

## 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**

<b>VESSEL</b>		<b>EXPIRES</b>	
<input type="checkbox"/> Documented		2022	<input type="checkbox"/>
<input type="checkbox"/> Undocumented		2023	<input type="checkbox"/>
<b>OPERATIONS</b>		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"/>
<b>FROM COASTLINE</b>		2029	<input type="checkbox"/>
<input type="checkbox"/> < 3 NM	THIS VESSEL MEETS ALL USCG COMMERCIAL FISHING INDUSTRY VESSEL REGULATIONS FOR OPERATING AREAS AS MARKED	<b>JAN</b>	<b>JUL</b>
<input type="checkbox"/> < 12 NM		<b>FEB</b>	<b>AUG</b>
<input type="checkbox"/> < 20 NM		<b>MAR</b>	<b>SEP</b>
<input type="checkbox"/> < 50 NM		<b>APR</b>	<b>OCT</b>
<input type="checkbox"/> < 100 NM		<b>MAY</b>	<b>NOV</b>
<input type="checkbox"/> > 100 NM		<b>JUN</b>	<b>DEC</b>

CG-5587A (Rev. 6/08)

U.S. Department of Homeland Security  
CG7538-01-GP-002

**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)
<b>Parachute</b>	_____	____/____/____
<b>Smoke</b>	_____	____/____/____
<b>Handheld</b>	_____	____/____/____

**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:**

- |  | <b>Yes</b>               | <b>No</b>                |
|--|--------------------------|--------------------------|
| 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): \_\_\_\_\_

<b>Communication Equipment</b> (please check)	<b>Commercial Fishing Vessel Safety Examination Decal</b>
Cellular phone:	Serial Number:
VHF:	Date of expiration: ____/____ <b>Month/ Year</b>
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		

**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](mailto:Andrew.Davis@noaa.gov)

## 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

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

**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.

THIS PAGE LEFT BLANK INTENTIONALLY

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		
<del>LIABILITY INSURANCE</del>	AGR #: 33GENF200035	<del>DAYS AT SEA</del>	<del></del>	
<del>*ATTACH ENDORSEMENT AND BILLING STATEMENT</del>	Vessel ID: #N/A			
<del>COMPANY NAME</del>				
<del>AGENT NAME</del>			<del></del>	
<del>PHONE</del>				
COMPANY / OWNER NAME	TIN (Taxpayer Identification Number)	TOTAL		
MAILING ADDRESS	PHONE	<del></del>		
DATE	SIGNATURE			

**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](mailto:Andrew.Davis@noaa.gov)

# 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 # \_\_\_\_\_

	<b>Person Overboard</b> Signal:	<b>Fire</b> Signal:	<b>Flooding</b> Signal:	<b>Abandon Ship</b> Signal:
<b>Position</b>	<b>Station/Bring/Duty</b>	<b>Station/Bring/Duty</b>	<b>Station/Bring/Duty</b>	<b>Station/Bring/Duty</b>
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
<b>Survival Craft Equipment</b>	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
<b>EPIRBs</b>	Not Required	Required	Required	Required	Required
<b>Distress Signals</b>	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
<b>Life Rings</b>	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
<b>Fire Extinguishers</b>	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.

**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](mailto:Andrew.Davis@noaa.gov)

### 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**

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

**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\*

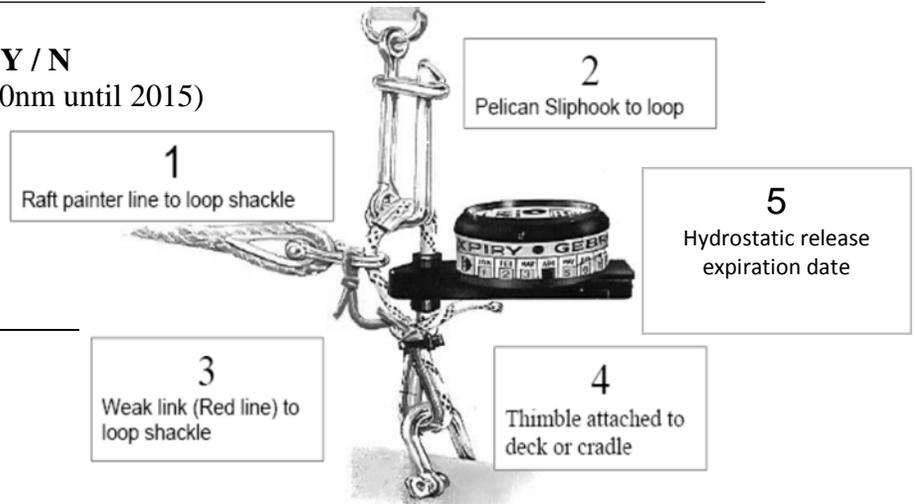
**STATION BILLS posted? Y / N**

**ONBOARD DRILLS logged? Y / N**

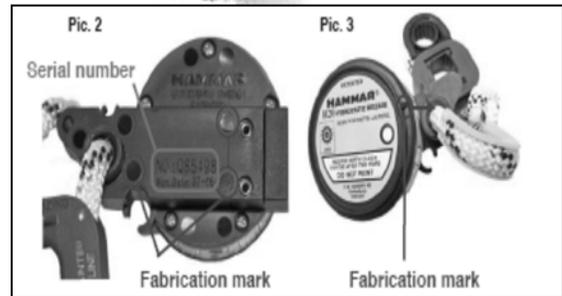
**LIFE RAFTS AND RINGS**

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: \_\_\_\_/\_\_\_\_/\_\_\_\_