



# SEFSC Pelagic Observer Program

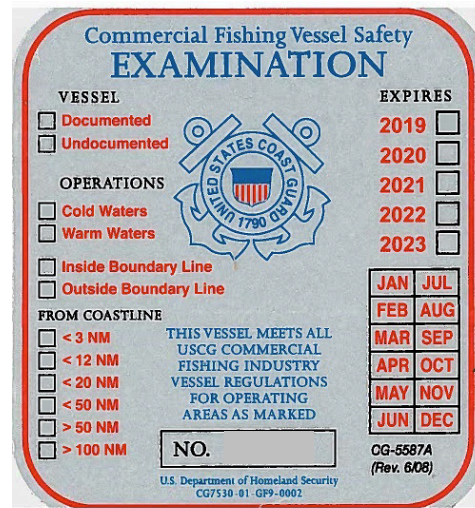
## Vessel Safety Checklist

<b>Trip Number:</b>
<b>Vessel Name:</b>
<b>Vessel Number:</b>
Persons on Board for trip:

<b>USCG CFVS Decal Number:</b>
<b>Date of Issuance/Expiration:</b> <small>*Circle one of the above.</small>
<b>Is Decal Current:</b> <b>YES</b> <b>NO</b>

\*Is it marked correctly for pelagic fishing? Mark the sticker below to resemble the one on the vessel.

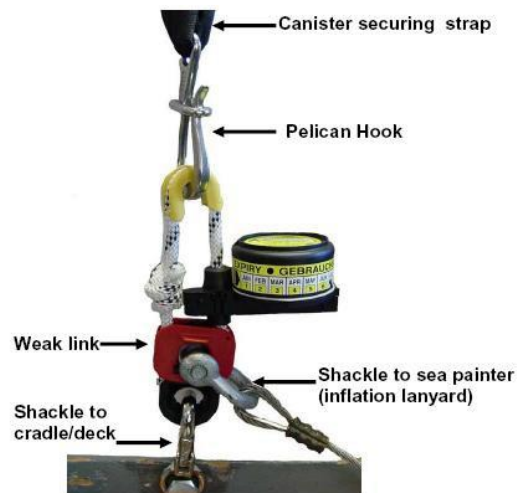
<b>Epirb Cat 1 Present:</b> <b>YES</b> <b>NO</b>
<small>*Visually inspect, only captain or crew are to handle epirb or housing.</small>
Location:
Battery Expiration:
<small>Expires on date displayed. .</small>
Hydrostatic Release Expiration:
<small>Expires on date displayed.</small>
NOAA Registration Expiration:
<small>Expires on date displayed. See middle diagram on right.</small>



<b>Life Raft Manufacturer:</b>	
Capacity:	
Location:	
SOLAS A Rated:	<b>YES</b> <b>NO</b>
Hydrostatic Release Expiration:	
<small>Expires on date displayed.</small>	
Service Date: (Issuance/Expiration)	
<small>Expires on date displayed.</small>	
Is release properly set up?	<b>YES</b> <b>NO</b>
<small>See diagram to the right.</small>	



<b>Number of Type I PFD's:</b>
<small>Include POP issued PFD.</small>
<b>Number of Throwable PFD's:</b>
<small>*24 inch ring bouy or Lifesling. 1 with 60 ft of line for vessels 26-65 ft in length. 3 devices for vessels &gt;65ft, with at least one of them with 90 ft of line.</small>
<b>Number of Immersion Suits:</b>
<small>Include POP issued Immersion Suit. Only above 32' 00 N Latitude.</small>



## \*\*Turn Over\*\*

<b>Number of Fire Extinguishers:</b> #	
Location 1:	
Charged:	
Expiration:	
Location 2:	
Charged:	
Expiration:	
Location 3:	
Charged:	
Expiration:	

<b>Flares:</b> <b>**CHECK EXPIRATION</b>	
Number of Parachute flares: ( 3)	
Number of Hand Flares: (6)	
Number of Smoke Flares: (3)	
Location:	

<b>First Aid Kit Location:</b>
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<b>CPR/First Aid Trained Capt/Crew (name):</b>
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**\*\* After completing this form, complete a thorough vessel check to your personal standards. Record any concerns below. Contact the POP office with concerns prior to deployment.**

<b>NOTES:</b>

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Observer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Captain/Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_