

**Southeast Fisheries Observer Programs - Panama City**

**Pre-Trip Safety Check**

OBS TRIP ID \_\_\_\_\_

DATE \_\_\_\_\_

VESSEL NAME \_\_\_\_\_

VESSEL # \_\_\_\_\_

**Life Saving Equipment (circle Y for yes or N for no)**

**CGVSE**

Safety Examination Decal? **Y / N**

Decal # \_\_\_\_\_

Date of Expiration: \_\_\_\_/\_\_\_\_

Vessel Distance Rating: \_\_\_\_ NM



**EPIRB**

EPIRB present? **Y / N**

EPIRB Category: **I / II**

Stowed in a float-free location? **Y / N**

EPIRB Registration Expiration Date: \_\_\_\_/\_\_\_\_

Registered To: \_\_\_\_\_

Hydrostatic Release Exp. Date: \_\_\_\_/\_\_\_\_/ **NA**

Battery Expiration Date: \_\_\_\_/\_\_\_\_

**FLARES**

3 of any flare required for operations <3nm offshore

3 Parachute, 6 Hand & 3 Smoke required for operations >3nm offshore

Record flare expiration dates:

Hand: ____/____	Hand: ____/____	Smoke: ____/____	Parachute: ____/____
Hand: ____/____	Hand: ____/____	Smoke: ____/____	Parachute: ____/____
Hand: ____/____	Hand: ____/____	Smoke: ____/____	Parachute: ____/____

**PFDs AND IMMERSION SUITS (not including observer equipment)**

Personal Floatation Device for each **POB**? **Y / N**

# of PFDs \_\_\_\_\_

Immersion suit for each **POB**? **Y / N**

# of Immersion Suits \_\_\_\_\_

\*required in federal waters above 32 N latitude

**FIRE FIGHTING EQUIPMENT**

Vessels <26 ft require 1 B-I unless equipped with an outboard in certain conditions  
 Vessels >26 ft but <40 ft require 2 B-I or 1 B-II  
 Vessels >40 ft but <65 ft require 3 B-I or 1 B-II & 1 B-I

	Location	Type	Manufacture Date	Brand	First Model #	Green Y/N	Photo Y/N
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____

\*If cannot determine both brand AND model, a photo MUST be taken\*

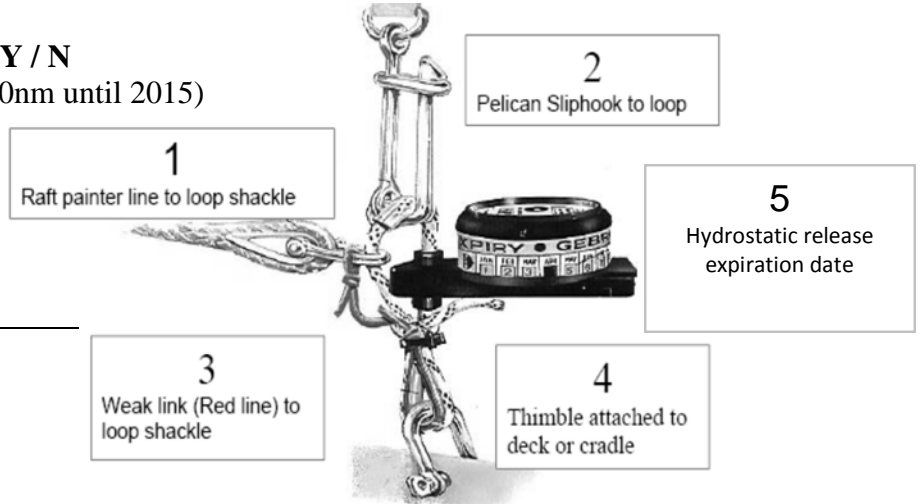
**STATION BILLS posted? Y / N**

**ONBOARD DRILLS logged? Y / N**

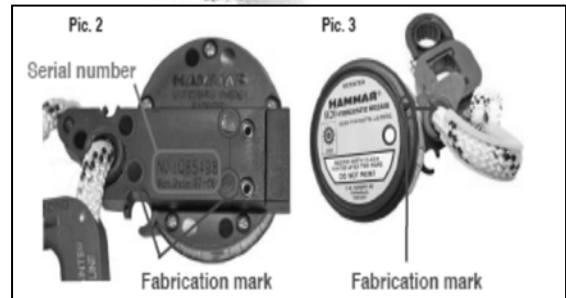
**LIFE RAFTS AND RINGS**

Orange ring buoy with line attached? **Y / N**  
 Rigid life float? **Y / N** (>12nm but <20nm until 2015)

Inflatable life raft? **Y / N**  
 Capacity for all **POB**? **Y / N**  
 Life raft Capacity \_\_\_\_\_  
 Raft Repack Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Hydrostatic Release Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Life raft configured correctly\*? **Y / N**  
 \*Please take picture of configuration



5 Fabrication Marks Present? **Y / N**  
 Upper Fabrication mark towards rope? **Y / N**



**Please provide signatures to verify that a safety check was conducted and that the information above is accurate.**

Observer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Owner/Operator: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_