

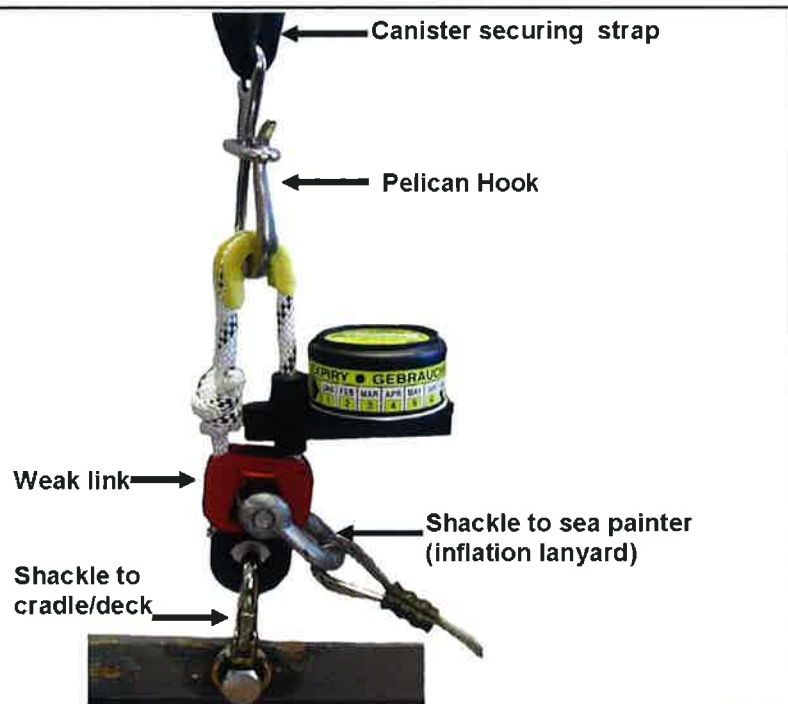
Vessel Safety Checklist

Vessel Name: _____ Vessel permit: _____

Ensure the USCG Commercial Fishing Vessel Safety decal is not expired based on the information noted on the face of the decal.



Is the decal valid? Y N



Is hydrostatic release installed correctly? Y N

Survival Craft: p. 10

Number of: _____
 Total capacity: _____
 # of crew & observers on board _____

Sufficient capacity? Y N

Survival crafts stowed correctly? Float free or otherwise in accordance with the Federal Requirements for Commercial Fishing Industry Vessels (p. 13) Y N

Service Due decal exp. date: ____/____/____ (expires on date displayed-inflatables only)

Hydrostatic release exp. date: ____/____/____ (expires on date displayed)

Your survival craft assignment: _____

Immersion Suit/PFDs: p. 6

Available for everyone on board? Y N

Location(s): _____

Distress Signals: p. 16

Location(s): _____

Expiration dates checked? Y N
 (expires on date displayed)

Number of flares: _____

EPIRB: p. 17

(Visual inspection only. Please leave all testing/handling to crew)
 Location(s): _____

Battery exp. date: _____ (expires on date displayed)

Hydrostatic release expiration date: ____/____/____ (expires on date displayed)

Located in a Coast Guard approved location? Y N

NOAA Registration valid? Y N

Exp. date: _____ (expires on date 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

Fire Extinguishers: p. 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

Throwable Flotation Devices: p. 8

Number of flotation devices appropriate for vessel size? Y N

of: Rings _____ Rings w/ line _____ Slings _____

Easily accessible? Y N

Name of vessel displayed on each? Y N

Location(s): _____

<p>Additional Safety Checks:</p> <p>Factory hydraulic shut-off(s) - know location? Y N</p> <p>Watertight doors - 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 _____ Y N</p> <p>Discussed reporting/identifying inoperative alarm/fire systems? Y N</p> <p>Did you hear the general alarm? Y N</p>	<p>First Aid Materials: p. 24</p> <p>Location(s): _____</p> <p>Is there an individual trained in CPR/First Aid on board? Y N</p> <p>Who?: _____</p> <hr/> <p>Radios: p. 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>Safety Orientation: p. 29</p> <p>Did you complete drills upon embarking? Y N</p> <p>Did the vessel conduct a safety orientation? Y N</p> <p>Did the vessel personnel use this safety checklist to complete the required vessel safety orientation? Y N</p> <p>Who gave the orientation? _____ (Detail what was covered in the comment section)</p> <p>Where will you go during emergencies: _____</p>	<p>Emergency Drills and Date(s) Conducted: p. 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>Personal Locator Beacon? Y N</p> <p>UIN: _____</p> <p>NOAA Registration Decal Expiration Date: _____</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>	<p>Comments (All "N" responses require a comment):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

Observer Name: _____ Cruise #: _____

Observer Signature: _____ Date: _____

Captain Name: _____

Captain Signature (optional): _____ Date: _____

*Did the vessel request a copy of the Checklist? Y N *If so, were you able to supply a copy? Y N

Blue indicates "no go" items!