

Vessel Safety Checklist

All highlighted equipment and safety topics must be checked off before you leave port. Do not deploy if any are not verified or current.

Vessel Name: _____

USCG/State Registration #: _____



Complete the above sticker as it appears on the vessel.

LIFE RAFTS

Inflatables Buoyant apparatus None N/A

Total capacity: _____ Total # people on board: _____

List full names of crew members present on the reverse side.

Life raft able to float free? Yes No

Service sticker expiration date*: _____

Hydrostatic release expiration **: _____

Life raft equipment? SOLAS A SOLAS B Coastal
 PA PB Ocean Service

IMMERSION SUITS

On board? Yes No N/A

One for each person? Yes No

Location: _____

PFD for each person? Yes No

Location: _____

FIRE EXTINGUISHERS

Present? Yes No How many? _____

Serviceable? Yes No

Location: _____

EPIRBs

Present? Yes No N/A In float-free location? Yes No Registered to this vessel? Yes No Signal tested? Yes No

Decal's alphanumeric code matches EPIRB code? Yes No Location(s): _____

Battery exp. date*: _____ Hydrostatic release exp. date*: _____

NOAA registration sticker: _____ Exp. date: _____

ADDITIONAL CHECKS

First aid materials present? Yes No Location: _____

Who besides you is CPR Certified? (Name & position): _____

Working radios: how many? _____ Type: _____

Watertight doors/hatches working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Digital selective calling (DSC) enabled radio present?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hatches/passageways unobstructed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	DSC registered & radio interfaced with GPS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did you hear the general/high water alarms?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a Station Bill posted?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there adequate means of escape?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you see the bilge pumps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there an anchor present?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you given emergency directions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was a wheel watch arranged?	<input type="checkbox"/> Yes <input type="checkbox"/> No	(complete line below if yes)	

What were the emergency instructions? _____

Observer signature: _____ Print: _____

Date: _____

* Expires the last day of the month displayed.

** Hydrostatic releases are valid for two years from installation date.

CREW MEMBERS

Provide full names of crew present

1. Captain: _____ 4. Deckhand: _____

2. Deckhand: _____ 5. Deckhand: _____

3. Deckhand: _____ 6. Deckhand: _____

ADDITIONAL NOTES

COMPLETED VESSEL SAFETY CHECKLIST

After completing the checklist, sign the form, print your name and date it. Email, text, or fax a copy of the checklist and all associated notes to your provider (CS) or coordinator (NCS). If you have any safety questions or concerns, please contact the following coordinators:

John LaFargue, CA Coordinator
427 F Street #217
Eureka CA 95501

Office: 707.443.3228
Cell: 530.604.7386
email: John.LaFargue@noaa.gov

Scott Leach, WA/OR Coordinator
Hatfield Marine Science Center
2032 SE OSU Dr
Newport OR 97365

Office: 541.351.8250
Cell: 541.366.8080
Fax: 541.867.0505
email: Scott.Leach@noaa.gov