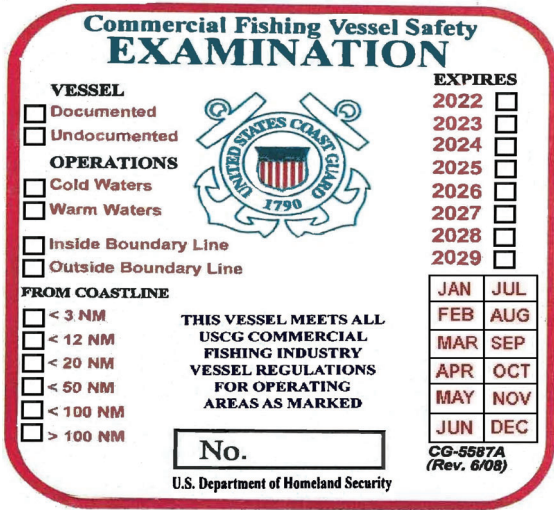


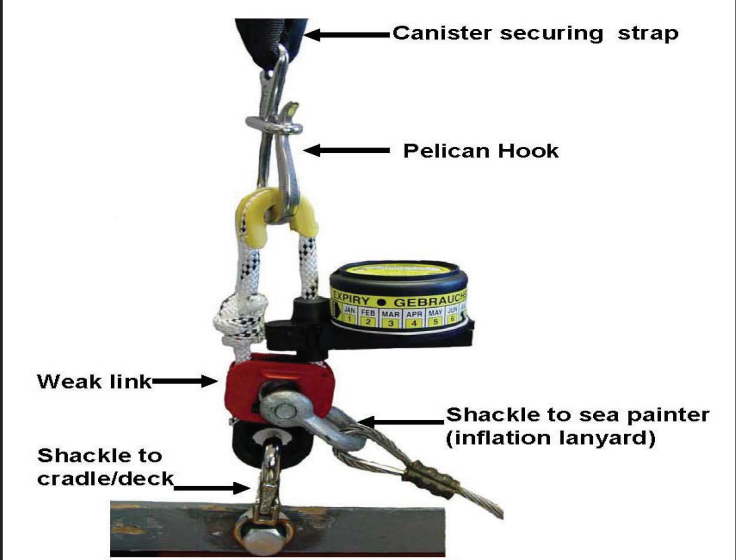
Vessel Safety Checklist

VESSEL NAME: _____ VESSEL PERMIT: _____ VESSEL LENGTH EST.: _____

Ensure the USCG Commercial Fishing Vessel Safety decal is not expired. The expiration date is at the end of the month displayed.



Is the decal valid? Y N



Some rafts are stored in a float free cradle - this is an approved cradling system, as long as the painter line is properly attached to a weak link.

Is hydrostatic release installed correctly? Y N

SURVIVAL CRAFT: Pg 6-9

Number of: _____
 Total capacity: _____
 # of crew & observer/s on board _____

Sufficient capacity? Y N

Survival craft(s) stowed correctly? Y N

Float free or otherwise in accordance with the Federal Requirements for Commercial Fishing Industry Vessels (page 13)

Service Due decal exp. date: _____ / _____
 (expires at end of month displayed- inflatables only)

Hydrostatic release exp. date: _____ / _____
 (expires at end of month displayed)

Your survival craft assignment: _____

Enter information for all additional survival craft in the comments section.

EPIRB * (When Required): Pg 12-13 Y N

Location(s): _____

Battery exp. date: _____ (expires at end of month displayed)

Hydrostatic release expiration date (cat. 1 only): ____ / ____
 (expires at end of month displayed)

Located in a Coast Guard approved location? Y N

NOAA Registration Valid? Y N

Exp. date: _____
 (Unless otherwise noted, expires at end of month displayed)

Registered to this vessel (name of vessel displayed): Y N

Alphanumeric code on decal matches code on EPIRB: Y N

Signal tested (or asked to see station log in wheelhouse for most recent test. Signal should be tested monthly): Y N

*Visual inspection of EPIRB only. Leave all testing/handling to crew

IMMERSION SUIT/PFDs: Pg 3-4

Available for everyone on board? Y N

Location(s): _____

FIRE EXTINGUISHERS: Pg 14-16

Extinguisher(s) found in every main area/corridor? Y N

Extinguishers in "good and serviceable condition" (gauge in the green, low amounts of rust, canister in good condition, unobstructed, hoses attached, service tags available)? Y N

DISTRESS SIGNALS: Pg 11

(ask captain for assistance)

of distress signals meet federal requirements Y N

Location(s): _____

All distress signals within expiration date (expires on date displayed) Y N

THROWABLE FLOTATION DEVICES: Pg 5

Number of flotation devices appropriate for vessel size? Y N

Number of: Rings _____ / Slings _____

Easily accessible? Y N

Name of vessel displayed on each? Y N

Location(s): _____

<p>ADDITIONAL SAFETY CHECKS:</p> <p>Watertight doors (when required)- do they close properly? Y N</p> <p>Hatches/passageways - are they unobstructed? Y N</p> <p>Discussed safe places to work on deck and in factory with captain/crew? Y N</p> <p>Discussed refrigerant leak procedures? Y N</p> <p>Type of refrigerant used (Freon or Ammonia) _____</p> <p>Identified person to discuss reporting marine casualties or inoperative alarms? Y N</p> <p>Did you hear the general alarm? Y N</p> <p>Where will you go during emergencies? _____</p> <p>Will the vessel maintain watch at all times while under way? Y N</p> <p style="padding-left: 20px;">If no, inform the captain, your contractor, and FMA. Do not remain on the vessel</p>	<p>FIRST AID MATERIALS: Pg 26</p> <p>Location(s): _____</p> <p>Is there an individual trained in CPR/First Aid on board? Y N</p> <p>Who?: _____</p>
<p>SAFETY ORIENTATION: Pg 26</p> <p>Did you complete drills upon embarking the vessel? Y N</p> <p>Where all of the items in the safety checklist addressed during the safety orientation? Y N</p> <p>Did the vessel conduct a safety orientation? Y N</p> <p>Who gave the orientation? _____</p> <p>Detail what was covered below</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Communication Equipment: Pg 22-23</p> <p>How many SSB and VHF radios?: _____ / _____</p> <p>Are emergency call instructions posted? Y N</p> <p>Were procedures for making an emergency call discussed? Y N</p>
<p>COMMENTS (ALL "N" RESPONSES REQUIRE A COMMENT):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Additional Communication Equipment</p> <p>List any additional communication systems on board in the comment section (satellite phone, inReach, etc.)</p> <hr/> <hr/> <hr/> <hr/> <p>STATION BILL: Pg 24</p> <p>Did you review the information on the Station Bill? Y N</p> <p>Describe your duties outlined in the station bill:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>EMERGENCY DRILLS AND DATE(S) CONDUCTED: Pg 25</p> <p>Fire _____</p> <p>Abandon Ship _____</p> <p>Man Overboard _____</p> <p>Vessel Flooding/stabilization _____</p> <p>General alarm activation _____</p> <p>Donning immersion suits _____</p> <p>Radio/visual distress signals _____</p> <p>Were the drills hands-on involving actual gear? Y N</p> <p>Did you participate in the drills? Y N</p>	<p>OBSERVER PERSONAL PROTECTIVE EQUIPMENT:</p> <p>Do you have the PLB that was issued to you? Y N</p> <p>PLB UIN: _____</p> <p>Immersion Suit with Strobe Light and Battery? Y N</p> <p>Serial #: _____</p> <p>Personal Flotation Device with Strobe Light and Battery? Y N</p>

Observer Name: _____ Cruise #: _____

Observer Signature: _____ Date: _____

Captain Name: _____

Captain Signature (optional): _____ Date: _____

Blue indicates "No Go" items!

Fishing Effort Summary for Fixed Gear Vessels

The information collected on this form is intended to be utilized only by the assigned observer to complete their required data collections.

Vessel Name _____ ADF&G number _____

OMB Control No. 0648-0593
expiration date: xx/xx/20xx

			Deployment Information					Average bottom depth M or FM circle one	Retrieval Information					Total Segs.	Total hooks /pots	Catch estimate Lb or MT circle one	Gear problem ?
Haul No.	CDQ #	I F Q	Month	Day	Time (ALT)	Latitude (N)	Longitude		Month	Day	Time (ALT)	Latitude (N)	Longitude				
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Definitions:

Deployment date/time/position: When the first hook/pot enters the water **Catch Estimate:** Visual estimate of total catch including bycatch in lbs or kgs **IFQ:** Check the box if IFQ

Retrieval date/time/position: When the last hook/pot left the water **Gear Problem ?:** Was there any issues with gear if so check the box

CDQ: Indicate CDQ with the CDQ number otherwise, leave blank **Total Segs.:** Total number of gear segment retrieved **Total hooks/pots:** Total number of hooks or pots retrieved

Fishing Effort Summary for Trawl Vessels

The information collected on this form is intended to be utilized only by the assigned observer to complete their required data collections.

Vessel Name _____ Vessel ADF&G number _____

		Deployment Information								Retrieval Information					Catch estimate	Gear problem ?
Haul No.	CDQ #	Month	Day	Time (ALT)	Latitude (N)	Longitude	Average bottom depth <small>M or FM circle one</small>	Average gear Depth* <small>M or FM circle one</small>	Month	Day	Time (ALT)	Latitude (N)	Longitude	Lb or MT <small>circle one</small>		
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Definitions:

Deployment date/time/position: When the trawl net or first enters the water

Catch Estimate: Visual estimate of total catch including bycatch in lbs or kgs

Retrieval date/time/position: When the trawl net leaves fishing depth

Gear Problem ?: Was there any issues with gear if so check the box

CDQ: Indicate CDQ with the CDQ number otherwise, leave blank

Tagged Fish and Crab Form

Cruise No.	Vessel / Plant Code	Haul / Delivery No.	Gear Type

Observer Name: _____

Vessel / Plant Name: _____ NMFS Permit No. _____

Reward Recipient's Name: _____
(Vessel or Plant Personnel)

Reward Shipment Address: _____

Species: _____ Tag Prefix and Serial No.: _____
(e.g. PCA 00392)

I authorize NMFS to provide this form and the tag to the tagging Country/Agency

(Captain/Owner Signature) (Captain/Owner Printed Name)

Date of Capture: _____ Time of Capture: _____ Depth (F): _____

Capture Location: Latitude (N): _____ Longitude: _____ E / W

NMFS or ADF&G Area: _____ (if Latitude / Longitude is unknown)

Source of Capture Information: _____
(e.g. vessel log, navigation equipment, crew member, plant personnel, etc.)

Sex: _____ Gonad Maturity (immature, mature, spawning) _____

Length (cm): _____ Weight (kg): _____

General Appearance (poor body condition, good body condition): _____

Condition of Tagging Wound (healthy healed tissue, open wound): _____

Other Comments: _____

Tape tag and otolith vial here:



VESSEL/PLANT OPERATOR COMMENT FORM

NORTH PACIFIC OBSERVER PROGRAM

The information on this form will be used by the National Marine Fisheries Service 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.

Public reporting burden for this collection of information is estimated to average 30 minute per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

All identifying data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics. Notwithstanding any other provisions of the law, no person is required to respond to, nor shall any person be subjected 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.

INSTRUCTIONS

Anonymous responses have little value in this process, so please fill in the identifying information completely. If you don't remember the Observer's name, please fill in the rest of the identifying information and indicate whether the Observer was the Primary or Secondary observer (if known).

In addition to answering Yes or No to each question, please use the Comments section to provide additional information about your answer. If the answer is neither Yes nor No, please use the Comments section to record the appropriate answer (i.e. Sometimes or N/A [not applicable]).

Though this form's primary intent is to allow you to provide information regarding specific observers, the second page affords you an opportunity to provide feedback and ask questions about the Observer Program in general or to open up a line of communication between you and a member of our staff.

Please take the time to answer this Comment Form completely.

Thank you for your time!



Date Revised: Jan 2018

OMB Control No.0648-0593
 Expiration Date: xx/xx/20xx

VESSEL/PLANT OPERATOR COMMENT FORM

Vessel/Plant Operator _____ Vessel/Plant Name _____ Today's Date _____

Observer _____ Observer Provider _____ Dates observer onboard _____

Questions about your observer	Yes	No	Comments
Did the observer interact with you and your crew in a professional manner?			
Did the observer discuss his/her work needs with you and your crew?			
Did the observer follow vessel/plant rules or policies? If not, please elaborate.			
Did the observer participate fully in safety drills? If not, why not?			
Did the observer inform you of any suspected violations of regulations when these were witnessed?			
Did the observer put himself/herself in any unsafe situations? If yes, please elaborate.			
Did you have any issues with the observer's duties and responsibilities? If yes, please elaborate.			
Did you discuss any issues regarding observer duties with the observer?			How were the issues resolved?
Did you discuss any issues regarding observer duties with anyone else? (please circle) Observer Program staff			Please identify the person you spoke with and whether the issues were resolved.
Observer provider My fishing company			



Did the observer do anything specific that you appreciated? Please elaborate.	Yes	No	Comments
Questions about the program			
Do you have questions about the work performed by observers? (sampling methods, work schedules, etc)			
Did you ask the observer?			
Would you like to ask a member of our staff?			
Would you like someone on our staff to contact you? (If yes, please provide contact information below)			
In general, are you satisfied with the observers you have had on your vessel or at your plant? Please use this space to provide any relevant comments or suggestions.			

If you would like us to contact you, please provide:

Phone _____ Email _____ Address _____



PUBLIC REPORTING BURDEN STATEMENT

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing the instructions, searching the existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Jennifer Ferdinand, Director, Fisheries Monitoring and Analysis Division, NOAA National Marine Fisheries Service, 7600 Sand Point Way NE, Seattle, WA 98115.

ADDITIONAL INFORMATION

Before completing this form, please note the following: 1) Notwithstanding any other provision of 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; 2) This information is voluntary and will be used to improve observer training under section 403(b) of the Magnuson-Stevens Act (16 U.S.C. 1801, *et seq.*); 3) **All identifying data submitted will be handled as confidential material in accordance with NOAA Administrative Order 216-100, Protection of Confidential Fishery Statistics.** Other information collected on this form may be subject to public release under various statutes.



Thank you for taking the time to fill out this Vessel/Plant Operator Comment Form. Filling out this form allows you to provide us with feedback regarding your recent Observer and your experience with the Observer Program as a whole. Your feedback is important to us. We are committed to responding to each Comment Form we receive.

We also have an electronic version of this form available on our website (<https://www.fisheries.noaa.gov/resource/document/north-pacific-observer-program-vessel-or-plant-operator-comment-form>) if you prefer to email a copy to us instead.

Please mail all completed hard copy forms to:

Jennifer Ferdinand
Fisheries Monitoring and Analysis Division
Alaska Fisheries Science Center, National Marine Fisheries Service
National Oceanic and Atmospheric Administration, Department of Commerce
7600 Sand Point Way N.E., Building 4
Seattle, Washington 98115
F/AKC6
