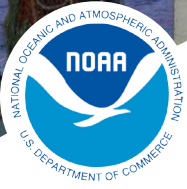


Logbook No.: \_\_\_\_\_



**NOAA**  
**FISHERIES**

# West Coast Groundfish Observer Program

## Observer Logbook

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>

Non-catch share observer call-in number: 206.444.4268

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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 NWFSO.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:

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Embark & Disembark date(s):

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Vessel name & USCG# or State Reg#:

---

Master/Captain name:

---

Embark & Disembark date(s):

---

---

---

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---

---

Vessel name & USCG# or State Reg#:

---

Master/Captain name:

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Embark & Disembark date(s):

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Vessel name & USCG# or State Reg#:

Master/Captain name:

Embark & Disembark date(s):

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Vessel name & USCG# or State Reg#:

Master/Captain name:

Embark & Disembark date(s):

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Vessel name & USCG# or State Reg#:

Master/Captain name:

Embark & Disembark date(s):

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# 2018

## January

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

## February

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

## March

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

## April

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

## May

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

## June

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

## July

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

## August

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

## September

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

## October

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

## November

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

## December

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

# 2019

## January

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

## February

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

## March

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

## April

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

## May

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

## June

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

## July

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

## August

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

## September

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

## October

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

## November

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

## December

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



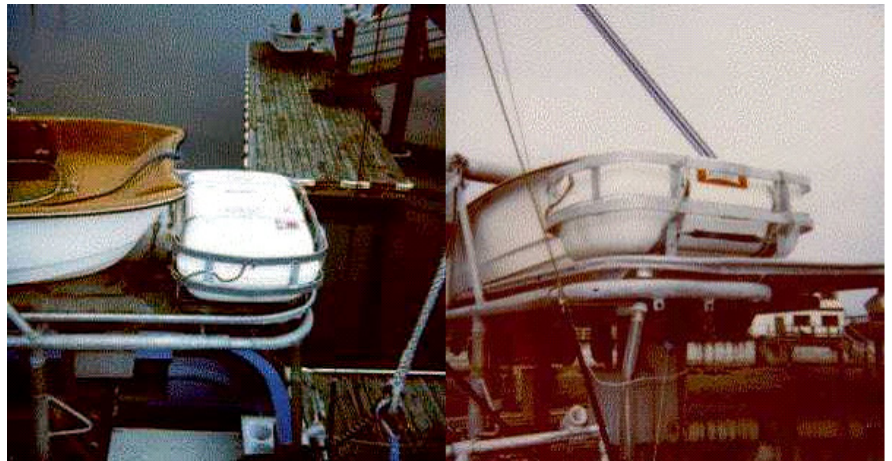
# Vessel Safety

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.

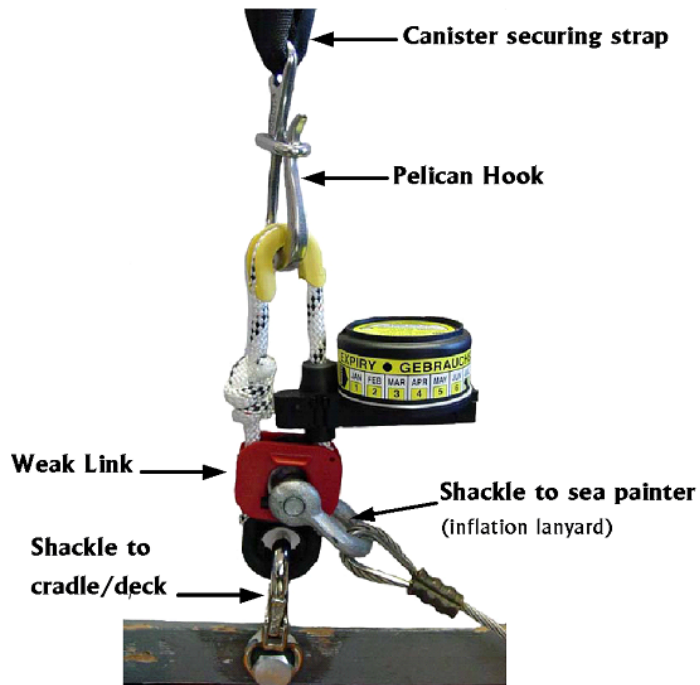
Write thorough comments on any items that are unavailable, expired, unsafe, or you feel are not adequate.

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 through 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 through 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 be checked off before you leave port.

Do not deploy if any are not verified or current.

Vessel name: \_\_\_\_\_

USCG/State registration#: \_\_\_\_\_

## 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  Coastal

PA  PB  Ocean Service

## Immersion Suits

On board?  Yes  No  N/A

One for each person?  Yes  No

Location: \_\_\_\_\_

PFD for each person?  Yes  No

Location: \_\_\_\_\_

## Fire Extinguishers

Present?  Yes  No How many? \_\_\_\_\_

Serviceable?  Yes  No

Location: \_\_\_\_\_

## EPIRBs

Present?  Yes  No  N/A In float-free location?  Yes  No Registered to this vessel?  Yes  No Signal tested?  Yes  No

Decal's alphanumeric code matches EPIRB code?  Yes  No Location(s): \_\_\_\_\_

Battery exp. date\*: \_\_\_\_\_ Hydrostatic release exp. date\*: \_\_\_\_\_

NOAA registration sticker: \_\_\_\_\_ Exp. date: \_\_\_\_\_

## Additional Checks

First aid materials present?  Yes  No Location: \_\_\_\_\_

Who besides you is CPR Certified? (Name & position): \_\_\_\_\_

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  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: \_\_\_\_\_ \*Expires the last day of the month displayed. \*\*Hydrostatic releases are valid for two years from installation date.



## Decal Verification

Complete the above sticker as it appears on the vessel. Be sure the following fields are checked:

Documented  Expiration month

Locations  Expiration year

Is the decal valid?  Yes  No

## Flares

Required (unless inside 3 miles); 6 handheld, 3 Parachute, 3 Smoke

Location(s): \_\_\_\_\_

Handheld: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Parachute: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Smoke: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Meteor: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

## Type IV Throwable

Ring  Cushion  Lifesling

Easily accessible?  Yes  No

Number: \_\_\_\_\_ Location(s): \_\_\_\_\_

Other signaling devices: \_\_\_\_\_





# 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.

Vessel name: \_\_\_\_\_

USCG/State registration#: \_\_\_\_\_

## 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  Coastal

PA  PB  Ocean Service

## Immersion Suits

On board?  Yes  No  N/A

One for each person?  Yes  No

Location: \_\_\_\_\_

PFD for each person?  Yes  No

Location: \_\_\_\_\_

## Fire Extinguishers

Present?  Yes  No How many? \_\_\_\_\_

Serviceable?  Yes  No

Location: \_\_\_\_\_

## EPIRBs

Present?  Yes  No  N/A In float-free location?  Yes  No Registered to this vessel?  Yes  No Signal tested?  Yes  No

Decal's alphanumeric code matches EPIRB code?  Yes  No Location(s): \_\_\_\_\_

Battery exp. date\*: \_\_\_\_\_ Hydrostatic release exp. date\*: \_\_\_\_\_

NOAA registration sticker: \_\_\_\_\_ Exp. date: \_\_\_\_\_

## Additional Checks

First aid materials present?  Yes  No Location: \_\_\_\_\_

Who besides you is CPR Certified? (Name & position): \_\_\_\_\_

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  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: \_\_\_\_\_ \*Expires the last day of the month displayed. \*\*Hydrostatic releases are valid for two years from installation date.



## Decal Verification

Complete the above sticker as it appears on the vessel. Be sure the following fields are checked:

Documented  Expiration month

Locations  Expiration year

Is the decal valid?  Yes  No

## Flares

Required (unless inside 3 miles); 6 handheld, 3 Parachute, 3 Smoke

Location(s): \_\_\_\_\_

Handheld: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Parachute: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Smoke: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Meteor: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

## Type IV Throwable

Ring  Cushion  Lifesling

Easily accessible?  Yes  No

Number: \_\_\_\_\_ Location(s): \_\_\_\_\_

Other signaling devices: \_\_\_\_\_





# 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.

Vessel name: \_\_\_\_\_

USCG/State registration#: \_\_\_\_\_

## 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  Coastal

PA  PB  Ocean Service

## Immersion Suits

On board?  Yes  No  N/A

One for each person?  Yes  No

Location: \_\_\_\_\_

PFD for each person?  Yes  No

Location: \_\_\_\_\_

## Fire Extinguishers

Present?  Yes  No How many? \_\_\_\_\_

Serviceable?  Yes  No

Location: \_\_\_\_\_

## EPIRBs

Present?  Yes  No  N/A In float-free location?  Yes  No Registered to this vessel?  Yes  No Signal tested?  Yes  No

Decal's alphanumeric code matches EPIRB code?  Yes  No Location(s): \_\_\_\_\_

Battery exp. date\*: \_\_\_\_\_ Hydrostatic release exp. date\*: \_\_\_\_\_

NOAA registration sticker: \_\_\_\_\_ Exp. date: \_\_\_\_\_

## Additional Checks

First aid materials present?  Yes  No Location: \_\_\_\_\_

Who besides you is CPR Certified? (Name & position): \_\_\_\_\_

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  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: \_\_\_\_\_ \*Expires the last day of the month displayed. \*\*Hydrostatic releases are valid for two years from installation date.



## Decal Verification

Complete the above sticker as it appears on the vessel. Be sure the following fields are checked:

Documented  Expiration month

Locations  Expiration year

Is the decal valid?  Yes  No

## Flares

Required (unless inside 3 miles); 6 handheld, 3 Parachute, 3 Smoke

Location(s): \_\_\_\_\_

Handheld: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Parachute: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Smoke: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Meteor: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

## Type IV Throwable

Ring  Cushion  Lifesling

Easily accessible?  Yes  No

Number: \_\_\_\_\_ Location(s): \_\_\_\_\_

Other signaling devices: \_\_\_\_\_



# 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.

Vessel name: \_\_\_\_\_

USCG/State registration#: \_\_\_\_\_

## 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  Coastal

PA  PB  Ocean Service

## Immersion Suits

On board?  Yes  No  N/A

One for each person?  Yes  No

Location: \_\_\_\_\_

PFD for each person?  Yes  No

Location: \_\_\_\_\_

## Fire Extinguishers

Present?  Yes  No How many? \_\_\_\_\_

Serviceable?  Yes  No

Location: \_\_\_\_\_

## EPIRBs

Present?  Yes  No  N/A In float-free location?  Yes  No Registered to this vessel?  Yes  No Signal tested?  Yes  No

Decal's alphanumeric code matches EPIRB code?  Yes  No Location(s): \_\_\_\_\_

Battery exp. date\*: \_\_\_\_\_ Hydrostatic release exp. date\*: \_\_\_\_\_

NOAA registration sticker: \_\_\_\_\_ Exp. date: \_\_\_\_\_

## Additional Checks

First aid materials present?  Yes  No Location: \_\_\_\_\_

Who besides you is CPR Certified? (Name & position): \_\_\_\_\_

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  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: \_\_\_\_\_ \*Expires the last day of the month displayed. \*\*Hydrostatic releases are valid for two years from installation date.



## Decal Verification

Complete the above sticker as it appears on the vessel. Be sure the following fields are checked:

- Documented  Expiration month  
 Locations  Expiration year

Is the decal valid?  Yes  No

## Flares

Required (unless inside 3 miles); 6 handheld, 3 Parachute, 3 Smoke

Location(s): \_\_\_\_\_

Handheld: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Parachute: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Smoke: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Meteor: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

## Type IV Throwable

Ring  Cushion  Lifesling

Easily accessible?  Yes  No

Number: \_\_\_\_\_ Location(s): \_\_\_\_\_

Other signaling devices: \_\_\_\_\_



# 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.

Vessel name: \_\_\_\_\_

USCG/State registration#: \_\_\_\_\_

## 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  Coastal

PA  PB  Ocean Service

## Immersion Suits

On board?  Yes  No  N/A

One for each person?  Yes  No

Location: \_\_\_\_\_

PFD for each person?  Yes  No

Location: \_\_\_\_\_

## Fire Extinguishers

Present?  Yes  No How many? \_\_\_\_\_

Serviceable?  Yes  No

Location: \_\_\_\_\_

## EPIRBs

Present?  Yes  No  N/A In float-free location?  Yes  No Registered to this vessel?  Yes  No Signal tested?  Yes  No

Decal's alphanumeric code matches EPIRB code?  Yes  No Location(s): \_\_\_\_\_

Battery exp. date\*: \_\_\_\_\_ Hydrostatic release exp. date\*: \_\_\_\_\_

NOAA registration sticker: \_\_\_\_\_ Exp. date: \_\_\_\_\_

## Additional Checks

First aid materials present?  Yes  No Location: \_\_\_\_\_

Who besides you is CPR Certified? (Name & position): \_\_\_\_\_

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  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: \_\_\_\_\_ \*Expires the last day of the month displayed. \*\*Hydrostatic releases are valid for two years from installation date.



## Decal Verification

Complete the above sticker as it appears on the vessel. Be sure the following fields are checked:

Documented  Expiration month

Locations  Expiration year

Is the decal valid?  Yes  No

## Flares

Required (unless inside 3 miles); 6 handheld, 3 Parachute, 3 Smoke

Location(s): \_\_\_\_\_

Handheld: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Parachute: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Smoke: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Meteor: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

## Type IV Throwable

Ring  Cushion  Lifesling

Easily accessible?  Yes  No

Number: \_\_\_\_\_ Location(s): \_\_\_\_\_

Other signaling devices: \_\_\_\_\_



# 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.

Vessel name: \_\_\_\_\_

USCG/State registration#: \_\_\_\_\_

## 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  Coastal

PA  PB  Ocean Service

## Immersion Suits

On board?  Yes  No  N/A

One for each person?  Yes  No

Location: \_\_\_\_\_

PFD for each person?  Yes  No

Location: \_\_\_\_\_

## Fire Extinguishers

Present?  Yes  No How many? \_\_\_\_\_

Serviceable?  Yes  No

Location: \_\_\_\_\_

## EPIRBs

Present?  Yes  No  N/A In float-free location?  Yes  No Registered to this vessel?  Yes  No Signal tested?  Yes  No

Decal's alphanumeric code matches EPIRB code?  Yes  No Location(s): \_\_\_\_\_

Battery exp. date\*: \_\_\_\_\_ Hydrostatic release exp. date\*: \_\_\_\_\_

NOAA registration sticker: \_\_\_\_\_ Exp. date: \_\_\_\_\_

## Additional Checks

First aid materials present?  Yes  No Location: \_\_\_\_\_

Who besides you is CPR Certified? (Name & position): \_\_\_\_\_

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  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: \_\_\_\_\_ \*Expires the last day of the month displayed. \*\*Hydrostatic releases are valid for two years from installation date.



## Decal Verification

Complete the above sticker as it appears on the vessel. Be sure the following fields are checked:

Documented  Expiration month

Locations  Expiration year

Is the decal valid?  Yes  No

## Flares

Required (unless inside 3 miles); 6 handheld, 3 Parachute, 3 Smoke

Location(s): \_\_\_\_\_

Handheld: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Parachute: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Smoke: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

Meteor: how many: \_\_\_\_\_ Exp. date\*: \_\_\_\_\_

## Type IV Throwable

Ring  Cushion  Lifesling

Easily accessible?  Yes  No

Number: \_\_\_\_\_ Location(s): \_\_\_\_\_

Other signaling devices: \_\_\_\_\_





# Observer Safety Survey

Observer name: \_\_\_\_\_ Date: \_\_\_\_\_ Fishery: \_\_\_\_\_

Vessel: \_\_\_\_\_ USCG/State#: \_\_\_\_\_ Home port: \_\_\_\_\_

Please complete the following checklist for each vessel observed in the trip limit period. Please be specific in the descriptions. The debriefer will review this checklist during the debriefing interview and will inform the coordinator of any areas of concern.

Were you able to locate all required safety 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 ones? \_\_\_\_\_

Were alcohol and/or drugs used by vessel personnel to a degree that you felt your safety was compromised?  Yes  No

Please provide observations including incident date(s): \_\_\_\_\_

*Did you observe any of the following?*

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <b>No problems or accidents occurred</b> | <input type="checkbox"/> | Fire   | <input type="checkbox"/> |
| Boarding refusal by an observer          | <input type="checkbox"/> | Fuel leak  | <input type="checkbox"/> |
| Vessel refusal of an observer            | <input type="checkbox"/> | Parting cables                                       | <input type="checkbox"/> |
| Person overboard                         | <input type="checkbox"/> | Hung up doors  | <input type="checkbox"/> |
| Collision or grounding                   | <input type="checkbox"/> | Lack of proper wheel watch                           | <input type="checkbox"/> |
| Vessel flooding                          | <input type="checkbox"/> | Vessel incursion into a closed area                  | <input type="checkbox"/> |
| Loss of steering control                 | <input type="checkbox"/> | Observer sampling interference                       | <input type="checkbox"/> |
| Loss of electrical or engine power       | <input type="checkbox"/> | Situation involving a potential conflict of interest | <input type="checkbox"/> |
| Vessel personnel injury or loss of life  | <input type="checkbox"/> | MARPOL violation(s)                                  | <input type="checkbox"/> |
| Observer injury or illness               | <input type="checkbox"/> | Other regulatory violation (explain below)           | <input type="checkbox"/> |

Please further explain any checked boxes, providing date(s) on which the incident occurred.

Were there any conditions aboard this vessel that have not been previously noted and that may have affected your safety and well being?  Yes  No If yes, please explain: \_\_\_\_\_

Did you experience harassment, intimidation or bribery on or off the vessel?  Yes  No

If yes, please explain: \_\_\_\_\_

# Observer Safety Survey

Observer name: \_\_\_\_\_ Date: \_\_\_\_\_ Fishery: \_\_\_\_\_

Vessel: \_\_\_\_\_ USCG/State#: \_\_\_\_\_ Home port: \_\_\_\_\_

Please complete the following checklist for each vessel observed in the trip limit period. Please be specific in the descriptions. The debriefer will review this checklist during the debriefing interview and will inform the coordinator of any areas of concern.

Were you able to locate all required safety 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 ones? \_\_\_\_\_

Were alcohol and/or drugs used by vessel personnel to a degree that you felt your safety was compromised?  Yes  No

Please provide observations including incident date(s): \_\_\_\_\_

*Did you observe any of the following?*

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <b>No problems or accidents occurred</b> | <input type="checkbox"/> | Fire   | <input type="checkbox"/> |
| Boarding refusal by an observer          | <input type="checkbox"/> | Fuel leak  | <input type="checkbox"/> |
| Vessel refusal of an observer            | <input type="checkbox"/> | Parting cables                                       | <input type="checkbox"/> |
| Person overboard                         | <input type="checkbox"/> | Hung up doors  | <input type="checkbox"/> |
| Collision or grounding                   | <input type="checkbox"/> | Lack of proper wheel watch                           | <input type="checkbox"/> |
| Vessel flooding                          | <input type="checkbox"/> | Vessel incursion into a closed area                  | <input type="checkbox"/> |
| Loss of steering control                 | <input type="checkbox"/> | Observer sampling interference                       | <input type="checkbox"/> |
| Loss of electrical or engine power       | <input type="checkbox"/> | Situation involving a potential conflict of interest | <input type="checkbox"/> |
| Vessel personnel injury or loss of life  | <input type="checkbox"/> | MARPOL violation(s)                                  | <input type="checkbox"/> |
| Observer injury or illness               | <input type="checkbox"/> | Other regulatory violation (explain below)           | <input type="checkbox"/> |

Please further explain any checked boxes, providing date(s) on which the incident occurred.

Were there any conditions aboard this vessel that have not been previously noted and that may have affected your safety and well being?  Yes  No If yes, please explain: \_\_\_\_\_

Did you experience harassment, intimidation or bribery on or off the vessel?  Yes  No

If yes, please explain: \_\_\_\_\_

# Observer Safety Survey

Observer name: \_\_\_\_\_ Date: \_\_\_\_\_ Fishery: \_\_\_\_\_

Vessel: \_\_\_\_\_ USCG/State#: \_\_\_\_\_ Home port: \_\_\_\_\_

Please complete the following checklist for each vessel observed in the trip limit period. Please be specific in the descriptions. The debriefer will review this checklist during the debriefing interview and will inform the coordinator of any areas of concern.

Were you able to locate all required safety 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 ones? \_\_\_\_\_

Were alcohol and/or drugs used by vessel personnel to a degree that you felt your safety was compromised?  Yes  No

Please provide observations including incident date(s): \_\_\_\_\_

*Did you observe any of the following?*

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <b>No problems or accidents occurred</b> | <input type="checkbox"/> | Fire   | <input type="checkbox"/> |
| Boarding refusal by an observer          | <input type="checkbox"/> | Fuel leak  | <input type="checkbox"/> |
| Vessel refusal of an observer            | <input type="checkbox"/> | Parting cables                                       | <input type="checkbox"/> |
| Person overboard                         | <input type="checkbox"/> | Hung up doors  | <input type="checkbox"/> |
| Collision or grounding                   | <input type="checkbox"/> | Lack of proper wheel watch                           | <input type="checkbox"/> |
| Vessel flooding                          | <input type="checkbox"/> | Vessel incursion into a closed area                  | <input type="checkbox"/> |
| Loss of steering control                 | <input type="checkbox"/> | Observer sampling interference                       | <input type="checkbox"/> |
| Loss of electrical or engine power       | <input type="checkbox"/> | Situation involving a potential conflict of interest | <input type="checkbox"/> |
| Vessel personnel injury or loss of life  | <input type="checkbox"/> | MARPOL violation(s)                                  | <input type="checkbox"/> |
| Observer injury or illness               | <input type="checkbox"/> | Other regulatory violation (explain below)           | <input type="checkbox"/> |

Please further explain any checked boxes, providing date(s) on which the incident occurred.

Were there any conditions aboard this vessel that have not been previously noted and that may have affected your safety and well being?  Yes  No If yes, please explain: \_\_\_\_\_

Did you experience harassment, intimidation or bribery on or off the vessel?  Yes  No

If yes, please explain: \_\_\_\_\_

# Observer Safety Survey

Observer name: \_\_\_\_\_ Date: \_\_\_\_\_ Fishery: \_\_\_\_\_

Vessel: \_\_\_\_\_ USCG/State#: \_\_\_\_\_ Home port: \_\_\_\_\_

Please complete the following checklist for each vessel observed in the trip limit period. Please be specific in the descriptions. The debriefer will review this checklist during the debriefing interview and will inform the coordinator of any areas of concern.

Were you able to locate all required safety 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 ones? \_\_\_\_\_

Were alcohol and/or drugs used by vessel personnel to a degree that you felt your safety was compromised?  Yes  No

Please provide observations including incident date(s): \_\_\_\_\_

*Did you observe any of the following?*

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <b>No problems or accidents occurred</b> | <input type="checkbox"/> | Fire   | <input type="checkbox"/> |
| Boarding refusal by an observer          | <input type="checkbox"/> | Fuel leak  | <input type="checkbox"/> |
| Vessel refusal of an observer            | <input type="checkbox"/> | Parting cables                                       | <input type="checkbox"/> |
| Person overboard                         | <input type="checkbox"/> | Hung up doors  | <input type="checkbox"/> |
| Collision or grounding                   | <input type="checkbox"/> | Lack of proper wheel watch                           | <input type="checkbox"/> |
| Vessel flooding                          | <input type="checkbox"/> | Vessel incursion into a closed area                  | <input type="checkbox"/> |
| Loss of steering control                 | <input type="checkbox"/> | Observer sampling interference                       | <input type="checkbox"/> |
| Loss of electrical or engine power       | <input type="checkbox"/> | Situation involving a potential conflict of interest | <input type="checkbox"/> |
| Vessel personnel injury or loss of life  | <input type="checkbox"/> | MARPOL violation(s)                                  | <input type="checkbox"/> |
| Observer injury or illness               | <input type="checkbox"/> | Other regulatory violation (explain below)           | <input type="checkbox"/> |

Please further explain any checked boxes, providing date(s) on which the incident occurred.

Were there any conditions aboard this vessel that have not been previously noted and that may have affected your safety and well being?  Yes  No If yes, please explain: \_\_\_\_\_

Did you experience harassment, intimidation or bribery on or off the vessel?  Yes  No

If yes, please explain: \_\_\_\_\_

# Observer Safety Survey

Observer name: \_\_\_\_\_ Date: \_\_\_\_\_ Fishery: \_\_\_\_\_

Vessel: \_\_\_\_\_ USCG/State#: \_\_\_\_\_ Home port: \_\_\_\_\_

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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 ones? \_\_\_\_\_

Were alcohol and/or drugs used by vessel personnel to a degree that you felt your safety was compromised?  Yes  No

Please provide observations including incident date(s): \_\_\_\_\_

*Did you observe any of the following?*

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <b>No problems or accidents occurred</b> | <input type="checkbox"/> | Fire   | <input type="checkbox"/> |
| Boarding refusal by an observer          | <input type="checkbox"/> | Fuel leak  | <input type="checkbox"/> |
| Vessel refusal of an observer            | <input type="checkbox"/> | Parting cables                                       | <input type="checkbox"/> |
| Person overboard                         | <input type="checkbox"/> | Hung up doors  | <input type="checkbox"/> |
| Collision or grounding                   | <input type="checkbox"/> | Lack of proper wheel watch                           | <input type="checkbox"/> |
| Vessel flooding                          | <input type="checkbox"/> | Vessel incursion into a closed area                  | <input type="checkbox"/> |
| Loss of steering control                 | <input type="checkbox"/> | Observer sampling interference                       | <input type="checkbox"/> |
| Loss of electrical or engine power       | <input type="checkbox"/> | Situation involving a potential conflict of interest | <input type="checkbox"/> |
| Vessel personnel injury or loss of life  | <input type="checkbox"/> | MARPOL violation(s)                                  | <input type="checkbox"/> |
| Observer injury or illness               | <input type="checkbox"/> | Other regulatory violation (explain below)           | <input type="checkbox"/> |

Please further explain any checked boxes, providing date(s) on which the incident occurred.

Were there any conditions aboard this vessel that have not been previously noted and that may have affected your safety and well being?  Yes  No If yes, please explain: \_\_\_\_\_

Did you experience harassment, intimidation or bribery on or off the vessel?  Yes  No

If yes, please explain: \_\_\_\_\_

# Observer Safety Survey

Observer name: \_\_\_\_\_ Date: \_\_\_\_\_ Fishery: \_\_\_\_\_

Vessel: \_\_\_\_\_ USCG/State#: \_\_\_\_\_ Home port: \_\_\_\_\_

Please complete the following checklist for each vessel observed in the trip limit period. Please be specific in the descriptions. The debriefer will review this checklist during the debriefing interview and will inform the coordinator of any areas of concern.

Were you able to locate all required safety 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 ones? \_\_\_\_\_

Were alcohol and/or drugs used by vessel personnel to a degree that you felt your safety was compromised?  Yes  No

Please provide observations including incident date(s): \_\_\_\_\_

*Did you observe any of the following?*

- |  |                          |  |                          |
|--|--------------------------|--|--------------------------|
| <b>No problems or accidents occurred</b> | <input type="checkbox"/> | Fire   | <input type="checkbox"/> |
| Boarding refusal by an observer          | <input type="checkbox"/> | Fuel leak  | <input type="checkbox"/> |
| Vessel refusal of an observer            | <input type="checkbox"/> | Parting cables                                       | <input type="checkbox"/> |
| Person overboard                         | <input type="checkbox"/> | Hung up doors  | <input type="checkbox"/> |
| Collision or grounding                   | <input type="checkbox"/> | Lack of proper wheel watch                           | <input type="checkbox"/> |
| Vessel flooding                          | <input type="checkbox"/> | Vessel incursion into a closed area                  | <input type="checkbox"/> |
| Loss of steering control                 | <input type="checkbox"/> | Observer sampling interference                       | <input type="checkbox"/> |
| Loss of electrical or engine power       | <input type="checkbox"/> | Situation involving a potential conflict of interest | <input type="checkbox"/> |
| Vessel personnel injury or loss of life  | <input type="checkbox"/> | MARPOL violation(s)                                  | <input type="checkbox"/> |
| Observer injury or illness               | <input type="checkbox"/> | Other regulatory violation (explain below)           | <input type="checkbox"/> |

Please further explain any checked boxes, providing date(s) on which the incident occurred.

Were there any conditions aboard this vessel that have not been previously noted and that may have affected your safety and well being?  Yes  No If yes, please explain: \_\_\_\_\_

Did you experience harassment, intimidation or bribery on or off the vessel?  Yes  No

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: \_\_\_\_\_ Inspection date #2: \_\_\_\_\_

## 406 EPIRBs

	1	2	Comments
No physical damage? (cracking corrosion, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tested EPIRB?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Battery expiration date?	<input type="checkbox"/>	<input type="checkbox"/>	Exp. date: _____
Registration expiration date?	<input type="checkbox"/>	<input type="checkbox"/>	Exp. date: _____
No antennae damage? (cracks, washer at base)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Beacon ID: \_\_\_\_\_

## PLB

No physical damage? (cracking, corrosion, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tested PLB?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Battery expiration date?	<input type="checkbox"/>	<input type="checkbox"/>	Exp. date: _____
Registration expiration date?	<input type="checkbox"/>	<input type="checkbox"/>	Exp. date: _____
No antennae damage? (bent, poor rotation, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Beacon ID: \_\_\_\_\_

## Immersion Suit

No rips/tears/holes in Neoprene?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Seam thread and inner seal glue intact?	<input type="checkbox"/>	<input type="checkbox"/>	_____
No grease/oil stains/ mildew?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zipper seams in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Zipper waxed? (if necessary)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Strobe attached securely?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Strobe tested?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Whistle securely attached?	<input type="checkbox"/>	<input type="checkbox"/>	_____
Whistle tested?	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Inflatable PFD</b>	<b>1</b>	<b>2</b>	<b>Comments</b>
No rips/tears/holes?	<input type="checkbox"/>	<input type="checkbox"/>	
Seams in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Straps and clips in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Strobe attached securely?	<input type="checkbox"/>	<input type="checkbox"/>	
Strobe tested?	<input type="checkbox"/>	<input type="checkbox"/>	
CO2 indicator green?	<input type="checkbox"/>	<input type="checkbox"/>	
Hydrostatic release date current?	<input type="checkbox"/>	<input type="checkbox"/>	Exp. date:
Complete manual inflation test?	<input type="checkbox"/>	<input type="checkbox"/>	Test date:

### **Workvest PFD**

No mildew?	<input type="checkbox"/>	<input type="checkbox"/>	
No foam shrinkage?	<input type="checkbox"/>	<input type="checkbox"/>	
No foam water-logging?	<input type="checkbox"/>	<input type="checkbox"/>	
No rips/tears/holes?	<input type="checkbox"/>	<input type="checkbox"/>	
Seams in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Straps and clips in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Strobe attached securely?	<input type="checkbox"/>	<input type="checkbox"/>	
Strobe tested?	<input type="checkbox"/>	<input type="checkbox"/>	

### **Marel Scale Inspection**

Check all parts of scale for cleanliness. All parts should be free of mud and scales. If dirt is dried on, soak scale in tub for 20 min and scrub with a brush or sponge. (Use on a sponge on face plate) Rinse with a garden hose or shower.

Scale serial number: \_\_\_\_\_

Clean and rinsed inside and out?	<input type="checkbox"/>	<input type="checkbox"/>	
Cables: no holes, appear secure?	<input type="checkbox"/>	<input type="checkbox"/>	
No debris under load cells?	<input type="checkbox"/>	<input type="checkbox"/>	
Weight pan straight?	<input type="checkbox"/>	<input type="checkbox"/>	
Battery tube threads cleaned and lubed?	<input type="checkbox"/>	<input type="checkbox"/>	
Buttons function correctly?	<input type="checkbox"/>	<input type="checkbox"/>	
Rust removed?	<input type="checkbox"/>	<input type="checkbox"/>	
Display lights all working?	<input type="checkbox"/>	<input type="checkbox"/>	
No condensation in face plate?	<input type="checkbox"/>	<input type="checkbox"/>	
Current 90 day overload test?	<input type="checkbox"/>	<input type="checkbox"/>	Test date:





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# 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.

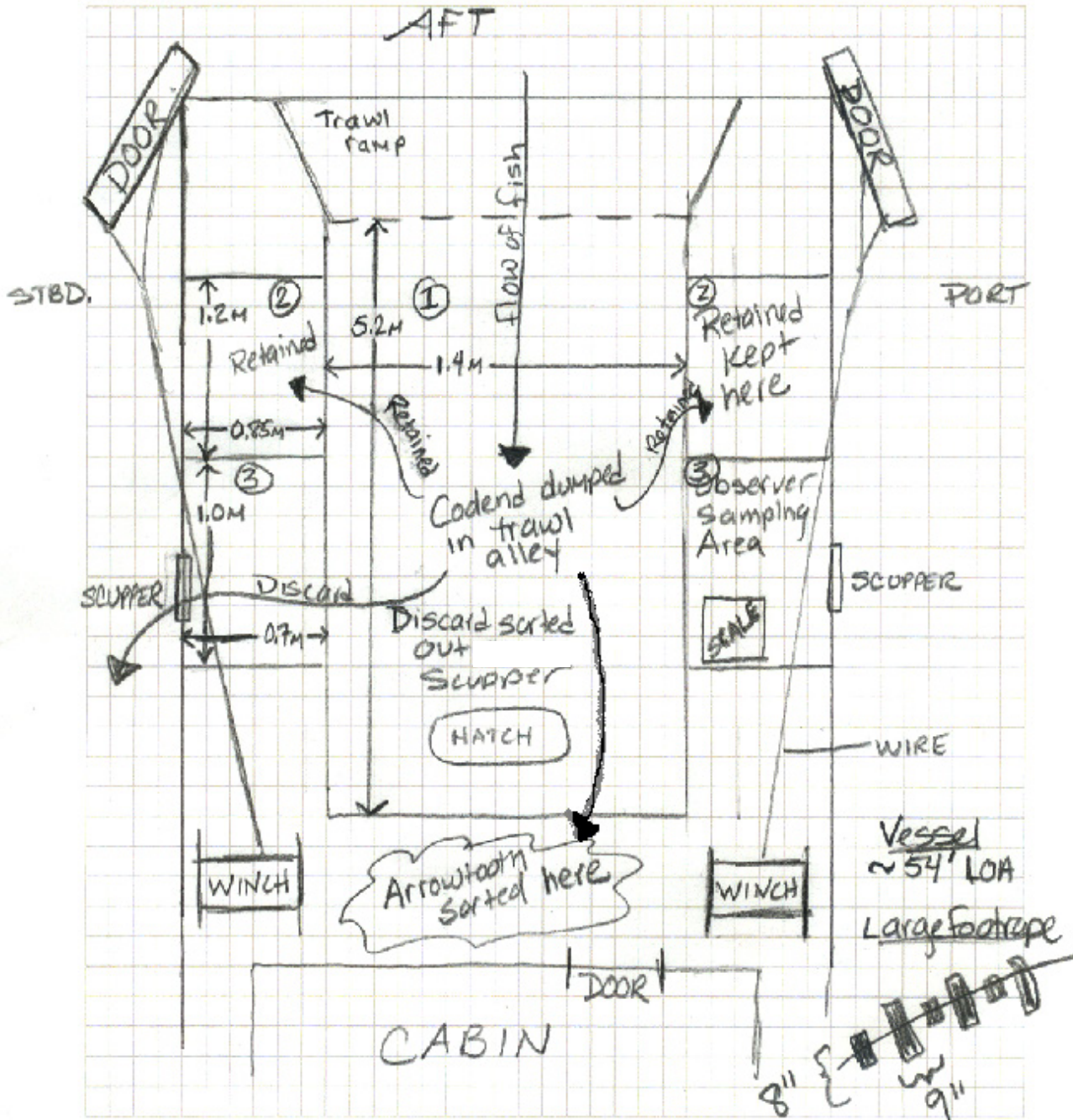
- An overall diagram of the vessel layout and equipment, such as line, block, hoppers, etc.
- The location where gear is stored baited, set, and retrieved
- Flow of fish, where sample is taken, sorted, weighed, etc.
- Any obstructions and/ or hazardous objects on the vessel
- Diagrams of gear, bait,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

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.

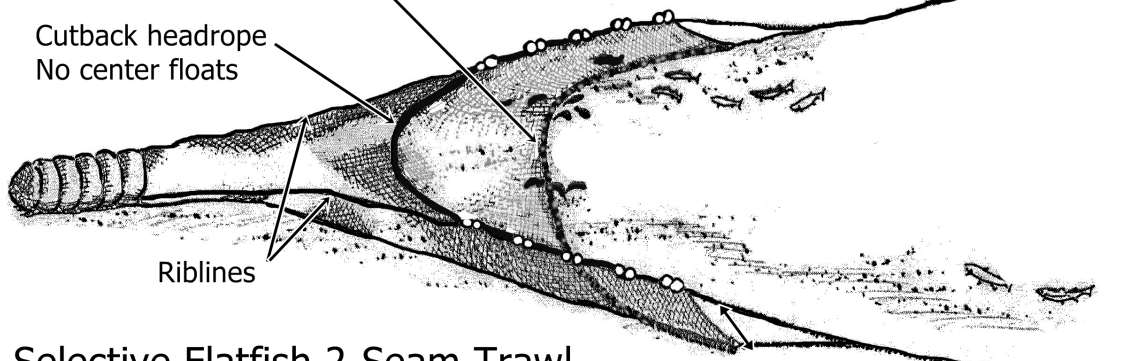
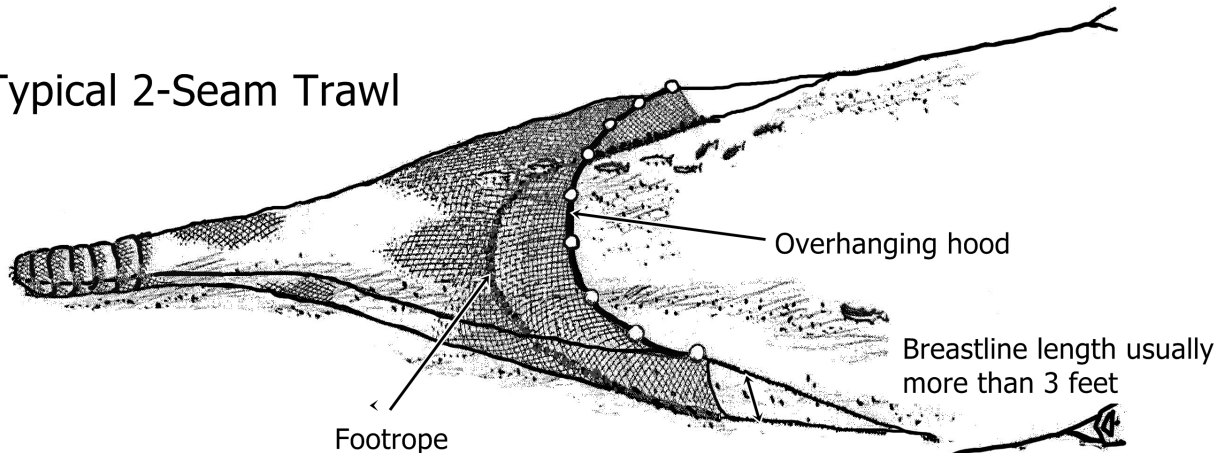
## Key

- 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 outside edge at the widest part on any individual part, including any individual disk, roller, bobbin or other device.
  
- 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 hits 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)

Typical 2-Seam Trawl



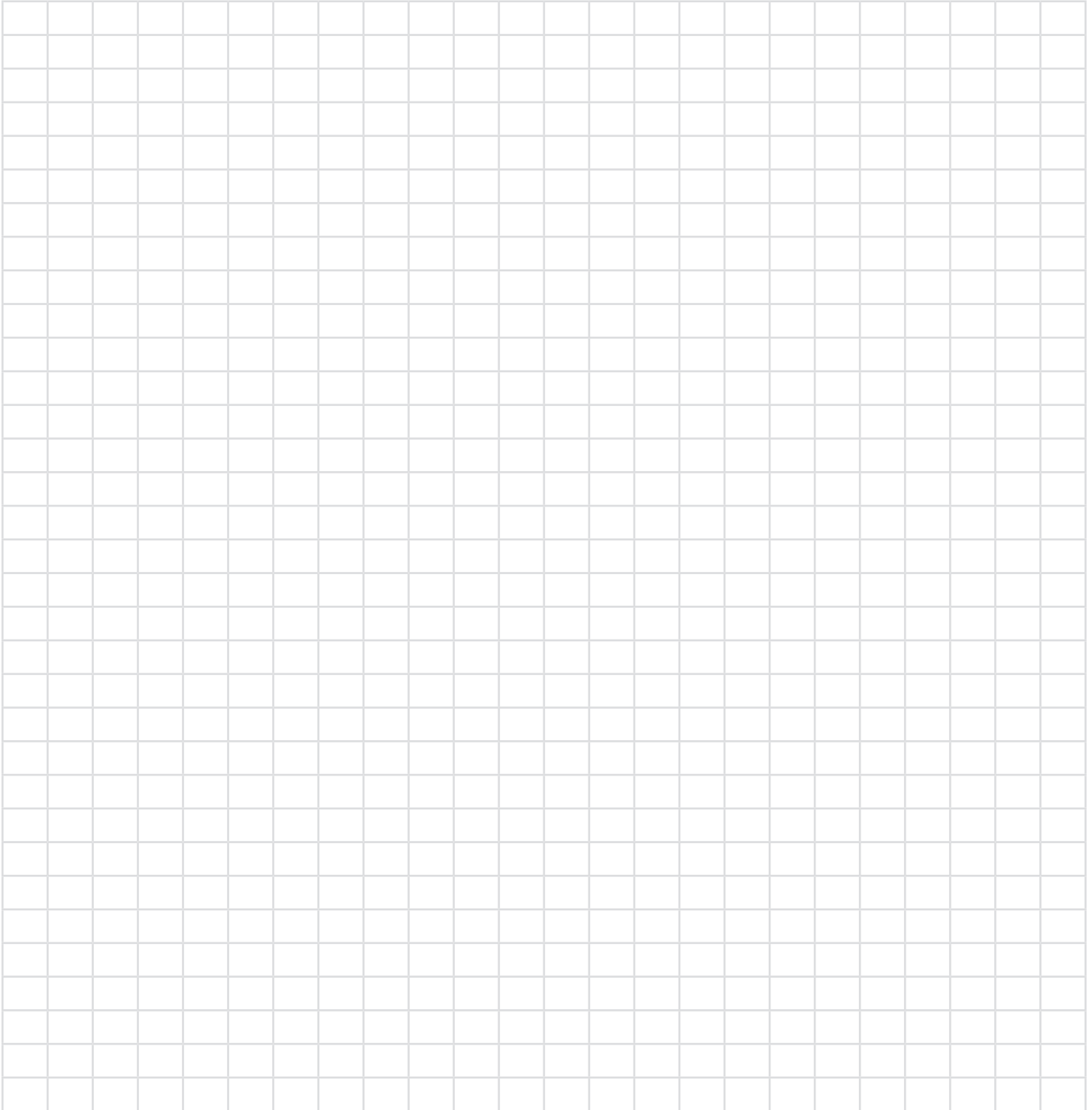
Selective Flatfish 2-Seam Trawl

Breastline 3 feet or less

# 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: \_\_\_\_\_ Gear type(s) used: \_\_\_\_\_



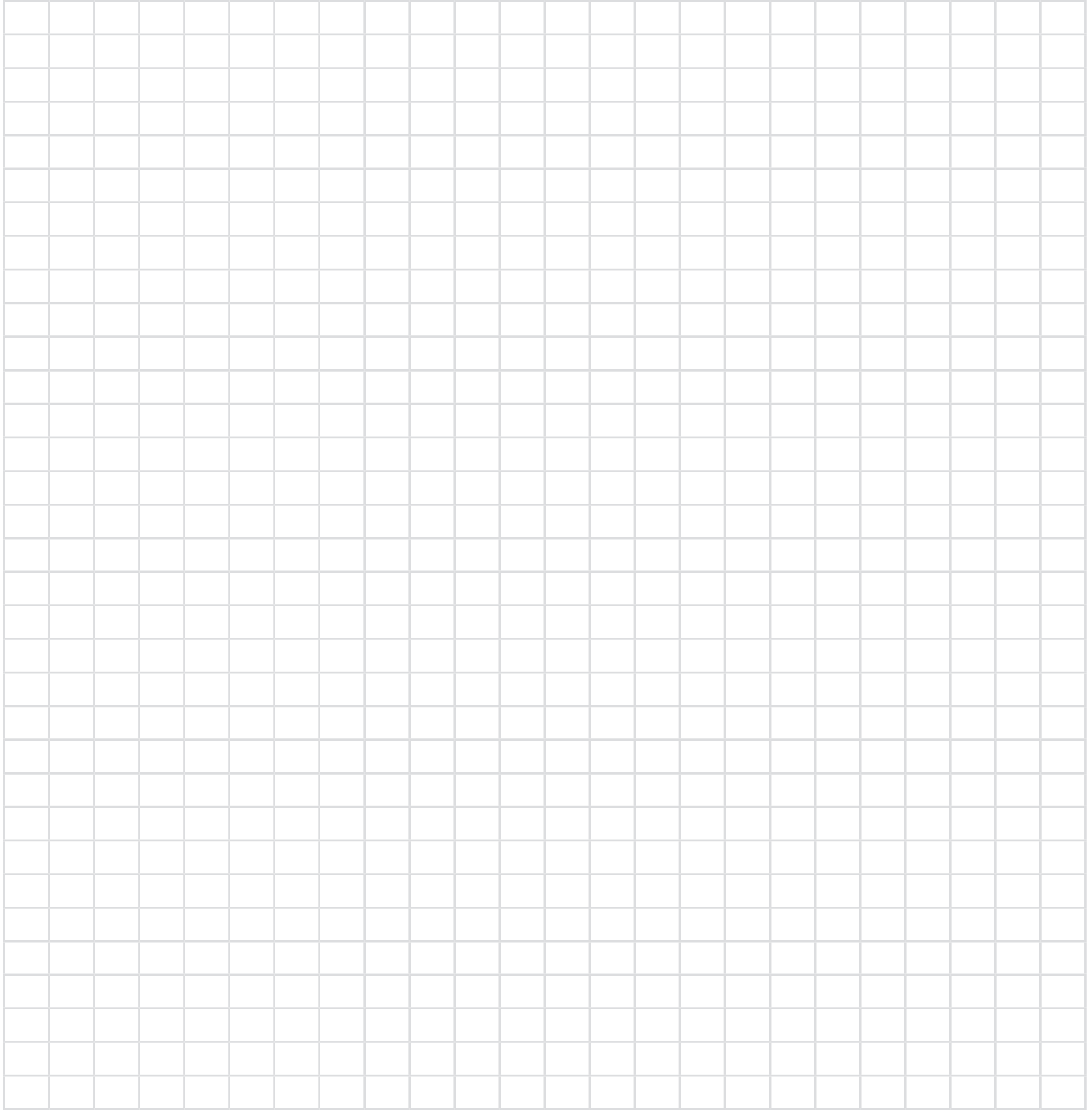
Captain's net capacity estimate (lbs): \_\_\_\_\_

Trawl alley or hopper capacity estimate (lbs): \_\_\_\_\_

# 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: \_\_\_\_\_ Gear type(s) used: \_\_\_\_\_



Captain's net capacity estimate (lbs): \_\_\_\_\_

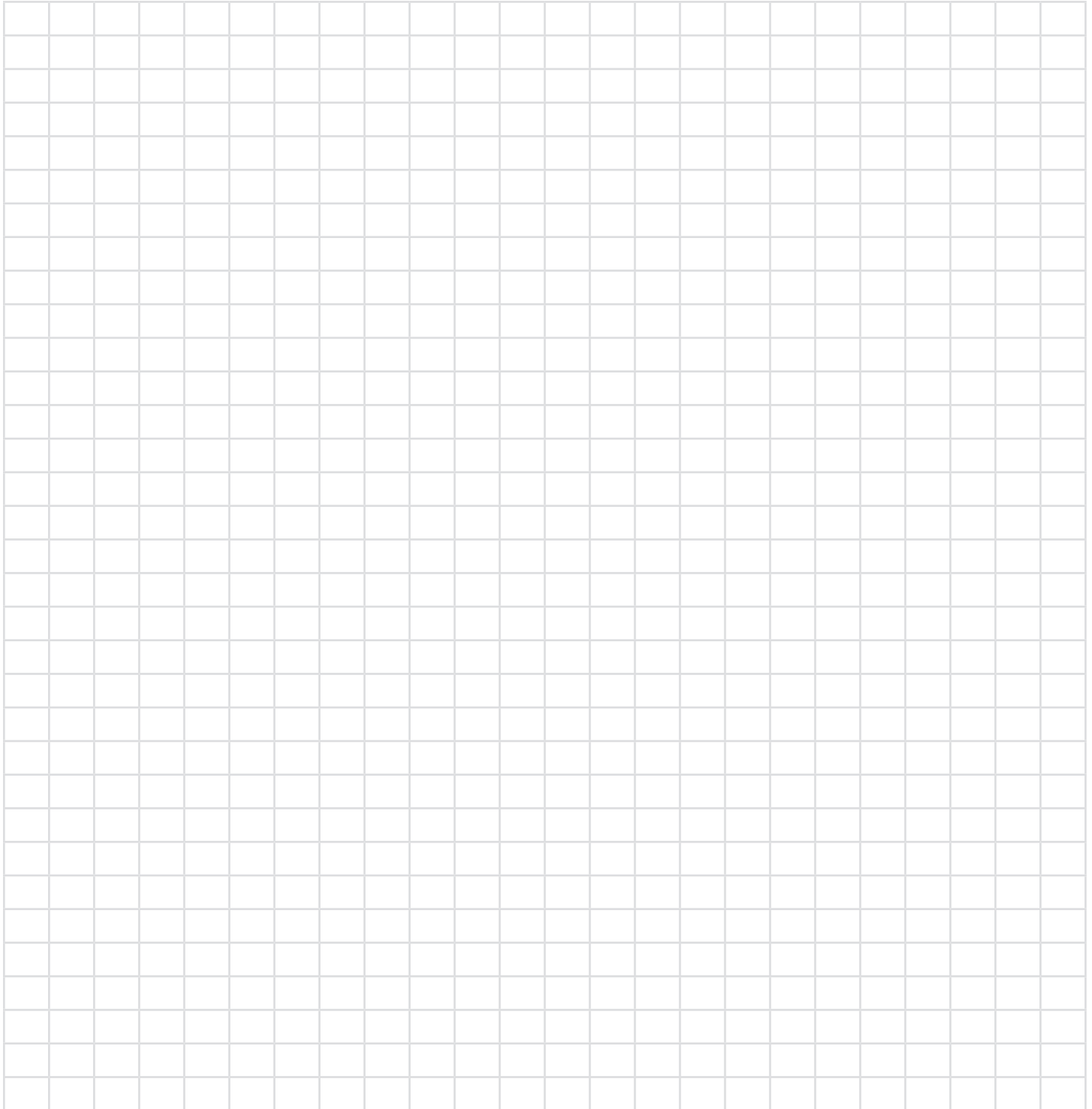
Trawl alley or hopper capacity estimate (lbs): \_\_\_\_\_



# 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: \_\_\_\_\_ Gear type(s) used: \_\_\_\_\_



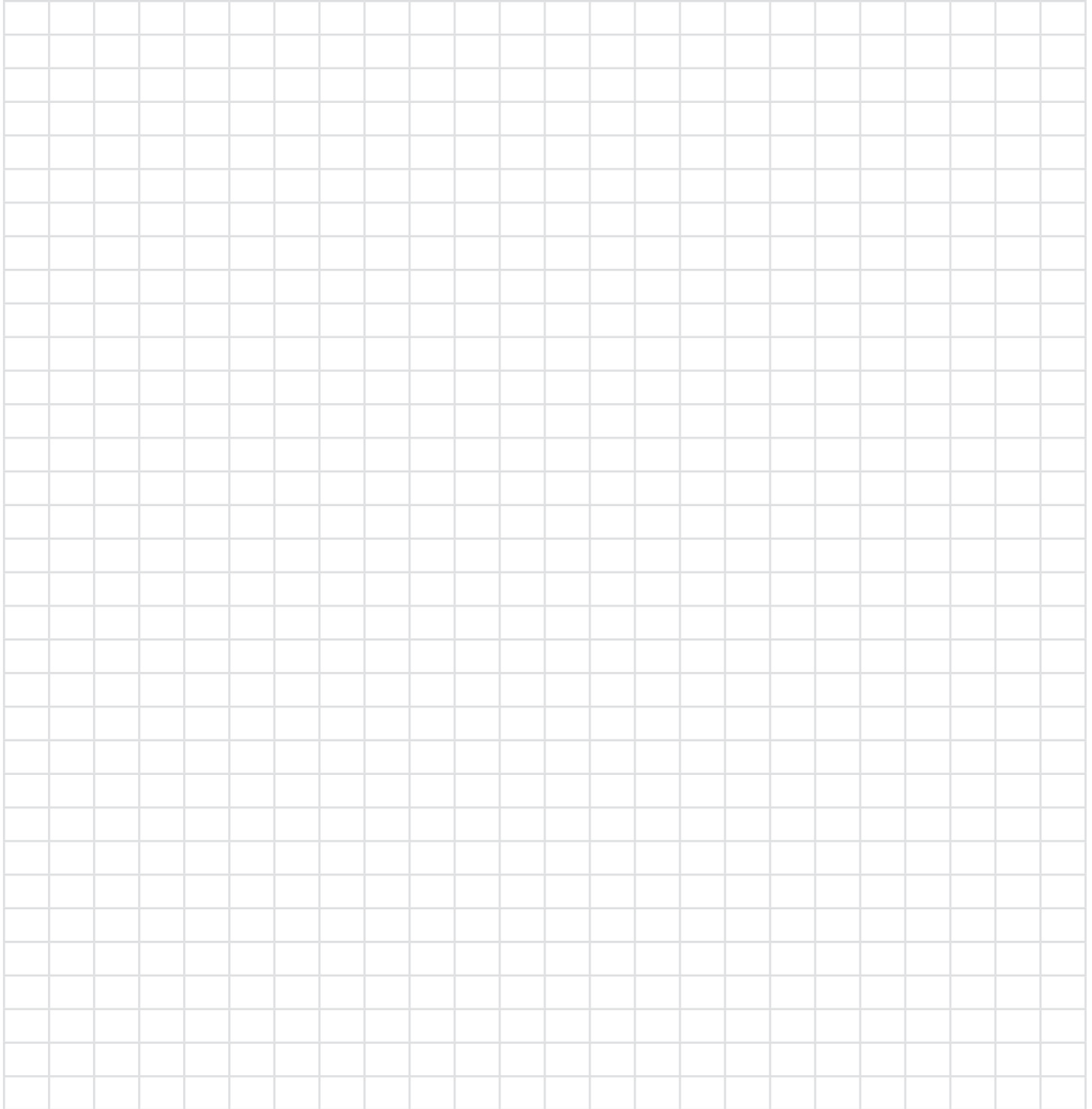
Captain's net capacity estimate (lbs): \_\_\_\_\_

Trawl alley or hopper capacity estimate (lbs): \_\_\_\_\_

# 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: \_\_\_\_\_ Gear type(s) used: \_\_\_\_\_



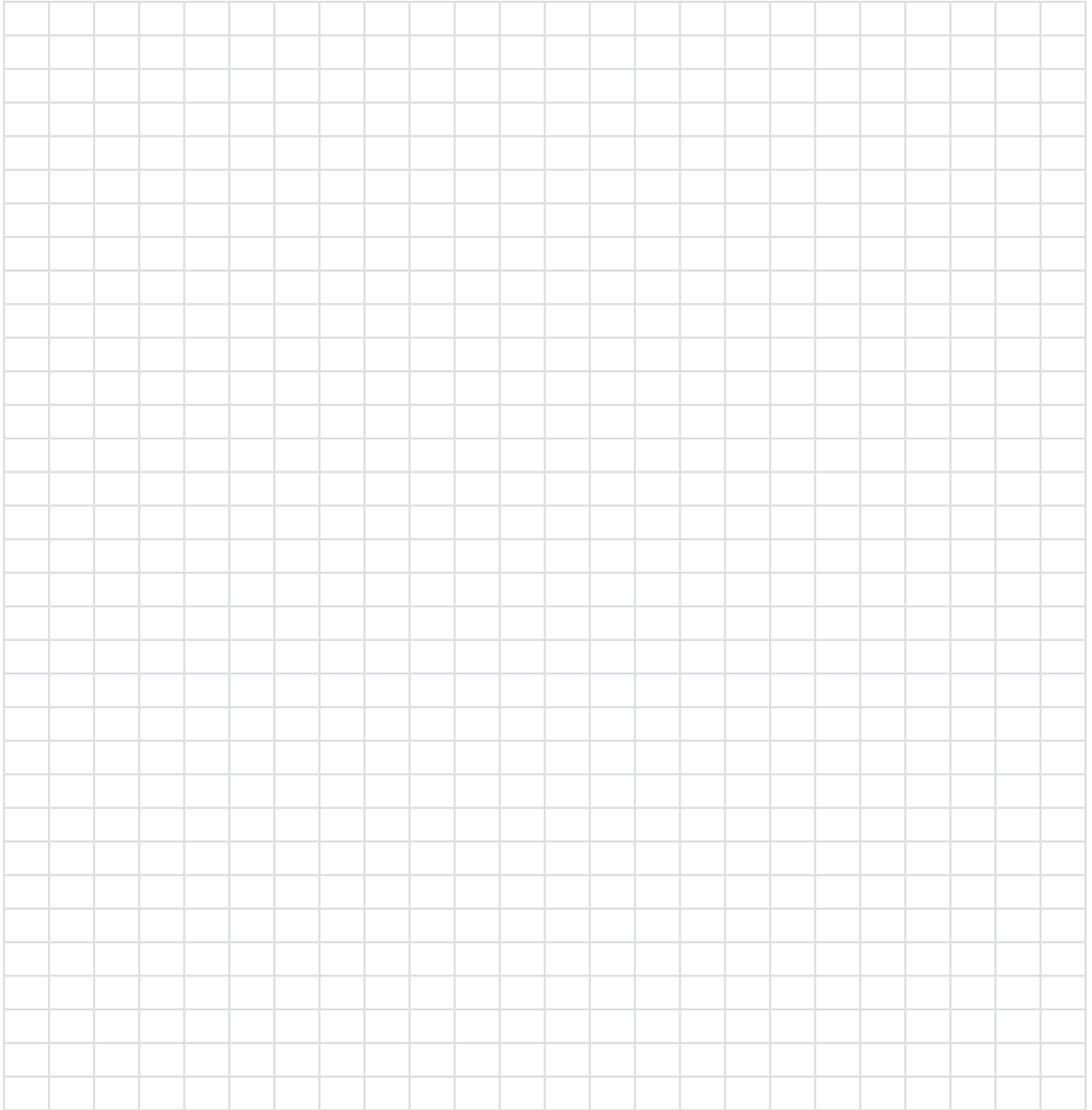
Captain's net capacity estimate (lbs): \_\_\_\_\_

Trawl alley or hopper capacity estimate (lbs): \_\_\_\_\_

# 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: \_\_\_\_\_ Gear type(s) used: \_\_\_\_\_



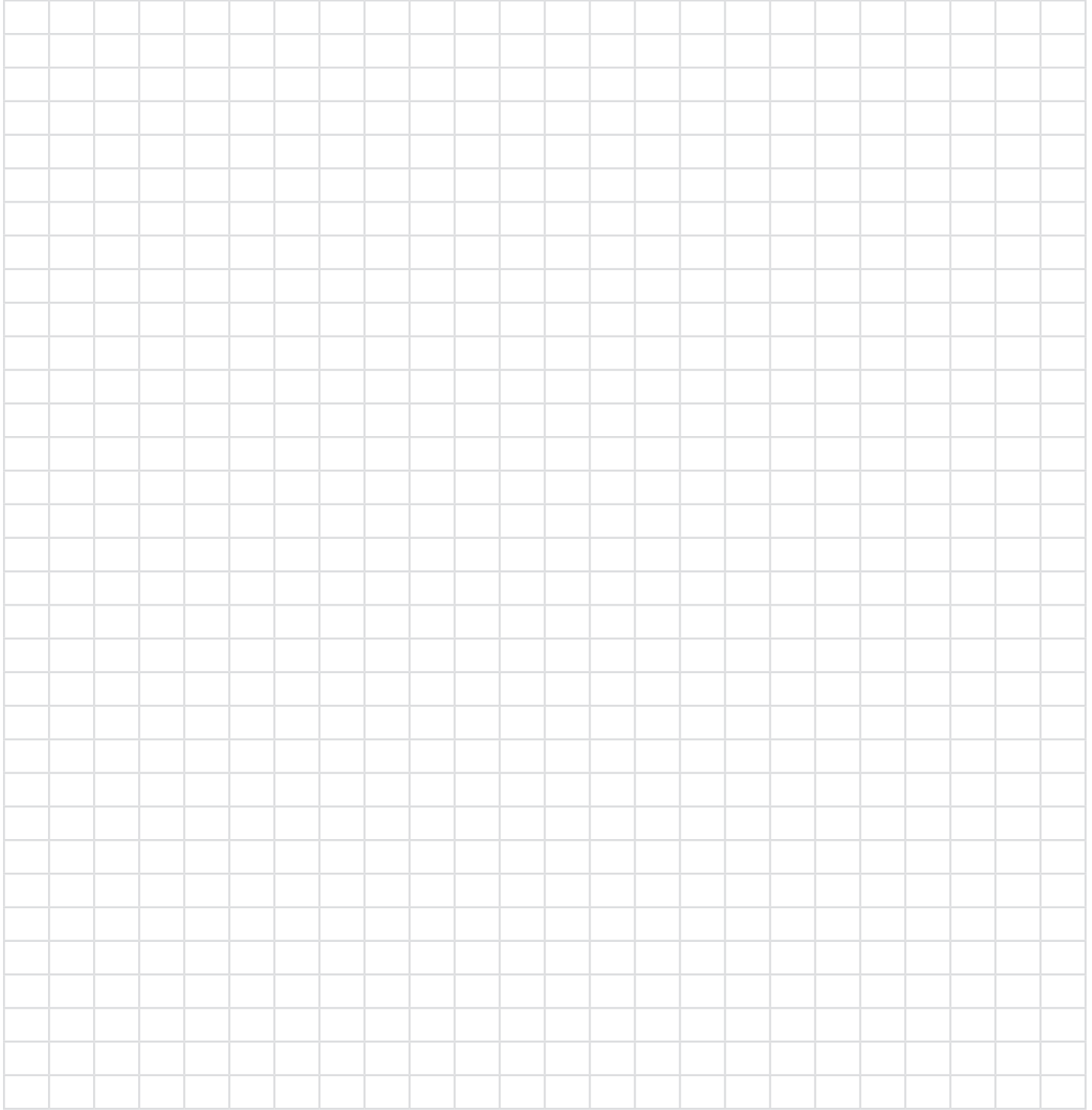
Captain's net capacity estimate (lbs): \_\_\_\_\_

Trawl alley or hopper capacity estimate (lbs): \_\_\_\_\_

# 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: \_\_\_\_\_ Gear type(s) used: \_\_\_\_\_



Captain's net capacity estimate (lbs): \_\_\_\_\_

Trawl alley or hopper capacity estimate (lbs): \_\_\_\_\_

# 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/Location contacted:

Phone:  Email:  Text:  Other:

Summary

Date:

Time:

Person/Location contacted:

Phone:  Email:  Text:  Other:

Summary

Date:

Time:

Person/Location contacted:

Phone:  Email:  Text:  Other:

Summary



# 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.*



















