

# 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 #: \_\_\_\_\_



Complete the above sticker as it appears on the vessel.

## LIFE RAFTS

Inflatables     Buoyant apparatus     None     N/A

Total capacity: \_\_\_\_\_ Total # people on board: \_\_\_\_\_

List full names of crew members present on the reverse side.

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: \_\_\_\_\_

Watertight doors/hatches working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Digital selective calling (DSC) enabled radio present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hatches/passageways unobstructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DSC registered & radio interfaced with GPS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you hear the general/high water alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a Station Bill posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there adequate means of escape?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you see the bilge pumps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an anchor present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you given emergency directions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was a wheel watch arranged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(complete line below if yes)	

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.

**CREW MEMBERS**

**Provide full names of crew present**

1. Captain:	4. Deckhand:
2. Deckhand:	5. Deckhand:
3. Deckhand:	6. Deckhand:

**ADDITIONAL NOTES**

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**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  
  
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**Scott Leach, WA/OR Coordinator**  
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