

# PLACEMENT CHECKLIST

<b>Trip Number:</b> _____		<b>Observer:</b> _____		<b>Vessel LOA:</b> _____		<b>ft</b>		
<b>Vessel Name:</b> _____			<b>Permit Number:</b> _____			<b>Call sign:</b> _____		
<b>Placement Meeting</b>				<b><u>Placement Meeting Participants</u></b>				
Date: _____		Time: _____						
<b><u>Captain</u></b>		<u>Phone Number</u>						
Owner/Agent: _____				<b>De-hooking equipment:</b>				
Others: _____								
<b>Vessel Specification</b>				<input type="checkbox"/> Long-handed de-hooker <input type="checkbox"/> Long-handed line cutter <input type="checkbox"/> Short-handed de-hooker <input type="checkbox"/> Mouth Gags <input type="checkbox"/> Bolt Cutters <input type="checkbox"/> Pole Gaff <input type="checkbox"/> Dip Net <input type="checkbox"/> Tire <input type="checkbox"/> Mackerel type bait (Shallow Set Only) <input type="checkbox"/> Blue Dye Tubs x _____ (Shallow Set Only)				
Communication Equipment: SSB / VHF/ DSC / Sat								
Is DSC registered: Y / N , Linked to GPS: Y / N (comment if non-operational)								
Water Supply: B / T / H2O Maker		Head: Y / N						
Tank Volume: _____		Shower: Y / N						
Number of Bunks: _____		Reasonable Privacy: Y / N						
<b>Fishing Trip Information</b>								
Trip Length: _____		Trip Type: D / S						
Number of Sets: _____								
Number of Crew: _____								
<b>Vessel Safety Checklist</b>				<b>Observer Gear</b> Bag #: _____ Sat. phone #: _____  <b>Comments:</b> Note safety deficiencies, including those that do not prevent observers placement. List aid provided to vessel: _____				
<u>Distress Signals</u>		<u>Exp. Dates</u>						
6 X Hand								
3 X Parachute								
3 X Smoke								
# of Charged Fire Extinguishers: _____		Current insps? _____						
Approval: USCG? _____ Marine? _____ Proper Brackets? _____								
# of correctly installed Ring Life Buoys: _____								
Number of PFDs: _____								
# of immersion suits (always required above 32 N): _____								
Emergency Procedures Posted: Y / N								
First Aid Kit: Y / N								
First Aid and CPR Certified: Y / N								
# of certified drill instructors : _____								
<b>Survival Craft</b>								
Number of Persons: _____		Correct installation: Y/ N						
Manufacture Date: _____								
Inspection Exp: _____								
Hydrostatic Exp: _____								
<b>Emergency Position Indicating Radio Beacon</b>								
Battery test: P / F		Correct installation: Y/N						
Battery Exp: _____		Hydrostatic Date: _____						
UIN: _____								
CG Inspection Number: _____								
CG Inspection Exp: _____								

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

# Port Coordinator Departure Checklist

Trip no: \_\_\_\_\_

Observer \_\_\_\_\_

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

## Travel Pouch Papers

- Y / N
- Company phone protocols

## Placement

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

## Place/ No Place list

### Communication gear

Functioning VHF&SSB/ or SAT

Place	No-place
x	

### Signals

Quantity	Item	Place	No-place
Quantity	smoke		x
Quantity	hand		x
Quantity	rocket		x
Dates on all			x

### Fire Extinguishers

Quantity	Charge gauge	Service tag/documents	Place	No-place
Quantity				x
Charge gauge				x
Service tag/documents				x

### Ring Buoys

Quantity	Serviceability	Mounting (not tied down)	1 w/ 90' rope	Place	No-place
Quantity					x
Serviceability					x
Mounting (not tied down)					x
1 w/ 90' rope					x

### PFD/Immersion suits

Quantity	light/sound devices	Serviceability	Place	No-place
Quantity				x
light/sound devices			x	
Serviceability			x	

### First aid/CPR

1 1st aid	1 CPR	1st aid manual w/ first aid kit (stocked)	Place	No-place
1 1st aid			x	
1 CPR			x	
1st aid manual w/ first aid kit (stocked)			x	

### Station bill

posted and filled out	Place	No-place
posted and filled out		x

### Drills/Orientation

Monthly drill	Safety orientation	Place	No-place
Monthly drill		x	
Safety orientation			x

### Liferaft

Capacity	Service	Hydrostatic date	Hydrostatic installation	Raft installation	Place	No-place
Capacity						x
Service						x
Hydrostatic date						x
Hydrostatic installation						x
Raft installation						x

### EPIRB

Testing	Battery date	Registration	Installation	Hydrostatic release date	Place	No-place
Testing						x
Battery date						x
Registration		x				
Installation						x
Hydrostatic release date						x

CFVSE Decal	Place	No-place
CFVSE Decal		x