

PLACEMENT CHECKLIST

Trip Number:		Observer:		Vessel LOA:		ft					
Vessel Name:			Permit Number:		Call sign:						
Placement Meeting				Placement Meeting Participants							
Date:		Time:									
<u>Captain</u>		<u>Phone Number</u>									
Owner/Agent:				De-hooking equipment: <input type="checkbox"/> Long-handled de-hooker <input type="checkbox"/> Long-handled line cutter <input type="checkbox"/> Short-handled de-hooker <input type="checkbox"/> Mouth Gags <input type="checkbox"/> Bolt Cutters <input type="checkbox"/> Pole Gaff <input type="checkbox"/> Dip Net <input type="checkbox"/> Tire <input type="checkbox"/> Mackerel type bait (Shallow only) <input type="checkbox"/> Blue Dye Tubs (shallow only)							
Others:											
Vessel Specification											
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"/>							
Fishing Trip Information				Observer Gear							
Trip Length:		Trip Type: D / S		Bag #: _____							
Number of Sets:				Sat. phone #: _____							
Number of Crew:				Comments: Note safety deficiencies, including those that do not prevent observers placement. List aid provided to vessel:							
Vessel Safety Checklist											
<u>Distress Signals</u>	<u>QTY</u>	<u>Exp. Dates</u>									
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"/>			
Survival Craft											
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"/>							
Emergency Position Indicating Radio Beacon											
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"/>							

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

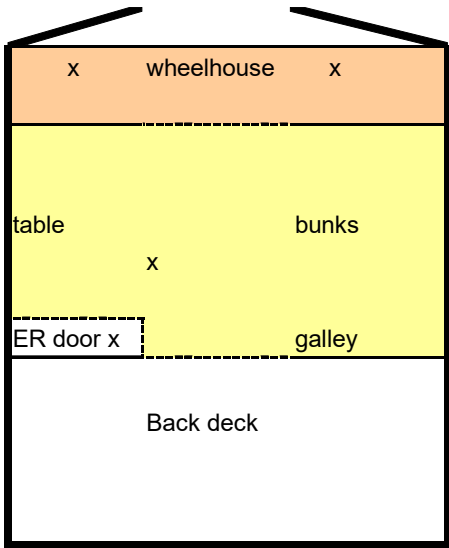
Placement

- Check out/ Replenish gear
- Beacon test
- Survival suit Practice _____

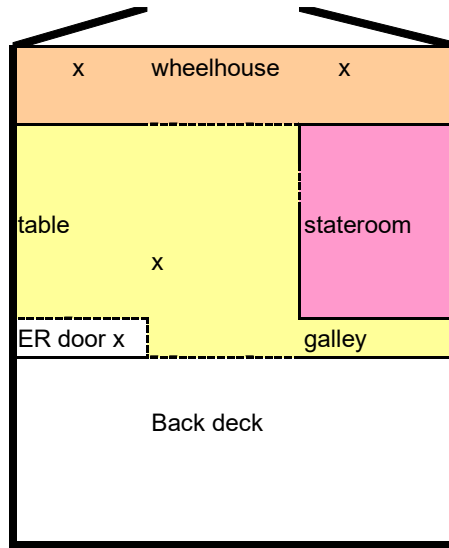
- Test fit DNA corer to sampling pole
- Observer departs
- Update Longline Trip Log

EXTINGUISHER LAYOUT

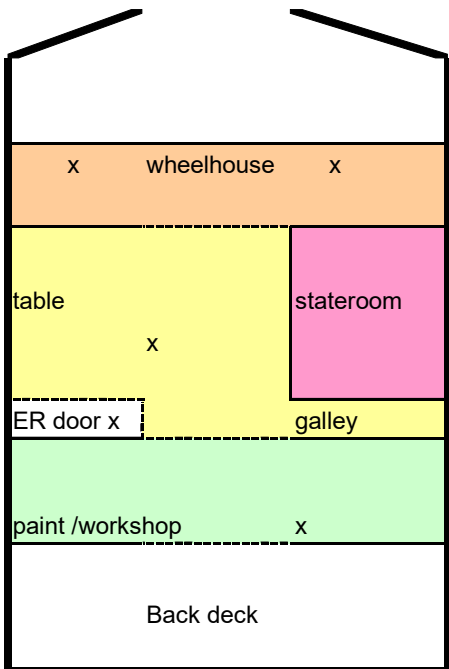
Vessels over 65ft LOA = TWO 40B:C in engine room (or fixed system) plus ...



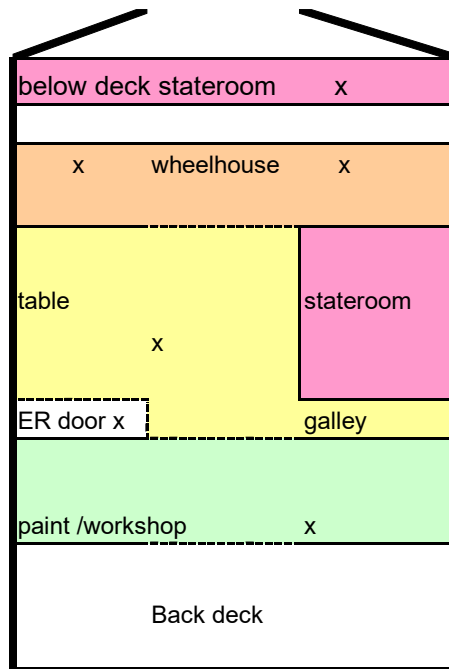
Minimum # extinguisher = 6



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

Gross Tonnage (GRT)

Engine Power (hp)

Ice
Chilled Sea Water
Refrigerated Sea Water
Blast Freezer
Other

