



PADDLE CRAFT VESSEL SAFETY CHECK (VSC)

To be completed by a U.S. Coast Guard approved Vessel Examiner.

Date of VSC: _____

Decal Awarded:

Yes ☐ No ☐

Sections 1, 2 and 3 must be completed

I. Owner / Operator Information		II. Paddle Craft Information	
Name: _____		Registration No. _____	HIN: _____
		Make & Model: _____	
Attended Safe Boating Class: Yes <input type="checkbox"/> No <input type="checkbox"/>		Kayak <input type="checkbox"/> Canoe <input type="checkbox"/> Row Boat <input type="checkbox"/> Paddleboard <input type="checkbox"/>	
Attended Related Skills Class: Yes <input type="checkbox"/> No <input type="checkbox"/>		Scull <input type="checkbox"/> Other: _____	
Location of VSC- County: _____ State: _____		Color: Deck _____ Hull _____	
Replaced decal was: Check a selection below		Length (in feet): <12 <input type="checkbox"/> 12-16 <input type="checkbox"/> >16 <input type="checkbox"/>	
Last Year <input type="checkbox"/> Outdated <input type="checkbox"/> First Time <input type="checkbox"/>		Water craft used in: Protected <input type="checkbox"/> Open <input type="checkbox"/> Swift <input type="checkbox"/>	

III. Safety Check Requirements	Y	N	N/A	V. Other Recommendations	Y	N	N/A
Sound signal (whistle, horn, etc)				Dressed for immersion / helmet			
Life jacket(s)				Personal ID on operator			
Overall Vessel Condition: as applies				Float plan with someone on shore			
a. Hull & deck sound				Adequate food and water / Sun Protection			
b. Hatch covers (good condition/secure)				Assess the risk / good awareness			
c. Deck lines & Bungee Cords				High visibility clothing, gear, etc.			
d. Hardware secure (in working order)				Appropriate emergency kit (might include first-aid kit, knife, repair kit, etc.)			
e. Bulkheads/Airbags/Flotation				Appropriate self-rescue system / skills			
f. Paddle / Oars (serviceable)				Contact information affixed to craft			
Navigation Lights; White lights				Accident Reporting – Owner Responsible			
Visual Distress Signals (VDS)				Anchor lights (if applicable)			
State and/or Local Requirements							
IV. Open Water Recommendations				Vessel Examiner Comments			
Pump or bailer							
Spray skirt							
Spare paddle / oars							
Compass / GPS / navigation chart							
Tow / boat recovery system							
Marine radio (VHF) / cell phone / PLB							

I certify that I have checked this craft and find it meets the above requirements at the time of this Vessel Safety Check. I am a qualified Vessel Examiner of the: CGAUX _____ USPS _____ State of _____

VE(print name): _____ Examiner Number _____

Signature: _____ Telephone Number _____

Additional Comments: This is not an official boarding for law enforcement purposes. It is **recommended** that you correct any deficiencies noted. This checklist is furnished for your information. There is no assumption of liability of any kind for advice given or opinions expressed in connection to this examination. By accepting the Vessel Safety Check (VSC) decal you are pledging to maintain your craft and equipment to the standard of safety exhibited during this examination. Please remove the decal if the craft is sold or no longer meets these requirements.

I am consenting to this Vessel safety check of my Paddle Craft with full knowledge that it is provided to me as a public service on a volunteer basis without cost and I understand and agree that my receipt of a Vessel Safety check shall not constitute or be construed as a warranty or guarantee as to either the qualification, knowledge, or skills of the operator; the seaworthiness of the vessel; or the serviceability or adequacy of any equipment on board.

Owner - Operator Signature: _____ Date: _____