

Vessel Safety Checklist

VESSEL NAME: _____ **VESSEL PERMIT:** _____ **VESSEL LENGTH EST.:** _____

Ensure the USCG Commercial Fishing Vessel Safety decal is not expired. The expiration date is at the end of the month displayed.

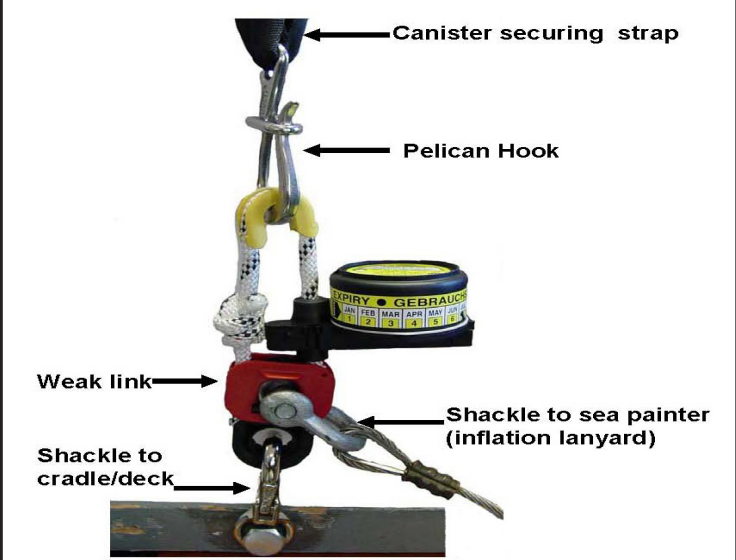
Commercial Fishing Vessel Safety EXAMINATION

<p>VESSEL</p> <p><input type="checkbox"/> Documented</p> <p><input type="checkbox"/> Undocumented</p> <p>OPERATIONS</p> <p><input type="checkbox"/> Cold Waters</p> <p><input type="checkbox"/> Warm Waters</p> <p><input type="checkbox"/> Inside Boundary Line</p> <p><input type="checkbox"/> Outside Boundary Line</p> <p>FROM COASTLINE</p> <p><input type="checkbox"/> < 3 NM</p> <p><input type="checkbox"/> < 12 NM</p> <p><input type="checkbox"/> < 20 NM</p> <p><input type="checkbox"/> < 50 NM</p> <p><input type="checkbox"/> > 50 NM</p> <p><input type="checkbox"/> > 100 NM</p>		<p>EXPIRES</p> <p>2019 <input type="checkbox"/></p> <p>2020 <input type="checkbox"/></p> <p>2021 <input type="checkbox"/></p> <p>2022 <input type="checkbox"/></p> <p>2023 <input type="checkbox"/></p> <table border="1" style="margin-left: auto; margin-right: auto; text-align: center; font-size: small;"> <tr><td>JAN</td><td>JUL</td></tr> <tr><td>FEB</td><td>AUG</td></tr> <tr><td>MAR</td><td>SEP</td></tr> <tr><td>APR</td><td>OCT</td></tr> <tr><td>MAY</td><td>NOV</td></tr> <tr><td>JUN</td><td>DEC</td></tr> </table>	JAN	JUL	FEB	AUG	MAR	SEP	APR	OCT	MAY	NOV	JUN	DEC
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NO.

U.S. Department of Homeland Security
CG-5587A (Rev. 6/08)

Is the decal valid? Y N



Some rafts are stored in a float free cradle - this is an approved cradling system, as long as the painter line is properly attached to a weak link.

Is hydrostatic release installed correctly? Y N

SURVIVAL CRAFT: Pg 10

Number of: _____

Total capacity: _____

of crew & observer/s on board _____

Sufficient capacity? Y N

Survival craft(s) stowed correctly? Y N

Float free or otherwise in accordance with the Federal Requirements for Commercial Fishing Industry Vessels (page 13)

Service Due decal exp. date: _____ / _____
(expires at end of month displayed- inflatables only)

Hydrostatic release exp. date: _____ / _____
(expires at end of month displayed)

Your survival craft assignment: _____

Enter information for all additional survival craft in the comments section.

EPIRB* (When Required): Pg 17 Y N

Location(s): _____

Battery exp. date: _____ (expires at end of month displayed)

Hydrostatic release expiration date (cat. 1 only): ____ / ____
(expires at end of month displayed)

Located in a Coast Guard approved location? Y N

NOAA Registration Valid? Y N

Exp. date: _____
(Unless otherwise noted, expires at end of month displayed)

Registered to this vessel (name of vessel displayed): Y N

Alphanumeric code on decal matches code on EPIRB: Y N

Signal tested (or asked to see station log in wheelhouse for most recent test. Signal should be tested monthly): Y N

*Visual inspection of EPIRB only. Leave all testing/handling to crew

IMMERSION SUIT/PFDs: Pg 6

Available for everyone on board? Y N

Location(s): _____

FIRE EXTINGUISHERS: Pg 19

Extinguisher(s) found in every main area/corridor? Y N

Extinguishers in "good and serviceable condition" (gauge in the green, low amounts of rust, canister in good condition, unobstructed, hoses attached, service tags available)? Y N

DISTRESS SIGNALS: Pg 16

(ask captain for assistance)

of distress signals meet federal requirements Y N

Location(s): _____

All distress signals within expiration date (expires on date displayed) Y N

THROWABLE FLOTATION DEVICES: Pg 8

Number of flotation devices appropriate for vessel size? Y N

Number of: Rings _____ / Slings _____

Easily accessible? Y N

Name of vessel displayed on each? Y N

Location(s): _____

<p>ADDITIONAL SAFETY CHECKS:</p> <p>Watertight doors (when required)- do they close properly? Y N</p> <p>Hatches/passageways - are they unobstructed? Y N</p> <p>Discussed safe places to work on deck and in factory with captain/crew? Y N</p> <p>Discussed refrigerant leak procedures? Y N</p> <p>Type of refrigerant used (Freon or Ammonia) _____</p> <p>Identified person to discuss reporting marine casualties or inoperative alarms? Y N</p> <p>Did you hear the general alarm? Y N</p> <p>Where will you go during emergencies? _____</p> <p>Will the vessel maintain watch at all times while under way? Y N</p> <p>If no, inform the captain, your contractor, and FMA. Do not remain on the vessel</p>	<p>FIRST AID MATERIALS: Pg 24</p> <p>Location(s): _____</p> <p>Is there an individual trained in CPR/First Aid on board? Y N</p> <p>Who?: _____</p>
<p>SAFETY ORIENTATION: Pg 29</p> <p>Did you complete drills upon embarking the vessel? Y N</p> <p>Did the captain address all of the items in the safety checklist during the safety orientation? Y N</p> <p>Did the vessel conduct a safety orientation? Y N</p> <p>Who gave the orientation? _____</p> <p>Detail what was covered below _____ _____ _____ _____</p>	<p>Communication Equipment: Pg 26</p> <p>How many SSB and VHF radios?: _____ / _____</p> <p>Are emergency call instructions posted? Y N</p> <p>Were procedures for making an emergency call discussed? Y N</p>
<p>COMMENTS (ALL "N" RESPONSES REQUIRE A COMMENT): _____ _____ _____ _____</p>	<p>Additional Communication Equipment</p> <p>List any additional communication systems on board in the comment section (satellite phone, inReach, etc.)</p> <hr/> <hr/> <hr/> <hr/> <p>STATION BILL: Pg 28</p> <p>Did you review the information on the Station Bill? Y N</p> <p>Describe your duties outlined in the station bill: _____ _____ _____ _____</p>
<p>EMERGENCY DRILLS AND DATE(S) CONDUCTED: Pg 29</p> <p>Fire _____</p> <p>Abandon Ship _____</p> <p>Man Overboard _____</p> <p>Vessel Flooding/stabilization _____</p> <p>General alarm activation _____</p> <p>Donning immersion suits _____</p> <p>Radio/visual distress signals _____</p> <p>Were the drills hands-on involving actual gear? Y N</p> <p>Did you participate in the drills? Y N</p>	<p>OBSERVER PERSONAL PROTECTIVE EQUIPMENT:</p> <p>Do you have the PLB that was issued to you? Y N</p> <p>PLB UIN: _____</p> <p>Immersion Suit with Strobe Light and Battery? Y N</p> <p>Serial #: _____</p> <p>Personal Flotation Device with Strobe Light and Battery? Y N</p>

Observer Name: _____ Cruise #: _____

Observer Signature: _____ Date: _____

Captain Name: _____

Captain Signature (optional): _____ Date: _____

Blue indicates "No Go" items!