



8CR Member Request for “PWC -In Training” Status



Note: This form does not apply to current Boat Crew or Coxswains

Chapter 2 (Task Accomplishment Record for PWC Operator)

NAME: _____ MEMBER#: _____

Part 4- PWC Operations Policies and Qualification – Task Accomplishment Record (Shoreside Only)

Mentor/QE’s Name (Printed)	Mentor/QE’s Signature	Initials	Date

Task	Task Description	Date Completed	Mentor’s Initials
PWC-01-01-AUX	Crew Fatigue Standards		
PWC-01-02-AUX	Motion Sickness		
PWC-01-03-AUX	Risk Management/Team Coordination Training		
PWC-01-04-AUX	Completed ICS and Required Workshops and Courses		
PWC-02-01-AUX	Personal Physical Requirements and Policy		
PWC-02-02-AUX	Personal Physical Fitness and Vision		
PWC-02-03-AUX	Crew First-Aid Responsibility		
PWC-02-04-AUX	Don the Type III PFD		
PWC-02-05-AUX	Don Anti-Exposure Coveralls (as applicable)		
PWC-02-07-AUX	Identify Boat Crew Survival Equipment		
PWC-02-08-AUX	Use the Emergency Signaling Mirror		
PWC-02-09-AUX	Describe the Use of Hand-Held Distress Flares		

PWC-02-10-AUX	Describe the Use of Aerial Flares		
PWC-02-11-AUX	Operate the Personal Marker Light (PML) or Strobe Light		
PWC-02-12-AUX	Operate the Personal Locator Beacon		
PWC-02-14-AUX	Sun and Heat Related Factors		
PWC-02-15-AUX	State the Symptoms of Shock		
PWC-02-16-AUX	State the Symptoms of Anaphylactic Shock		
PWC-02-17-AUX	State the Signs for Burns		
PWC-02-18-AUX	State the Symptoms of Hypothermia		

PWC-03-01-AUX	State the Operational Limitations and Characteristics of the PWC		
PWC-06-01-AUX	Successfully Complete the Navigation Rules of The Road Exam / Nav 70		
PWC-08-03-AUX	Complete the Operations Policy Manual Open Book Exam.		

This member has met all Shoreside Requirements for "PWC-In-Training" status.

FC Print Name _____ Member ID# _____ Div/Fl _____ / _____

FC Signature _____ Date _____

Note: This form has Shoreside Task Only. FC to submit form to Division AQEC. The member **must** be listed in AUXDATA II as a "PWC In Training" prior to ordering their PPE.