

# PLACEMENT CHECKLIST

<b>Trip Number:</b>		<b>Observer:</b>		<b>Vessel LOA:</b>		<b>ft</b>	
<b>Vessel Name:</b>			<b>Permit Number:</b>		<b>Call sign:</b>		
<b>Placement Meeting</b>				<b>Placement Meeting Participants</b>			
Date:		Time:					
<u>Captain</u>		<u>Phone Number</u>					
Owner/Agent:				<b>De-hooking equipment:</b>			
Others:							
<b>Vessel Specification</b>							
Communication Equipment: SSB / VHF/ DSC / Sat				<input type="checkbox"/>			
Is DSC registered: Y / N , Linked to GPS: Y / N (comment if non-operational)				<input type="checkbox"/>			
Water Supply: B / T / H2O Maker		Head: Y / N		<input type="checkbox"/>			
Tank Volume:		Shower: Y / N		<input type="checkbox"/>			
Number of Bunks:		Reasonable Privacy: Y / N		<input type="checkbox"/>			
<b>Fishing Trip Information</b>							
Trip Length:		Trip Type: D / S					
Number of Sets:							
Number of Crew:							
<b>Vessel Safety Checklist</b>							
<u>Distress Signals</u>	<u>QTY</u>	<u>Exp. Dates</u>		<b>Observer Gear</b>			
Hand	_____		<input type="checkbox"/>				
Parachute	_____		<input type="checkbox"/>				
Smoke	_____		<input type="checkbox"/>				
# of Charged Fire Extinguishers: _____		Current insps? _____		<input type="checkbox"/>			
Approval: USCG? _____ Marine? _____ Proper Brackets? _____				<input type="checkbox"/>			
# of correctly installed Ring Life Buoys: _____				<input type="checkbox"/>			
Number of PFDs: _____				<input type="checkbox"/>			
# of immersion suits (always required above 32 N): _____				<input type="checkbox"/>			
Emergency Procedures Posted: Y / N				<input type="checkbox"/>			
First Aid Kit: Y / N				<input type="checkbox"/>			
First Aid and CPR Certified: Y / N				<input type="checkbox"/>			
# of certified drill instructors : _____				<input type="checkbox"/>			
<b>Survival Craft</b>							
Number of Persons:		Correct installation: Y/ N		<input type="checkbox"/>			
Manufacture Date: _____				<input type="checkbox"/>			
Inspection Exp: _____				<input type="checkbox"/>			
Hydrostatic Exp: _____				<input type="checkbox"/>			
<b>Emergency Position Indicating Radio Beacon</b>							
Battery test: P / F		Correct installation: Y/N		<input type="checkbox"/>			
Battery Exp: _____		Hydrostatic Date: _____		<input type="checkbox"/>			
UIN: _____				<input type="checkbox"/>			
CG Inspection Number: _____				<input type="checkbox"/>			
CG Inspection Exp: _____				<input type="checkbox"/>			

Bag #: \_\_\_\_\_  
 Sat. phone #: \_\_\_\_\_  
**Comments:** Note safety deficiencies, including those that do not prevent observers placement.  
 List aid provided to vessel: \_\_\_\_\_

**Deficiencies in shaded areas prevent observer deployment**  
 For tallies, circle total  
 For multiple Exp dates only record earliest  
 EVERY GRAY LINE REQUIRES AN ANSWER  
 Port Coordinators can use center column to check for completion

# Port Coordinator Departure Checklist

Trip no: \_\_\_\_\_

Observer \_\_\_\_\_

- Select Vessel
- Setup Placement Meeting

- Assign Trip Number
- Company comms. protocols

## Travel Pouch Papers

Y / N

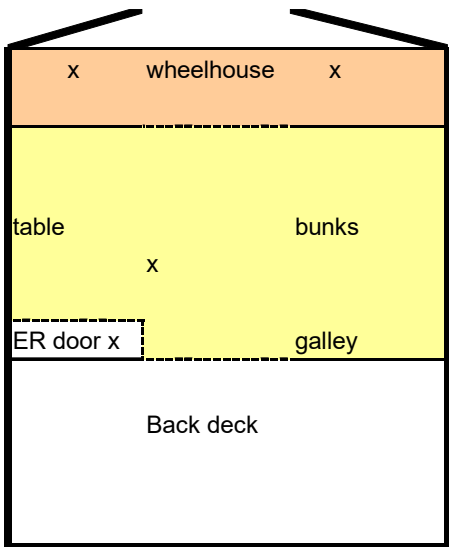
## Placement

- Check out/ Replenish gear
- Beacon test
- Survival suit Practice \_\_\_\_\_

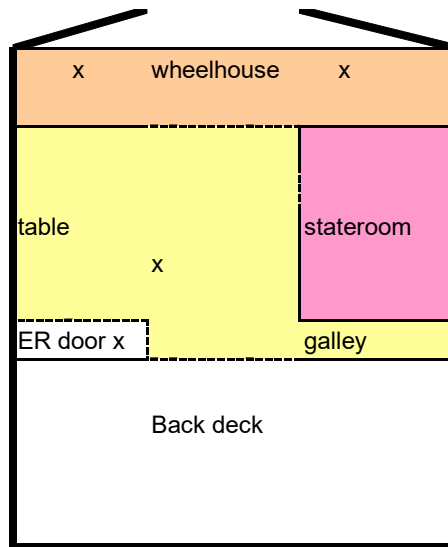
- Test fit DNA corer to sampling pole
- Observer departs
- Update Longline Trip Log

### EXTINGUISHER LAYOUT

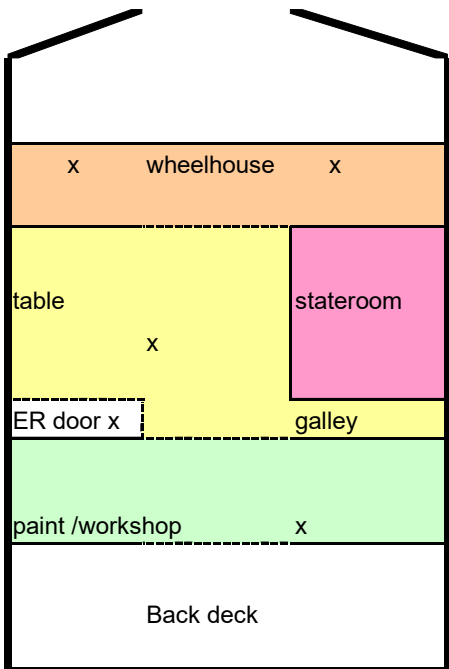
Vessels over 65ft LOA = TWO 40B:C in engine room (or fixed system) plus ...



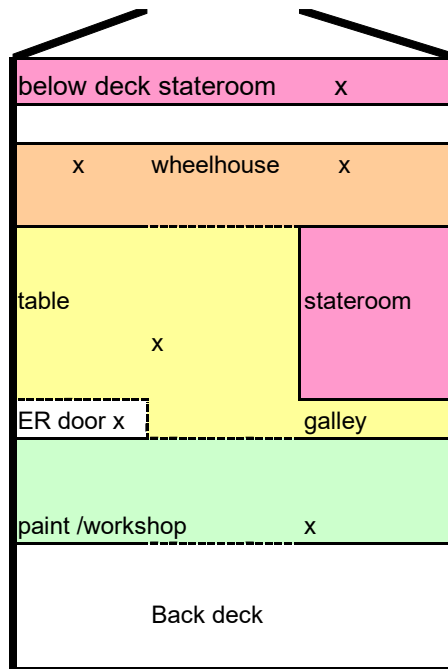
Minimum # extinguisher = 6



Minimum # extinguisher= 6+



Minimum # extinguisher= 7+



Minimum # extinguisher= 8+

**Vessels 40-65ft LOA, must have at least have two - 5 B extinguishers anywhere \***

\*One 20-B portable fire extinguisher may be substituted for two 5-B portable fire extinguishers

# WCPFC Mandatory Data Elements

Trip No.

Observer ID

## GENERAL VESSEL AND TRIP INFORMATION FOR ALL VESSEL TYPES

### Vessel Identification

Vessel Flag

Vessel Owner/Company

International Call Sign

Markings consistent with 50 CFR § 300.217

### Observer Information

Nationality of Observer

Observer Provider - Country or Organization

Date, Time and Location of Embarkation

<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year	Hour	Minute		

Date, Time and Location of Disembarkation

<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year	Hour	Minute		

### Reported Crew Information

Nationality of Captain

Identification Document\*

Nationality of Fishing Master

Identification Document\*

Name of Fishing Master

\* 50 CFR § 300.215 (c)

Total Number Of Crew by Nationality

Nationality	Number

### Reported Vessel Attributes

Vessel Cruising Speed

Vessel Fish Hold Capacity (mT)

Refrigeration Method

Ice
Chilled Sea Water
Refrigerated Sea Water
Blast Freezer
Other

Gross Tonnage (GRT)

Engine Power (hp)

