Other:	
Summary				
Date:				Time:
Person/Locati	on contacted:			
Phone:	Email: 🗖	Text: [	Other:	
Summary				
Date:				Time:
Person/Locati	on contacted:			
Phone:	Email: 🗆	Text: [	Other:	
Summary				

#### **Photo Log**

Each contract you will be issued cameras for taking photos of SPIDs, marine mammals, and other work-related activities. These cameras are not for personal use. Use the following photo log to document your photographs only if you are doing so for a special project. It is best to document each photo soon after taking the picture. When photographing specimens, do not get too close and try to hold the camera at an angle to prevent glare or flash reflections.

Take photos of specimens and vessel activity, as directed for the special project:

Special Project	Photo File Number or Name	Detailed description of photograph

#### **Daily Notes Pages**

Use the following pages to record day to day events. A note must be included for each day you are on a vessel, even if nothing out of the ordinary happened that day.

Daily entries should include:

- Work schedule
- Important conversations
- Unusual occurrences
- Any illness or injury which prevented you from working
- Suspected violations
- Safety concerns, including flooding, fire, man overboard, loss of power/steering
- Describe space or time constraints that affected sampling
- Crew members' names

These pages should be used to document any problems you encounter, as well as actions taken by you or vessel personnel. Include crew members' names, position or title on the vessel, and the details of the incident or conversation. Always date every entry, and record times if you make more than one entry per day.

If an event seems significant only in hindsight, record it when you remember it. Include the current date and the date of the event. For example, the entry may look like this: "July 17, 2017 – Three days ago, on July 14, while I was in the wheelhouse ..."

# Any mistakes should be crossed out with a single line, do not black out any entries.

The importance of documentation cannot be stressed enough. It should be obvious that recording each incident as it occurs is preferable to trying to reconstruct events from memory months later, but many observers fail to do this. You must make the effort to make timely entries.

All entries must be made in blue or black ink

#### **Example**

Daily Notes: 7/7/17-7/9/17

Vessel name: The Flotsam

7/7/17 - [0845] Met the vessel at the plant today and loaded my gear. I was running a little late due to some missing supplies but Captain Butler didn't seem to mind. I met the crew (Chris and Joe) and stowed my gear, we departed @ 0715 hrs.

[2300] Made 4 tows today along the beach, just north of the jetty. All tows were easy to sample, mostly Sand Sole. We're traveling north for 5 hours tonight to target Dover.

7/8/17 - [1000] Set the net twice this morning.
The first haul was sampled normally, but the second haul was cut short by an engine room leak.
The net contained only 50lbs of INVT.

[2100] Leak was from a small crack in a hydraulic hose, resumed normal fishing after repair. All remaining hauls contained little discard and were whole hauled.

7/9/17-[2000] Made 5 tows today, weather was rough and I had trouble calibrating the scale. On the last haul I wasn't able get a fit value and was forced to make visual estimates of all discard and retained overfished species.

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Please include dates in all entries. Cross out mistakes with a single line, do not black out.

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