

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: _____ 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: _____ / _____ EPIRB Registration: _____ / _____ / _____
(Month/Year) (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? _____ Location(s): _____
 Ditch Bag? _____ Location(s): _____

Vessel Safety Orientation (circle 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: _____ / /