Vessel Safety Checklist VESSEL PERMIT: VESSEL NAME: **VESSEL LENGTH EST.:** Ensure the USCG Commercial Fishing Vessel Safety Canister securing strap decal is not expired. The expiration date is at the end of the month displayed. **Commercial Fishing Vessel Safety** Pelican Hook EXAMINATION EXPIRES VESSEL Documented 2019 Undocumented 2020 OPERATIONS 2021 Cold Waters 2022 Warm Waters 2023 Inside Boundary Line JAN JUL Outside Boundary Line Weak link FEB AUG FROM COASTLINE Shackle to sea painter < 3 NM MAR SEP THIS VESSEL MEETS ALL USCG COMMERCIAL (inflation lanyard) < 12 NM Shackle to APR OCT FISHING INDUSTRY < 20 NM cradle/deck ESSEL REGULATIONS FOR OPERATING AREAS AS MARKED MAY NOV < 50 NM JUN DEC > 50 NM > 100 NM NO. Some rafts are stored in a float free cradle - this is an approved cradling U.S. Department of Homeland Security CG7530-01-GF9-0002 system, as long as the painter line is properly attached to a weak link. Is the decal valid? Y N Is hydrostatic release installed correctly? Y N **SURVIVAL CRAFT:** Pg 10 EPIRB * (When Required): Pg 17 Y N Number of:__ Location(s): ___ Battery exp. date: _____(expires at end of month Total capacity: displayed) # of crew & observer/s on board _____ Hydrostatic release expiration date (cat. 1 only): ____/__ Y N Sufficient capacity? (expires at end of month displayed) Y N Survival craft(s) stowed correctly? Located in a Coast Guard approved location? Y N Float free or otherwise in accordance with the Federal **NOAA Registration Valid?** Y N Requirements for Commercial Fishing Industry Vessels (page 13) Exp. date: (Unless otherwise noted, expires at end of month displayed) Service Due decal exp. date: ____/___ Registered to this vessel (name of vessel displayed): Y N (expires at end of month displayed- inflatables only) Alphanumeric code on decal matches code on EPIRB: Hydrostatic release exp. date: _ Y N (expires at end of month displayed) Signal tested (or asked to see station log in wheelhouse for most recent test. Signal should be tested monthly): Y N Your survival craft assignment: ___ Enter information for all additional survival craft in the *Visual inspection of EPIRB only. Leave all testing/handling to crew comments section. **IMMERSION SUIT/PFDS:** FIRE EXTINGUISHERS: Pg6 Pg 19 Y N Extinguisher(s) found in every main area/corridor? Y N Available for everyone on board? Extinguishers in "good and serviceable condition" (gauge in Location(s): the green, low amounts of rust, canister in good condition, unobstructed, hoses attached, service tags available)? Y N DISTRESS SIGNALS: Pg 16 THROWABLE FLOTATION DEVICES: Pg8 (ask captain for assistance) Y N Number of flotation devices appropriate for vessel size? # of distress signals meet federal requirements Y N Number of: Rings ______ / Slings _____ Location(s): _ Easily accessible? Y N All distress signals within expiration date (expires Name of vessel displayed on each? Y N on date displayed) Y N Location(s):

ADDITIONAL SAFETY CHECKS:		FIRST AID MATERIALS:	Pg 24
Watertight doors (when required)- do they close properly?	Y N	Location(s): Is there an individual trained in CPR/First	Y N
Hatches/passageways - are they unobstructed?	Y N	Aid on board? Who?:	1 11
Discussed safe places to work on deck and in factory with captain/crew?	Y N	Communication Equipment:	Pg 26
Discussed refrigerant leak procedures?	Y N	How many SSB and VHF radios?://	_
Type of refrigerant used (Freon or Ammonia)		Are emergency call instructions posted? Were procedures for making an emergency call	Y N Y N
Identified person to discuss reporting marine casualties or inoperative alarms?	Y N	discussed? Additional Communication Equipment	
Did you hear the general alarm?	ΥN	List any additional communication systems on board	l in the
Where will you go during emergencies?		comment section (satellite phone, inReach, etc.)	i iii tiie
Will the vessel maintain watch at all times	Y N	STATION BILL:	Pg 28
while under way?		Did you review the information on the Station Bill?	Y N
If no, inform the captain, your contractor, and FMA. Do not remain on the vessel		Describe your duties outlined in the station bill:	
SAFETY ORIENTATION:	Pg 29	EMERGENCY DRILLS	Pg 29
Did you complete drills upon embarking the vessel?	Y N	AND DATE(S) CONDUCTED: Fire	
Did the captain address all of the items in the safety checklist during the safety orientation?	ΥN	Abandon Ship Man Overboard	
Did the vessel conduct a safety orientation?	Y N	Vessel Flooding/stabilization	
Who gave the orientation?		General alarm activation	
Detail what was covered below		Donning immersion suits	
		Radio/visual distress signals	
		Were the drills hands-on involving actual gear?	— У N
		Did you participate in the drills?	Y N
COMMENTS (ALL "N" RESPONSES REQUIRE A COMMENT):	L	OBSERVER PERSONAL PROTECTIVE EQUIPM	
, 		Do you have the PLB that was issued to you? PLB UIN:	YN
		Immersion Suit with Strobe Light and Battery?	Y N
		Serial #:	
		Personal Flotation Device with Strobe Light and Battery?	Y N
Observer Name:		Cruise #:	
Observer Signature:			
Captain Name:			
Captain Signature (optional):			

Blue indicates "No Go" items!