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
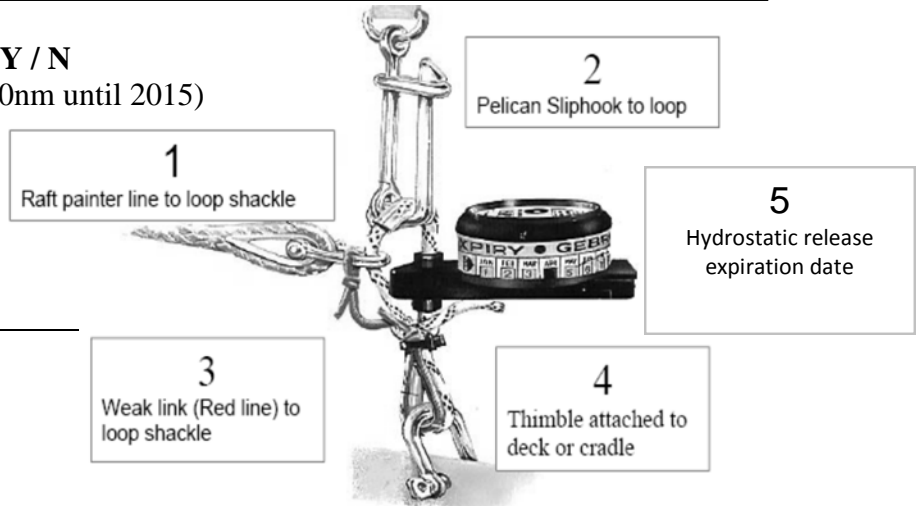
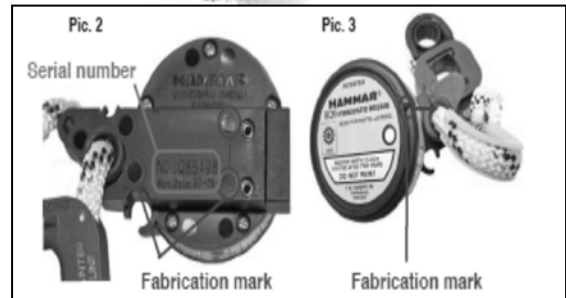**STATION BILLS posted? Y / N**   **ONBOARD DRILLS logged? Y / N**

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

1
Raft painter line to loop shackle

2
Pelican Sliphook to loop

5
Hydrostatic release expiration date

3
Weak link (Red line) to loop shackle

4
Thimble attached to deck or cradle

Pic. 2
Serial number
Fabrication mark

Pic. 3
Fabrication mark

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:_____/_____/_____

06-2019