

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

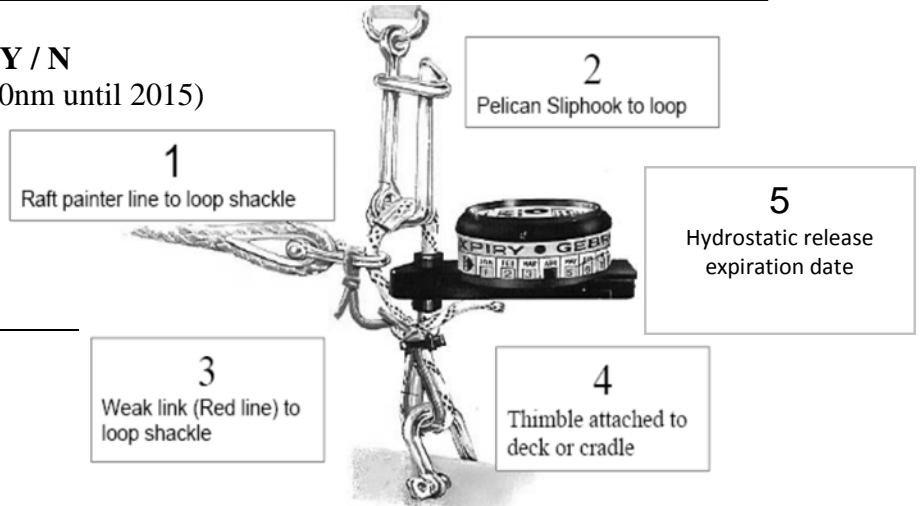
STATION BILLS posted? Y / N

ONBOARD DRILLS logged? Y / N

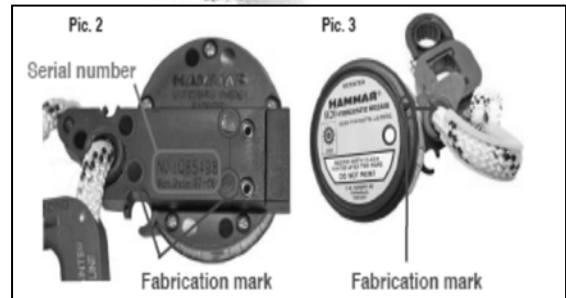
LIFE RAFTS AND RINGS

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: ____/____/____