

# SAFETY CHECKOFF FORM

Observer Name \_\_\_\_\_ Trip Number \_\_\_\_\_  
 Vessel Name \_\_\_\_\_ Vessel Doc Number \_\_\_\_\_

## Safety Check list - ("NO GO" Deficiencies Highlighted)

USCG Safety Exam Decal # \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Distance Rating: \_\_\_\_\_  
(Month/Year)

### Life Saving Equipment

Life Raft Type: SOLAS A, SOLAS B, Lifefloat, IBA, NONE, or Other: \_\_\_\_\_  
 (Circle One or if other reference in space provided) Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Capacity? \_\_\_\_\_  
(Month/Year)

Life Raft Hydrostatic Release Expiration Date: \_\_\_\_\_ / \_\_\_\_\_ Total # of People Onboard: \_\_\_\_\_  
(Month/Year) (This number is including the Observer, Can not exceed capacity)

Life Raft Hydro Setup Correct: Y or N

EPIRB Location: \_\_\_\_\_ EPIRB Battery Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
(Month/Year)

EPIRB Hydrostatic Release Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
(Month/Year)

EPIRB Registration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Is this EPIRB registered to this vessel? Y or N  
(Month/Day/Year)

Personal Flotation Device for each person on board (POB)? Y or N Location(s): \_\_\_\_\_

Immersion Suit for each POB? Y or N (only required above 32'00 N latitude)

Orange Ring Buoy(s) with Line attached? Y or N Location(s): \_\_\_\_\_

Distress Flares? Location(s): \_\_\_\_\_

### Expiration Date for each distress flare.

Parachute _____ <small>(Month/Year)</small>	Hand _____ <small>(Month/Year)</small>	Hand _____ <small>(Month/Year)</small>	Smoke _____ <small>(Month/Year)</small>
Parachute _____ <small>(Month/Year)</small>	Hand _____ <small>(Month/Year)</small>	Hand _____ <small>(Month/Year)</small>	Smoke _____ <small>(Month/Year)</small>
Parachute _____ <small>(Month/Year)</small>	Hand _____ <small>(Month/Year)</small>	Hand _____ <small>(Month/Year)</small>	Smoke _____ <small>(Month/Year)</small>

### Fire Fighting Equipment

Fire Extinguishers Charged? Y or N

Location 1: \_\_\_\_\_ Location 3: \_\_\_\_\_  
 Location 2: \_\_\_\_\_ Location 4: \_\_\_\_\_

### Communication Equipment

Vessel Call Letters: \_\_\_\_\_

Single Side Band \_\_\_\_\_ Satellite Phone # (if applicable) \_\_\_\_\_  
 VHF \_\_\_\_\_ Vessel Cell Phone # (if applicable) \_\_\_\_\_

### Other

First Aid Kit? Y or N Location(s): \_\_\_\_\_  
 Ditch Bag? Y or N Location(s): \_\_\_\_\_

Vessel Safety Orientation? Y or N

General Alarm Tested? Y or N High Water Alarm Tested? Y or N  
 Engine on/off, steering, gear selection, etc.? Y or N Entrapment: exit routes? Y or N  
 Hazardous: hatched, winches, machinery, lines, slippery areas, stability concerns etc.? Y or N

# SAFETY CHECK OFF FORM STATION BILL

Trip # \_\_\_\_\_

	<b>Person Overboard</b> Signal:	<b>Fire</b> Signal:	<b>Flooding</b> Signal:	<b>Abandon Ship</b> Signal:
<b>Position</b>	<b>Station/Bring/Duty</b>	<b>Station/Bring/Duty</b>	<b>Station/Bring/Duty</b>	<b>Station/Bring/Duty</b>
Captain				
Crew				
Crew				
Crew				
Observer				
Date Drill Performed				

**Detailed Description of Vessel and Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Fishing Vessel USCG Safety Requirements for the WARM WATERS of the Gulf of Mexico and South Atlantic

These safety requirements are determined by the fishing location

Fishing Location	Inside the Boundary Line Within 3 Nautical Miles	Within 12 NM of Coastline (Boundary Line)	12 to 20 miles of Coastline	Between 20 & 50 miles	Over 50 Nautical Miles
<b>Survival Craft Equipment</b>	No Survival Craft Required	No Survival Craft Required	Float free Life Float with light and line	Inflatable Life Raft with SOLAS B pack or Coastal Service Pack	Inflatable Life Raft with SOLAS A pack or Ocean Service Pack
<b>EPIRBs</b>	Not Required	Required	Required	Required	Required
<b>Distress Signals</b>	3 Red Flares OR 3 other flares with a night signal	3 - 6 - 3 (Parachute - Hand - Smoke)	3 - 6 - 3 (Parachute - Hand - Smoke)	3 - 6 - 3 (Parachute - Hand - Smoke)	3 - 6 - 3 (Parachute - Hand - Smoke)

\*RED flares include parachute and hand flares which can be seen both day and night.

These safety requirements are determined by the vessel size

Vessel Size	Vessels < 26 feet long	Vessels 26 to 40 feet long	Vessels < 65 feet long	Vessels ≥ 65 feet long
<b>Life Rings</b>	1 Buoyant Cushion OR 1 Orange Life Ring	1 Orange Life Ring with 60 feet of line	1 Orange Life Ring with 60 feet of line	3 Orange Life Rings 1 with 90 feet of line
<b>Fire Extinguishers</b>	at least 1	1 to 2	2 to 3	2 in the Bridge, 1 in the Galley AND 2 in the Engine Room

\* make sure fire extinguishers are charged and strategically placed around vessel (galley & engine room & near exits)

To be completed by captain:

Sampling protocol has been explained by observer and is understood. Yes \_\_\_\_ No \_\_\_\_

Wheel watch while underway requirement has been explained by observer and is understood. Yes \_\_\_\_ No \_\_\_\_

**Observer Signature and Date:** \_\_\_\_\_ / /

**Captain Signature and Date:** \_\_\_\_\_ / /