

# 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> <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:											
<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>				<b>Observer Gear</b>							
Trip Length:		Trip Type: D / S		Bag #: _____							
Number of Sets:				Sat. phone #: _____							
Number of Crew:				<b>Comments:</b> Note safety deficiencies, including those that do not prevent observers placement. List aid provided to vessel:							
<b>Vessel Safety Checklist</b>											
<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"/>			
<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"/>							

**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

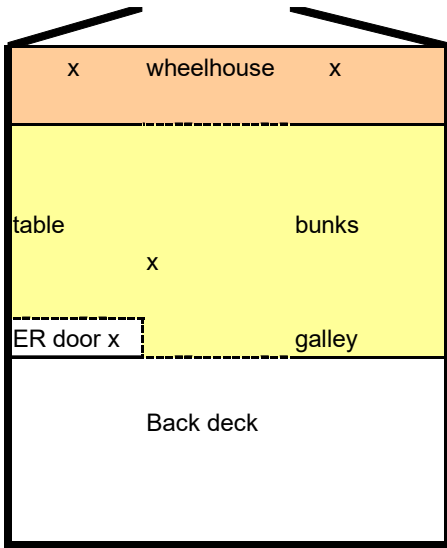
## Placement

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

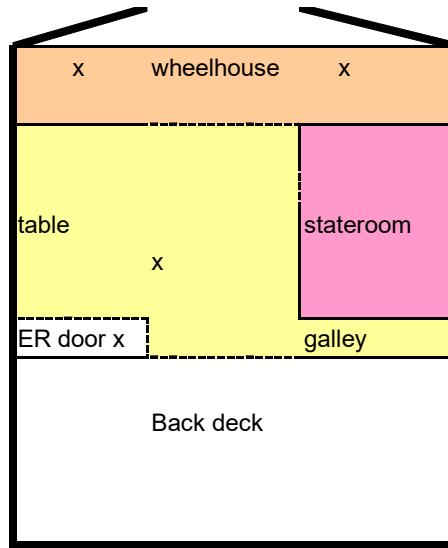
- Test fit DNA corer to sampling pole
- Observer departs
- Update Longline Trip Log

## EXTINGUISHER LAYOUT

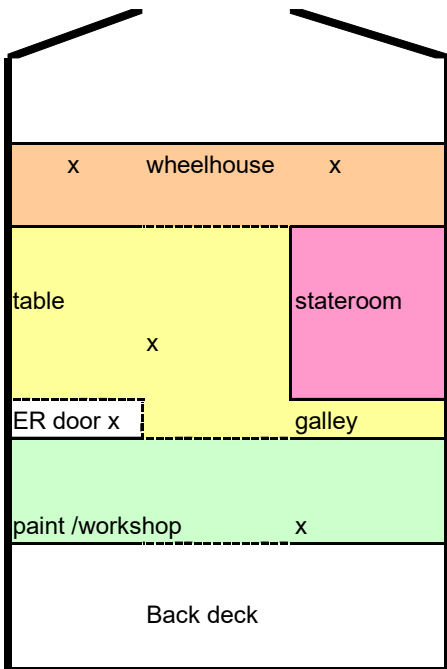
**Vessels over 65ft LOA = TWO 40B:C in engine room (or fixed system) plus ...**



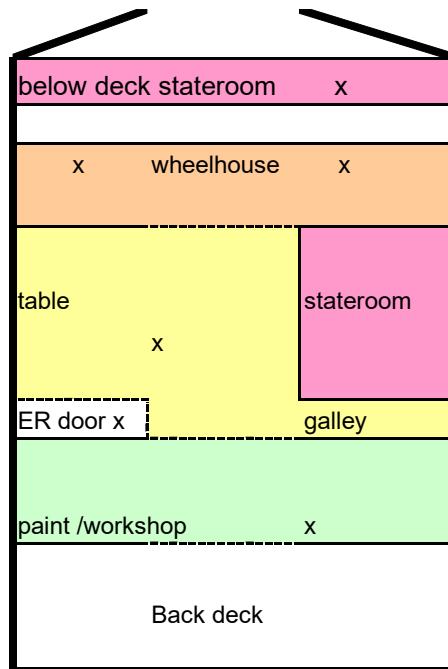
Minimum # extinguisher = 6



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

USA

Vessel Owner/Company

International Call Sign

Markings consistent with 50 CFR § 300.217

**Observer Information**

Nationality of Observer

Observer Provider - Country or Organization

Lynker - PIROP - USA

Date, Time and Location of Embarkation

Day

Month

20

Year

Hour

Minute

Date, Time and Location of Disembarkation

Day

Month

20

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

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OMB Control No. 0648-0593 exp. XX/XX/20XX

## WCPFC Mandatory Data Elements

Trip No.

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Observer ID

### GENERAL VESSEL AND TRIP INFORMATION FOR ALL VESSEL TYPES

#### Reported Vessel Electronics

Equipment	Y/N	Usage Code
Radars		
Depth Sounder		
Global Positioning System		
Track Plotter		
Weather Facsimile		
Sea Surface Temperature (SST) Gauge		
Sonar		
Radio/Satellite Buoys		
Doppler Current Meter		
Expendable Bathythermograph (XBT)		
Satellite Communications Service (Phone/Fax/Email)		
Fishery Information Service		

#### Usage Codes

Usage Code	Definition
<b>ALL</b>	Used all the time
<b>TRA</b>	Used only in transit
<b>OIF</b>	Used often but only in fishing
<b>SIF</b>	Used sometimes only in fishing
<b>RAR</b>	Rarely used
<b>BRO</b>	Broken
<b>NOL</b>	No longer ever used
<b>XXX</b>	Not mentioned

#### Vessel Monitoring System

50 CFR § 300.219 (f)

Present (Y/N)

Security Seals Intact? (Y/N)



Comments:
