

## Q.E. OPFAC PRE-UNDERWAY CHECK LIST

OPFAC NAME & NUMBER \_\_\_\_\_ DATE \_\_\_\_\_

OWNER & MEMBER NO. \_\_\_\_\_

ITEMS TO BE CHECKED	SERVICEABLE		
	YES	NO	MISSING
NAVIGATION LIGHTS			
SOUND PRODUCING DEVICE			
VISUAL DISTRESS SIGNAL      NAVIGABLE <input type="checkbox"/> STATE <input type="checkbox"/>			
VENTILATION			
ADEQUATE FENDERS      HOW MANY <input type="text"/>			
MOORING LINES			
ANCHORS & RODE			
BOW & STERN CLEATS BACKED			
TOWLINE & BRIDLE			
HEAVING LINE			
TOOLS			
DAMAGE CONTROL KIT			
DE-WATERING DEVICE			
FIRE EXTINGUISHER			
FIRST AID KIT			
PERSONAL FLOTATION DEVICES			
VHF-FM			
RPM TABLE OR MEANS OF DETERMINING SPEED			
COMPASS			
CHARTS OF OPERATING AREA			
NAVIGATION PLOTTING INSTRUMENTS			
MEANS OF DETERMINING DEPTH			
LANTERN OR FLASHLIGHT			
SEARCH OR SPOT LIGHT			
LOUD HAILER OR MEGAPHONE			
FACILITY EPIRB			
BOAT POLE			
KICKER SKIFF HOOK			
GENERAL CONDITION			
CREW PFD'S WITH APPROPRIATE PPE			

GENERAL COMMENTS: \_\_\_\_\_

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