

VESSEL SAFETY CHECK (VSC)

To be completed by a U.S. Coast Guard approved Vessel examiner. See the back of this form for a brief explanation of required items. A Federal Requirements pamphlet is also available.

Date of VSC:
Decal Awarded: Yes No

Owner/Operator Name		VESSEL INFORMATION:					
Owner/Operator Name:		Registration or					
		Documentation Number:					
Owner/Operator has attended Safe Boating Class	s: Yes	HIN:					
	_	Length: <16 16-25 26-39 40-65					
Location of VSC – County:	St	Powered by: Gas Diesel Sail Other					
Replaced decal was: Last Year Outdated	Fir						
		Area of Operations: Inland Coastal					
	Type: PWC Open Cabin Other						
	RECOMMENDED AND DISCUSSION ITEMS	RECOMMENDED AND DISCUSSION ITEMS					
VESSEL SAFETY CHECK DECAL REQU	IREMEN	(While encouraged, items below are not VSC requirements)					
ltem	Yes	No	N/A	ltem Ye	s No		
1. Display of Numbers				I. Marine Radio			
2. Registration/Documentation				II. Dewatering Device & Backup			
3. Personal Flotation Devices (PFD)				III. Mounted Fire Extinguishers			
4. Visual Distress Signals (VDS)				IV. Anchor & Line for Area			
5. Fire Extinguishers				V. First Aid and PIW Kits (** over)			
6. Ventilation				VI. Inland Visual Distress Signals			
7. Backfire Flame Control				VII. Capacity/Certificate of Compliance			
8. Sound Producing Devices				VIII. Discussion Items, as applies:			
9. Navigation Lights				a. Accident Reporting-Owner Responsibility			
10. Pollution Placard		b. Offshore Operations					
11. MARPOL Trash Placard	c. Carbon Monoxide-Dangers and Prevention						
12. Marine Sanitation Devices				d. Nautical Charts/Navigation Aids			
13. Navigation Rules				e. Fuel/Fuel management			
14. State and/or Local Requirements			f. Float Plan/Weather & Sea Conditions				
15. Overall Vessel Condition: as applies				g. Boating Check List			
a. Deck Free of Hazards / Clean Bilge				h. Survival Tips & First Aid			
b. Electrical Systems				i. Safe Boating Classes			
c. Fuel Systems				j. Marine Domain Awareness			
d. Galley / Heating Systems				k. Insurance Considerations			
Remarks:							
I certify that I have personally examined this vessel and find it meets the above requirements at the time of the Vessel Safety							
Check. I am a qualified Vessel Examiner of the: CGAUX , USPS , State of , or							
Check. I am a quaimed vesser examiner of the	e. CGAU	л <u> </u>	\square , \square	tate of 🗆 , of 🗅			
Printed Name of the Examiner Examiner Number							
Examiner SignatureTelephone/Mobile Number							
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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 decal, you are pledging to maintain your boat and equipment to the standard of safety exhibited during this examination. Please remove the Vessel Safety Check decal if the boat is sold or no longer meets the requirements.							
I am a consenting to this Vessel Safety Check of my watercraft with full knowledge that it is provided to me as a public service on a volunteer basis without coast,							
and I understand and agree that my receipt of a Vessel Safety Check shall not constitute or 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:							