

VESSEL SAFETY CHECKLIST

VESSEL NAME: _____ **VESSEL #:** _____ **OBS. TRIP #:** _____


USCG DOCUMENTED / STATE REGISTERED

NO GO ITEMS IN RED

USCG SAFETY DECAL: pg. 1

Mark the sticker as it appears on the vessel.

Commercial Fishing Vessel Safety EXAMINATION

VESSEL		EXPIRES		
<input type="checkbox"/> Documented		2022	<input type="checkbox"/>	
<input type="checkbox"/> Undocumented		2023	<input type="checkbox"/>	
OPERATIONS		2024	<input type="checkbox"/>	
<input type="checkbox"/> Cold Waters		2025	<input type="checkbox"/>	
<input type="checkbox"/> Warm Waters		2026	<input type="checkbox"/>	
<input type="checkbox"/> Inside Boundary Line	2027	<input type="checkbox"/>		
<input type="checkbox"/> Outside Boundary Line	2028	<input type="checkbox"/>		
FROM COASTLINE		2029	<input type="checkbox"/>	
<input type="checkbox"/> < 3 NM	THIS VESSEL MEETS ALL USCG COMMERCIAL FISHING INDUSTRY VESSEL REGULATIONS FOR OPERATING AREAS AS MARKED	JAN	JUL	
<input type="checkbox"/> < 12 NM		FEB	AUG	
<input type="checkbox"/> < 20 NM		MAR	SEP	
<input type="checkbox"/> < 50 NM		APR	OCT	
<input type="checkbox"/> < 100 NM		MAY	NOV	
<input type="checkbox"/> > 100 NM		JUN	DEC	

U.S. Department of Homeland Security
CG 5587A (Rev. 6/08)

Vessel Length: _____ ft

Is the decal valid? **Y N**

EPIRB : pg. 13

Type (circle): **CAT I** **CAT II** **NOT REQUIRED**

Location: _____

Float Free/ Readily Accessible? **Y N N/A**

Battery Exp: ____/____/____

Hydrostatic Release Exp: ____/____/____

NOAA Registration Valid? **Y N**

Mark the sticker as it appears on the vessel.



www.beaconregistration.noaa.gov

Exp.: ____/____/____

UIN: _____

Vessel: _____

Does the Beacon ID on NOAA Registration match the UIN on EPRIB? **Y N**

SURVIVAL CRAFT: pg. 6 - 9

Inflatable Raft (circle type):
Solas A Solas B Coastal PA PB Ocean Service

Ovatek w/ valid Solas kit

IBA

Buoyant Apparatus

Not Required

Total Capacity: _____

Total number of POB: _____

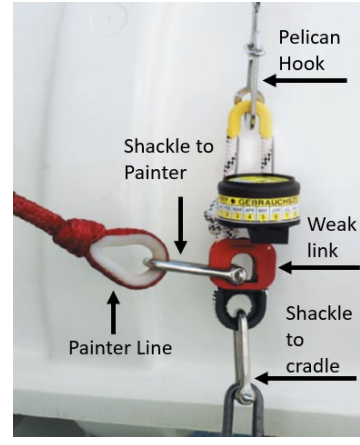
Float Free/ Readily Accessible? **Y N N/A**

Service Due Decal Exp Date: ____/____/____

Hydrostatic Release Exp Date: ____/____/____

Is the hydrostatic release setup properly?

Y N N/A



FIRE EXTINGUISHERS: pg. 14 - 16

Number: _____

Charged extinguishers found in every main area? **Y N**

Location: _____ **Location:** _____

Location: _____ **Location:** _____

DISTRESS SIGNALS: pg. 11

Location: _____

	(number)	(Exp. month/year – earliest date)
Parachute	_____	____/____/____
Smoke	_____	____/____/____
Handheld	_____	____/____/____

THROWABLE FLOTATION DEVICES: pg. 5

Ring (with attached line) **Lifesling** **Cushion**

Number: _____ **Location (s):** _____

Easily accessible/unobstructed? **Y N**

COMMUNICATION EQUIPMENT: pg. 22 - 23

Number of Working Communication Devices

VHF : _____ **SSB :** _____ **SAT Phones :** _____

Vessel Satellite phone #: _____

PFDS: pg. 3 - 4

Number: _____ **Location (s):** _____

Available for everyone on board? **Y N**

IMMERSION SUITS: pg. 3 - 4

*Immersion Suits required above 32°00 N Latitude for documented vessels.

Number: _____ **Location (s):** _____

Available for everyone on board? **Y N**

VESSEL SAFETY CHECKLIST

PLACEHOLDER FOR OMB# / EXPIRATION DATE

OBS. TRIP #: _____

ADDITIONAL SAFETY CHECKS:

Did the vessel conduct a safety orientation? Y N

Was the General Alarm tested? Y N

Was the High Water Alarm tested? Y N

Discussed your role during an emergency with the captain? Y N

Where will you go during emergencies?

Discussed safe places to work on deck with captain/ crew? Y N

Are emergency call instructions posted? Y N

Were instructions for an emergency call discussed? Y N

Watertight doors (when required) - do they close properly? Y N

Hatches/passageways—are they unobstructed? Y N

Exit Routes identified? Y N

First Aid Kit? Y N

Name of individual trained in CPR/First Aid onboard:

Did the captain demonstrate vessel controls/taking out of gear? Y N

Will the vessel maintain a wheel watch? Y N

If no, inform the captain, your contractor, and coordinator. Do not remain on the vessel.

OBSERVER'S SIGNATURE: _____ **DATE:** _____

CAPTAIN'S NAME: _____

CAPTAIN'S SIGNATURE: _____ **DATE:** _____

Names of POB:

Crew: _____

Crew: _____

Crew: _____

Crew: _____

Crew: _____

Crew: _____

ADDITIONAL COMMENTS/ ISSUES:

REFER TO FEDERAL REGULATIONS FOR DEFICIENCIES

Fisherman Feedback Form

The information on this form will be used by the NOAA Fisheries Panama City Observer Programs to evaluate how well the observers are performing their duties and to serve as a line of communication between the fishermen and the Observer Program.

Observers are asked to leave a copy of this comment card with the vessel after the completion of a trip. Please fill out this form after each trip that you have been covered by an observer from the Panama City Observer Program. This form can be filled out by the captain or owner of the vessel.

Please provide us with some feedback or request more information about the observer program by calling, emailing, or sending this form back to:

Alyssa Mathers, Observer Coordinator
NOAA Fisheries
3500 Delwood Beach Rd
Panama City, FL 32408-7403
Phone: (850) 234-6541 ext. 226; Fax: (850) 235-3559
Alyssa.Mathers@noaa.gov

Help develop a program that will work better for you. We appreciate your feedback.

Thank you,
Alyssa Mathers, Observer Coordinator, Panama City Observer Programs

Vessel Name _____ **Captain or Owner Name** _____

Landing Date (mm/dd/yy) _____ **Port** (City, State) _____

Please check the Yes or No box for each question:

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1) Where the logistics in setting up the trip acceptable? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Was the observer on time and prepared for the trip? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Did the observer review the safety checklist with you? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Was the observer courteous and polite and get along with the crew? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Did the observer record the positions (lat/lon) for all the hauls? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Did the observer explain their sampling requirements and protocols? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7) Did the observer take length measurements of fish caught? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8) Did the observer take catch information from the work deck? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9) Did the observer identify fish species correctly? | <input type="checkbox"/> | <input type="checkbox"/> |

10) Did you have any other concerns regarding the observer or observing procedures, or safety issues during the trip?

If yes, please explain in comments below:

Would you like more information from the observer program?

- Copy of this trips logs
- Vessel Reimbursement Form with Instructions
- More information about observers and observer programs
- Copy of current fishing regulations
- List of Coast Guard vessel inspectors by area
- Copy of current selection letter

If you requested information above, please indicate your preferred method of delivery and leave the appropriate contact information:

- Phone _____
- Fax _____
- Email _____
- Mail _____

To verify that this form was filled out by the appropriate captain/owner, please sign the line below.

Captain or Owner Signature: _____

Highly Migratory Species Observer Notification Form

This form is provided for your response. Please provide the information requested below and return by mail or e-mail (popobserver@noaa.gov) at least 5 days prior to your estimated departure. If the vessel is not fishing or is involved in another fishery during the selection period, please indicate this under Vessel Fishing Status.

Captain's Name: _____ Vessel Name: _____

Documentation/Vessel Number: _____ Overall Length: _____(ft)

Crew Size: _____ (include skipper) Bunk Capacity: _____ Life Raft Capacity: _____

Contact Person/Telephone Number(s): _____

Communication Equipment (please check)	Commercial Fishing Vessel Safety Examination Decal
Cellular phone:	Serial Number:
VHF:	Date of expiration: ____/____ Month/ Year
Single Side Band:	
Call sign:	

Vessel Fishing Status:

Port of Departure:

Dock Facility: _____

Street: _____

City: _____ State: _____

Telephone Number: () _____

Departure Date: _____ Departure Time: _____ (AM or PM)

Dock Facility: _____

Expected Landing Port:

Street: _____

City: _____ State: _____

Telephone Number: () _____

Anticipated Landing Date: _____

I certify under penalty of perjury under the laws of the United States of America that the information given on this form is true and correct, and that I have full authority to execute this form.

Signature _____ *Date* _____

For the Pelagic Observer Program, please return by mail to SEFSC Pelagic Observer Program, 75 Virginia Beach Dr. Miami, FL 33149 or e-mail (popobserver@noaa.gov). For questions call 800-858-0624.

For the Shark Observer Program, please return by mail to SEFSC Shark Bottom Longline Observer Program, 3500 Delwood Beach Rd, Panama City, FL 32408-7403 or fax to (850) 235-3559. For questions call (850) 234-6541.

Public Burden Statement - Effective 4/30/2020

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0593. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are mandatory. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the NOAA/NMFS/SEFSC at: 75 Virginia Beach Drive, Miami, FL 33149, Attn: Fisheries Biologist Andy Davis, Andrew.Davis@noaa.gov

REIMBURSEMENT INVOICE FOR CONTRACT OBSERVERS			TRIP NUMBER
VESSEL NAME	ORGANIZATION CODE	TASK NUMBER	DATES OF TRIP
			TO
MEAL EXPENSES	RATE	DAYS AT SEA	SUBTOTAL
	\$25 / DAY X		
LIABILITY INSURANCE *ATTACH ENDORSEMENT AND BILLING STATEMENT	RATE	DAYS AT SEA	
COMPANY NAME			
AGENT NAME			
PHONE			
CORPORATION / OWNER NAME		TIN (Taxpayer Identification Number)	TOTAL
MAILING ADDRESS		PHONE	
DATE		SIGNATURE	

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Invoice Instructions

This invoice will be used to obtain reimbursement for observer expenses incurred during a deployment aboard a U.S. commercial long-line vessel. (Complete all areas in bold/highlighted) **[INVOICE MUST BE SUBMITTED WITHIN 90 DAYS OF RECEIVING NOTICE]**

TRIP NUMBER - office use only

VESSEL NAME - name of vessel that carried observer

ORGANIZATION CODE - office use only

DATES OF TRIP - dates observer was aboard vessel

MEAL EXPENSES - calculate food costs: (rate) x (days at sea) = subtotal. Observer's personal food may be deducted from subtotal. If so, a copy of the receipt will be provided.

~~**COMPANY NAME** - Name of insurance company~~

~~**AGENT NAME** - Insurance contact~~

~~**PHONE** - Insurance contact number~~

TOTAL - total cost incurred (food and/or insurance)

CORPORATION/OWNER NAME - person or entity whose name will appear on check

TIN - (Taxpayer Identification Number) - Social security number, if check is going to an individual or EIN (corporate number), if paying a corporation

MAILING ADDRESS - address where you would like the check sent

PHONE - contact number for additional information

DATE - date of signature

SIGNATURE - signature of authorized person

Please return to:	Pelagic Observer Program Southeast Fisheries Science Center 75 Virginia Beach Dr. Miami FL, 33149	or	Use included, brown envelope - no postage necessary
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IMPORTANT

- 1 - We need a SSN or EIN or the check will not be processed
- 2 - We need original signatures on the invoice, please do not fax!
- 3 - Remember the information at the bottom of the invoice tells us who to make check out to and where to send it, please write legibly.
- 4 - ~~Insurance agencies - if you will be receiving the check, remember that the "Corporation/Owner name" field is NOT the vessel, but the company name.~~

Allow 3-4 weeks to receive payment. Please contact our office if you have not received payment within 3 months of sending invoice. If you have any questions concerning this invoice or payment schedule, please call us at 1-800-858-0624.

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REIMBURSEMENT INVOICE FOR CONTRACT OBSERVERS			TRIP NUMBER		
VESSEL NAME	ORGANIZATION CODE	TASK NUMBER	DATES OF TRIP		
	FN7100	U8LCBACP00		TO	
MEAL EXPENSES	RATE	DAYS AT SEA	SUBTOTAL		
	\$25 / DAY	X 1			
LIABILITY INSURANCE	AGR #: 33GENF200035	DAYS AT SEA			
*ATTACH ENDORSEMENT AND BILLING STATEMENT	Vessel ID: #N/A				
COMPANY NAME					
AGENT NAME					
PHONE					
COMPANY / OWNER NAME	TIN (Taxpayer Identification Number)	TOTAL			
MAILING ADDRESS	PHONE				
DATE	SIGNATURE				

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SAFETY CHECKOFF FORM

Observer Name _____ Trip Number _____
 Vessel Name _____ Vessel Doc Number _____

Safety Check list - ("NO GO" Deficiencies Highlighted)

USCG Safety Exam Decal # _____ Expiration Date: _____ / _____ Distance Rating: _____
(Month/Year)

Life Saving Equipment

Life Raft Type: SOLAS A, SOLAS B, Lifefloat, IBA, NONE, or Other: _____
 (Circle One or if other reference in space provided) Expiration Date: _____ / _____ Capacity? _____
(Month/Year)

Life Raft Hydrostatic Release Expiration Date: _____ / _____ Total # of People Onboard: _____
(Month/Year) (This number is including the Observer, Can not exceed capacity)

Life Raft Hydro Setup Correct: Y or N

EPIRB Location: _____ EPIRB Battery Expiration Date: _____ / _____
(Month/Year)

EPIRB Hydrostatic Release Expiration Date: _____ / _____
(Month/Year)

EPIRB Registration: _____ / _____ / _____ Is this EPIRB registered to this vessel? Y or N
(Month/Day/Year)

Personal Flotation Device for each person on board (POB)? Y or N Location(s): _____

Immersion Suit for each POB? Y or N (only required above 32'00 N latitude)

Orange Ring Buoy(s) with Line attached? Y or N Location(s): _____

Distress Flares? Location(s): _____

Expiration Date for each distress flare.

Parachute _____ <small>(Month/Year)</small>	Hand _____ <small>(Month/Year)</small>	Hand _____ <small>(Month/Year)</small>	Smoke _____ <small>(Month/Year)</small>
Parachute _____ <small>(Month/Year)</small>	Hand _____ <small>(Month/Year)</small>	Hand _____ <small>(Month/Year)</small>	Smoke _____ <small>(Month/Year)</small>
Parachute _____ <small>(Month/Year)</small>	Hand _____ <small>(Month/Year)</small>	Hand _____ <small>(Month/Year)</small>	Smoke _____ <small>(Month/Year)</small>

Fire Fighting Equipment

Fire Extinguishers Charged? Y or N

Location 1: _____ Location 3: _____
 Location 2: _____ Location 4: _____

Communication Equipment

Vessel Call Letters: _____

Single Side Band _____ Satellite Phone # (if applicable) _____
 VHF _____ Vessel Cell Phone # (if applicable) _____

Other

First Aid Kit? Y or N Location(s): _____
 Ditch Bag? Y or N Location(s): _____

Vessel Safety Orientation? Y or N

General Alarm Tested? Y or N High Water Alarm Tested? Y or N
 Engine on/off, steering, gear selection, etc.? Y or N Entrapment: exit routes? Y or N
 Hazardous: hatched, winches, machinery, lines, slippery areas, stability concerns etc.? Y or N

SAFETY CHECK OFF FORM STATION BILL

Trip # _____

	Person Overboard Signal:	Fire Signal:	Flooding Signal:	Abandon Ship Signal:
Position	Station/Bring/Duty	Station/Bring/Duty	Station/Bring/Duty	Station/Bring/Duty
Captain				
Crew				
Crew				
Crew				
Observer				
Date Drill Performed				

Detailed Description of Vessel and Comments: _____

Fishing Vessel USCG Safety Requirements for the WARM WATERS of the Gulf of Mexico and South Atlantic

These safety requirements are determined by the fishing location

Fishing Location	Inside the Boundary Line Within 3 Nautical Miles	Within 12 NM of Coastline (Boundary Line)	12 to 20 miles of Coastline	Between 20 & 50 miles	Over 50 Nautical Miles
Survival Craft Equipment	No Survival Craft Required	No Survival Craft Required	Float free Life Float with light and line	Inflatable Life Raft with SOLAS B pack or Coastal Service Pack	Inflatable Life Raft with SOLAS A pack or Ocean Service Pack
EPIRBs	Not Required	Required	Required	Required	Required
Distress Signals	3 Red Flares OR 3 other flares with a night signal	3 - 6 - 3 (Parachute - Hand - Smoke)	3 - 6 - 3 (Parachute - Hand - Smoke)	3 - 6 - 3 (Parachute - Hand - Smoke)	3 - 6 - 3 (Parachute - Hand - Smoke)

*RED flares include parachute and hand flares which can be seen both day and night.

These safety requirements are determined by the vessel size

Vessel Size	Vessels < 26 feet long	Vessels 26 to 40 feet long	Vessels < 65 feet long	Vessels ≥ 65 feet long
Life Rings	1 Buoyant Cushion OR 1 Orange Life Ring	1 Orange Life Ring with 60 feet of line	1 Orange Life Ring with 60 feet of line	3 Orange Life Rings 1 with 90 feet of line
Fire Extinguishers	at least 1	1 to 2	2 to 3	2 in the Bridge, 1 in the Galley AND 2 in the Engine Room

* make sure fire extinguishers are charged and strategically placed around vessel (galley & engine room & near exits)

To be completed by captain:

Sampling protocol has been explained by observer and is understood. Yes ____ No ____

Wheel watch while underway requirement has been explained by observer and is understood. Yes ____ No ____

Observer Signature and Date: _____ / /

Captain Signature and Date: _____ / /

Sea Turtle Release Equipment Checklist

PLACE AN "X" IN THE BOX FOR EVERY ITEM PRESENT ON THE VESSEL AND CROSS THROUGH A BOX WITH A SINGLE LINE FOR ITEMS THAT ARE NOT PRESENT. DO NOT LEAVE ANY BLANKS. WRITE ANY ADDITIONAL COMMENTS BESIDE ITEM DESCRIPTIONS.

REQUIRED FOR TURTLES NOT BOATED:

- A- (1) Long-handled line cutter.
- B- (1) Long-handled dehooker for internal hooks.
- C- (1) Long-handled dehooker for external hooks (The long-handled dehooker for internal hooks used for Item B will also satisfy this requirement).
- D- (1) Long-handled device to pull an "Inverted V" (If 6' J-Style Dehooker is used for Item C, it will also satisfy this requirement).
- E-(1) Turtle control device (2 devices are recommended).

REQUIRED FOR TURTLES BOATED:

- F- (1) Dip net.
- G- (1) Standard automobile tire.
- H- (1) Short-handled dehooker for internal hooks.
- I- (1) Short-handled dehooker for removing external hooks (The short-handled dehooker for internal hooks used for Item H will also satisfy this requirement).
- J- (1) Long-nose or needle-nose pliers.
- K- (1) Bolt cutter.
- L- (1) Monofilament line cutter.
- M- (2) Types of mouth openers/mouth gags from the following list:
 - A block of hard wood;
 - A set of (3) canine mouth gags;
 - A set of (2) sturdy dog chew bones;
 - (2) rope loops covered with hose;
 - A hank of rope;
 - A set of (4) PVC splice couplings;
 - A large avian oral speculum.

RECOMMENDED EQUIPMENT:

- (N)- (1) Turtle hoist.

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Shrimp - Observer FAX Notification Form

This form is provided for your response. Please complete and return this form at least 48 hours prior to your estimated departure. The information can be **mailed to: NOAA/NMFS, Galveston Laboratory, 4700 Avenue U, Galveston, TX 77551 or Faxed to (409-766-3489); ATTN: MIKE HARRELSON, PAT CRYER, ELLEN SIKES, KAYLA CHAPMAN and/or JASON WILLIAMS.** If the vessel is not fishing or is involved in another fishery during the selection period, please state in the comment section of this form which fishery and gear used (include contact number).

Captain's Name: _____ Vessel Name: _____

Documentation/Vessel Number: _____ Overall Length: _____ (ft)

Crew Size: _____ (include skipper) Bunk Capacity: _____ Life Raft Capacity: _____

Contact Person/Telephone Number(s): _____

Communication Equipment (please list)	Commercial Fishing Vessel Safety Examination Decal
Cellular / SAT phone:	Serial Number:
VHF:	Date of issuance
Single Side Band:	_____/_____ Month Year
Call sign:	

Vessel Fishing Status:

Port of Departure:

Dock Facility: _____

Street: _____

City: _____ State: _____ Phone Number: () _____ - _____

Departure Date: __/__/__ Time: __:__ (AM or PM) Anticipated Landing Date: __/__/__

Expected Landing Port: (if different from port of departure)

Dock Facility: _____

Street: _____

City: _____ State: _____ Phone Number: () _____ - _____

Primary Language: (if other than English) _____

Comments: _____

PAPERWORK REDUCTION ACT STATEMENT: A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with an information collection subject to the requirements of the Paperwork Reduction Act of 1995 unless the information collection has a currently valid OMB Control Number. The approved OMB Control Number for this information collection is 0648-0593. Without this approval, we could not conduct this information collection. Public reporting for this information collection is estimated to be approximately 65 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collection. All responses to this information collection are mandatory to obtain benefits. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden to the National Marine Fisheries Service, Shrimp and Reef Fish Observer Programs at: 4700 Avenue U, Galveston, Texas 77551, Attn: Fisheries Administrator, Elizabeth Scott-Denton.

The SEFSC <Insert Laboratory > has recently placed an observer aboard your vessel for observer coverage. In an attempt to monitor the quality of observers we send on commercial vessels, we would appreciate it if you would take the time to fill out this questionnaire. We wish to ensure that the observers conduct themselves professionally, are safe, and get along with the crew during a voyage.

Please complete the information below and return it to < Mailing Address of Laboratory>.

Your information is important to us in order to run a better observer program. Please consult with your captain if you are the owner and were not present during the trip.

Vessel Name _____

Vessel ID _____

Captain or Owner Name _____

Landing Date (mm/dd/yy) _____

Port (City, State) _____

Your status (check one): Owner Captain Other

1) Were the logistics in setting up the trip acceptable? Yes No

2) Was the observer on time and prepared for the trip? Yes No

3. Was the observer's conduct while aboard your vessel professional? Yes No

4. Did you and the observer discuss vessel safety procedures prior to departure? Yes No

5. Was the observer seen doing anything that seemed unsafe? Yes - explain/list No

6. Did the observer seem to experience seasickness? Yes No

7. Did the observer help maintain cleanliness standards in accordance with the vessel's normal policy in the following areas?

Work: Yes No N/A

Bunk: Yes No N/A

Galley: Yes No N/A

8) Did the observer take catch information from the work deck? Yes No

9. Did the observer explain their sampling requirements and duties prior to departure?

Yes No

10. Was sampling conducted in a timely manner so as not to substantially impact your normal operations? Yes No

Additional comments:

VESSEL REIMBURSEMENT FORM

OBSERVER TRIP ID	OBSERVER NAME	VESSEL NAME
DATES OF TRIP	MEAL EXPENSES	TOTAL COST
	\$25/DAY X	
CORPORATION / OWNER NAME	EIN or SSN	MAILING ADDRESS AND PHONE #
DATE	SIGNATURE	
OFFICE USE ONLY	INVOICE CODE	TASK NUMBER

PLEASE FILL OUT ALL BLANKS (EXCLUDING INVOICE CODE AND TASK NUMBER) AND MAIL TO:

Alyssa Mathers
 NOAA Fisheries
 3500 Delwood Beach Road
 Panama City, FL 32408

PAPERWORK REDUCTION ACT STATEMENT: The information provided on this form will be used to reimburse you for specific expenses during the observed trip identified on the form. That trip was observed in order to collect information that is used in analyses that support the conservation and management of living marine resources and that are required under the Magnuson-Stevens Fishery Conservation and Management Act (MSA), the Endangered Species Act (ESA), the Marine Mammal Protection Act (MMPA), the National Environmental Policy Act (NEPA), the Regulatory Flexibility Act (RFA), Executive Order 12866 (EO 12866), and other applicable law. The public reporting burden for this form is estimated to average 10 minutes per response, including the time for completing, reviewing, and transmitting the information on the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to: National Marine Fisheries Service, F/SF1, National Observer Program, 1315 East West Highway, Silver Spring, MD 20910. Providing the requested information is required to have the Central Administrative Support Center (CASC) and United States Treasury process and pay the reimbursement. The information on this form will be kept confidential as required under Section 402(b) of the MSA (18 U.S.C. 1881a(b)) and regulations at 50 C.F.R. Part 600, Subpart E. Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act, unless that collection of information displays a currently valid OMB Control Number.

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

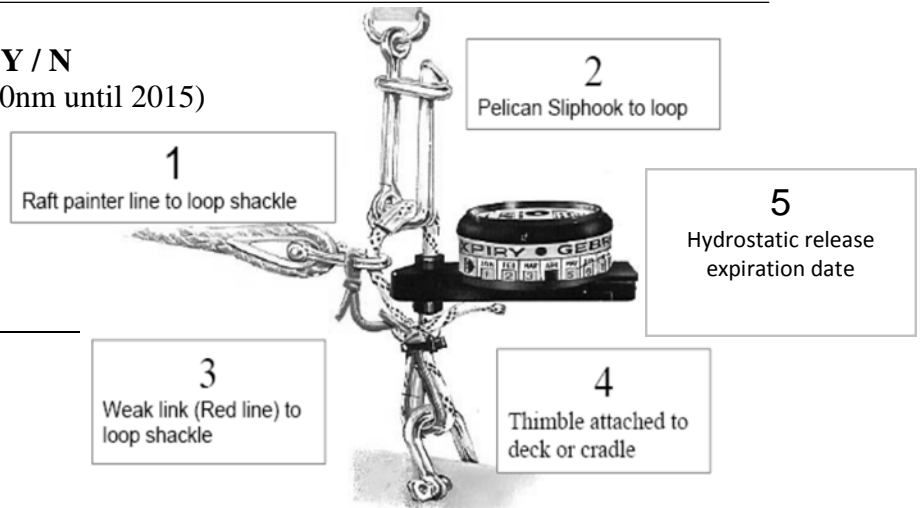
STATION BILLS posted? Y / N

ONBOARD DRILLS logged? Y / N

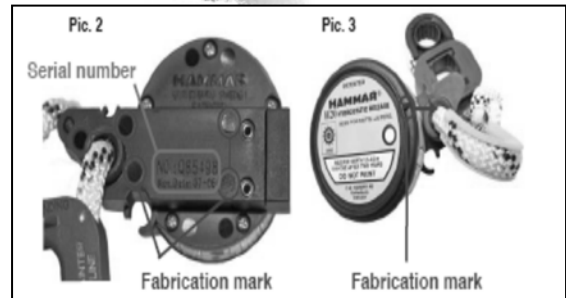
LIFE RAFTS AND RINGS

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: ____/____/____