

SEFSC Pelagic Observer Program Vessel Safety Checklist

| Trip Number: | USCG CFVS Decal Number: Date of Issuance/Expiration: *Circle one of the above. | |
|---|--|--|
| Vessel Name: | | |
| Vessel Number: | Is Decal Current: YES NO | |
| Persons on Board for trip: | *Is it marked correctly for pelagic fishing? Mark the sticker below to resemble the one on the vessel. | |
| *Include Observer, captain, and crew. | | |
| Epirb Cat 1Present: YES NO | Commercial Fishing Vessel Safety EXAMINATION | |
| *Visually inspect, only captain or crew are to handle epirb or housing. Location: Battery Expiration: Expires on date displayed Hydrostatic Release Expiration: Expires on date displayed. NOAA Registration Expiration: Expires on date displayed. See middle diagram on right. | VESSEL Documented Undocumented OPERATIONS Cold Waters Warm Waters Unside Boundary Line Outside Boundary Line FROM COASTLINE STATE ALL STATE AL | |
| Life Raft Manufacturer: Capacity: | SO NM AREAS AS MARKED JUN DEC | |
| Location: SOLAS A Rated: YES NO | PROOF OF REGISTRATION EXP DATE: 06/22/2009 2DCE4E5312FFBFF | |
| Hydrostatic Release Expiration: | OWNER: | |
| Expires on date displayed. | VESSEL NAME | |
| Service Date: (Issuance/Expiration) | Canister securing strap | |
| Expires on date displayed. Is release properly set up? YES NO | Sumster securing strap | |
| See diagram to the right. | ——— Pelican Hook | |
| Number of Type I PFD's: Include POP issued PFD. Number of Throwable PFD's: *24 inch ring house of Lifesting, 1 with 60 ft of line for vessels, 26,65 ft in | GEBRAIN THE STATE OF THE STATE | |
| *24 inch ring bouy or Lifesling. 1 with 60 ft of line for vessels 26-65 ft in 3 devices for vessels >65ft, with at least one of them with 90 ft of line. Number of Immersion Suits: | | |
| Include POP issued Immersion Suit. Only above 32' 00 N Latitude. | | |

Turn Over

| Number of Fire Extinguishers: | # Flares:_ **CHECK EXPIRATION |
|--|--|
| Location 1: | Number of Parachute flares: (3) |
| Charged: | Number of Hand Flares: (6) |
| Expiration: | Number of Smoke Flares: (3) |
| Location 2: | Location: |
| Charged: | |
| Expiration: | First Aid Kit Location: |
| Location 3: | |
| Charged: | CPR/First Aid Trained Capt/Crew (name): |
| Expiration: | |
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| NOTES: | |
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| lection subject to the requirements of the Paperw AB Control Number for this information collection commation collection is estimated to be approximal intaining the data needed, and completing and re | a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information work Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved on is 0648-0593. Without this approval, we could not conduct this information collection. Public reporting for this ately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and eviewing the information collection. All responses to this information collection are mandatory. Send comments regarding rmation collection, including suggestions for reducing this burden to the NOAA/NMFS/SEFSC at: 75 Virginia Beach Driv Davis, Andrew.Davis@noaa.gov |
| Observer Signature: | Date: |
| Captain/Owner Signature: | Date: |
| NOAA Southe | ast Fisheries Science Center Pelagic Observer Program * Phone: 800-858-0624 Fax: 305-361-4282 |