

OPERATIONAL FACILITY INSPECTION PROCEDURE

LYNNENNY



We Will Cover:

1. THE LEGAL DOCUMENT

-7003, 7004, 7005

2. Use the most updated form!

3. Most commonly missed items on the 7003 form.

OPERATIONAL FACILITY INSPECTION PROCESS- BOAT

7003-Boat Facility Inspection Form

- These forms are not going away so it's important to complete them properly

Clear Page

DEPARTMENT OF HOMELAND SECURITY U.S.C.G. AUXILIARY ANSC 7003 (Rev 01-24)	VESSEL FACILITY AND OFFER FOR (See instructions and Privacy Act Statement on page 4)	INITIAL (NEW) REPORT REINSPECTION (REOFFER) CHANGE						
SECTION I OWNER DATA - Completed by owner								
OWNER'S MEMBER ID NUMBER 	OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL	TYPE OF OWNERSHIP (Check one) All owners must sign Section III <input type="checkbox"/> SOLE <input type="checkbox"/> AUX UNIT <input type="checkbox"/> GOV'T <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CORPORATE						
CO-OWNER'S MEMBER ID NUMBER 	CO-OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL							
SECTION II FACILITY DATA - Completed by owner								
REGISTRATION OR DOC. NO.	HULL IDENTIFICATION NO.	FACILITY'S NAME	FACILITY NO.					
VESSEL LOCATION		ZIP CODE	LATITUDE	LONGITUDE				
MANUFACTURER	MODEL	YEAR	TYPE VESSEL	LENGTH	BEAM	DRAFT	NO. BUNKS	WATER CAP.
TYPE POWER	NO. ENGINES	HP EACH ENG.	TYPE FUEL	FUEL CAPACITY	IF THIS FACILITY REPLACES ONE CURRENTLY RECORDED, ENTER OLD FACILITY NUMBER HERE →			
CELL PHONE #	DSC MMSI NUMBER		<input type="checkbox"/> Night OPS <input type="checkbox"/> Trailerable <input type="checkbox"/> Head <input type="checkbox"/> Range <input type="checkbox"/> Heater					
	MANUFACTURER	MODEL	YEAR	SERIAL #	FUEL CONSUMPTION	ECONOMICAL	CRUISE	MAXIMUM
ENGINE 1:					Speed in Knots			
ENGINE 2:					Gallons per Hour			
GENSET:					K.W. Capacity	FACILITY AVAILABILITY <input type="checkbox"/> All <input type="checkbox"/> Weeknights <input type="checkbox"/> Weekends		
Compass		Radio Direction Finder (RDF Type)	Depth Finder	Radar	GPS/DGPS	OTHER (Add details in remarks)		
MF/HF SSB Output:	Channels:	VHF-FM Output:	Channels:	VHF-AM Output:	Channels:			
OTHER SPECIAL EQUIPMENT - REMARKS:								

IMPORTANT TO REMEMBER:

- Check Initial For New
- Check Reinspection- No Change
- Check CHANGE-There is Data that needs updating

NEW FACILITY

- Fill in everything &
- Enter it all in AUXDATA II

REINSPECTION-

IF THERE ARE NO CHANGES:

- Verify the information from Auxdata II is the same
- CHANGE:**

- Changes needs to be mentioned in the remarks
- If change in **value**- note it in remarks

OFTEN MISSED:

Clear Page

DEPARTMENT OF HOMELAND SECURITY U.S.C.G. AUXILIARY ANSC 7003 (Rev 01-24)		VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM (See instructions and Privacy Act Statement on page 4)		<input type="checkbox"/> INITIAL (NEW) REPORT <input type="checkbox"/> REINSTATEMENT (REOFFER) <input type="checkbox"/> CHANGE	
SECTION I OWNER DATA - Completed by owner					
OWNER'S MEMBER ID NUMBER 		OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL		TYPE OF OWNERSHIP (Check one) All owners must sign Section III	
CO-OWNER'S MEMBER ID NUMBER 		CO-OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL		<input type="checkbox"/> SOLE <input type="checkbox"/> AUX UNIT <input type="checkbox"/> GOV'T <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CORPORATE	
SECTION II FACILITY DATA - Completed by owner					
REGISTRATION OR DOC. NO.		HULL IDENTIFICATION NO.		FACILITY'S NAME	
VESSEL LOCATION		ZIP CODE		LATITUDE	
MANUFACTURER		MODEL		YEAR	
TYPE POWER		NO. ENGINES		HP EACH ENG	
CELL PHONE #		DSC MMSI NUMBER		TYPE FUEL	
				FUEL CAPACITY	
				IF THIS FACILITY REPLACES ONE CURRENTLY RECORDED, ENTER OLD FACILITY NUMBER HERE	
				<input type="checkbox"/> Night OPS <input type="checkbox"/> Trailerable <input type="checkbox"/> Head <input type="checkbox"/> Range <input type="checkbox"/> Heater	
ENGINE 1:		MANUFACTURER		MODEL	
ENGINE 2:		YEAR		SERIAL #	
GENSET:		FUEL CONSUMPTION		ECONOMICAL	
		CRUISE		MAXIMUM	
		Speed in Knots			
		Gallons per Hour			
		K.W.		FACILITY AVAILABILITY	
				<input type="checkbox"/> All <input type="checkbox"/> Weeknights <input type="checkbox"/> Weekends	
Compass		Radio Direction Finder (RDF Type)		Depth Finder	
Radars		GPS/DGPS		OTHER (Add details in remarks)	
MF/HF SSB Output:		Channels:		VHF-FM Output:	
Channels:		VHF-AM Output:		Channels:	
OTHER SPECIAL EQUIPMENT - REMARKS:					

1. Checking the type of ownership
2. Hull Identification suggests N/A for reoffer- NO WORRIES
3. Check night OPS, etc
4. Checking the facility availability box

DON'T FORGET TO:

SECTION III

1. Read & check the boxes
2. Sign the owners signatures
3. Initial the trailering statement

SECTION IV

4. Click what water it will be used on
5. Sign VE's information

SECTION III OWNER STATEMENTS, UNIT AND SIGNATURE - Completed by owner									
<input type="checkbox"/> The above facility is offered for use as an operational facility until withdrawn, in accordance with the applicable laws and regulations that are in effect at the time the facility is accepted, used, and released, subject to conditions and limitations determined by the order issuing authority. I (we) agree to be responsible for any changes to this facility or equipment and state that all of this equipment will be on board the facility when used.									
<input type="checkbox"/> For multi-owner facilities, it is understood and agreed if an investigation related to the use or ownership of the Facility is conducted by the Coast Guard or Coast Guard Auxiliary, all financial and/or maintenance records relating to the Facility must be produced by anyone in possession or having access to those records.									
<input type="checkbox"/> I (we) certify all entries in Sections I thru III are correct and current.									
Dist-Div-Flot		<input type="text" value=" "/>							
Signature of Owner	<input type="text"/>	Signature of Co - Owner	<input type="text"/>						
Date	<input type="text"/>	Date	<input type="text"/>						
I understand that trailered Auxiliary facilities (tow vehicle and trailer) must comply with state vehicular laws and the manufacturer's recommendations for vehicle hitch and trailer assembly in relation to the vehicle's tongue and gross weight of the trailer load. (All facility owners must initial)									
			Owner(s) Initials <input type="text"/>						
SECTION IV USCGAUX VE's ENDORSEMENT - Completed by USCGAUX VE									
I have inspected the vessel above as an operational facility and certify that it meets all requirements as such. It was inspected for use on <input type="checkbox"/> Sole State Waters <input type="checkbox"/> Inland Navigable Waters <input type="checkbox"/> Coastal/Offshore Waters <input type="checkbox"/> All Waters.									
INSP DATE	<input type="text"/>	VE's Member ID	<input type="text" value=" "/>						
		VE's Unit	<table border="1"><thead><tr><th>District</th><th>Division</th><th>Flotilla</th></tr></thead><tbody><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></tbody></table>	District	Division	Flotilla	<input type="text"/>	<input type="text"/>	<input type="text"/>
District	Division	Flotilla							
<input type="text"/>	<input type="text"/>	<input type="text"/>							
VE's Name <input type="text"/>		VE's Signature <input type="text"/>							
SECTION V ACCEPTANCE - Completed by DIRAUX									
This facility is accepted at the inspection level indicated above.									
Authorized Signature <input type="text"/>		Date <input type="text"/>							

Previous edition is obsolete

[PRINT](#)

VE- PLEASE READ THE FORM CAREFULLY AND CHECK THE BOXES FOR SPECIFIC SIZE BOATS

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SECTION VI REQUIREMENTS FOR AN AUXILIARY FACILITY - Completed by USCGAUX VE					
OK	N/A	Item	OK	N/A	Item
		1. Certificate of Compliance			36. Auxiliary engine (sailboat only)
		2. CG Capacity Plate			37. Blanket
		3. Registration / Documentation			38. Binoculars
		4. Hull Identification Number (HIN)			39. Boat hook
		5. Numbering - State or CG Documentation			40. Boarding ladder (or other means of boarding)
		6. First Aid Kit			41. Depth sounder, leadline, sounding pole
		7. Lantern - flashlight			42. Bilge pump or other dewatering device
		8. * Loud hailer/megaphone			43. Fire extinguishers (mounted, minimum)
		9. Marine Sanitation Device (MSD)			44. Extra fire extinguisher
		10. MARPOL Trash Placard			45. * Kicker (skiff) hook
		11. Pollution Placard			46. Knife (3" blade minimum)
		12. Navigation lights			47. Personal Flotation Device (PFD) (speed rated if required, Plus 2 over legal requirement. (speed rating not required)
		13. Search light			48. Two (2) Safety Lanyards if boat is ECOS equipped
		14. Sound producing device			49. Visual Distress Signals (VDS) Inland
		15. Bell (See Instructions)			50. Visual Distress Signals (VDS) International
		16. Ventilation			51. * Portable pump or means of dewatering
		17. RPM Table (or a means of determining speed)			52. Spare Navigation light bulbs
		18. Navigation Rules, COMDTINST M 16672.2 (series)			53. Stern and bow cleats thru hull w/back plates
		19. CG Auxiliary Ensign			54. Tools for emergency repairs
		20. National Ensign			55. Watch or clock
		21. Patrol Signboards and Patrol Ensign			56. Comms capability per Operations Policy Manual
		22. SAR Incident Auxiliary Report (CG-4612) at least 1			57. * Satisfactory radio check on required frequencies
		23. Towline and bridle (appropriate size / length)			58. Electrical systems
		24. Heaving lines plus sufficient mooring lines			59. Fuel system

READ CAREFULLY AND CHECK APPROPRIATELY:

64.	Inspector viewed Reg/Doc papers for ownership
65.	Attached Assent & Authorization form for multiple owners
66.	Attached authorization for corporate offer for use
67.	Attached info requirements for corp. owned facilities
68.	Additional items required by District Commander

ALL COXSWAINS WHO CAN BE COXSWAIN ON THE FACILITY MUST BE LISTED HERE OR ADDED ON A SEPARATE PAPER

SECTION VII OPERATION OF AN AUXILIARY FACILITY BY A NON-OWNER - Completed by Owner

When I **am** on board as a crewmember I authorize the following Coxswains to operate my facility under orders.

Name	Member Number	Dist-Div-Flot	Name	Member Number	Dist-Div-Flot

When I am **not** on board I authorize the following Coxswains to operate my facility under orders.

Name	Member Number	Dist-Div-Flot	Name	Member Number	Dist-Div-Flot

I choose not to have anyone operate my vessel other than myself.