

AUXPAD Operator Admin Check List

Documentation for: _____ EmplID _____
(Name as listed in AUXDATA)

- ☐ Individual Training Report including Mandatory Training, TCT, ICS, and NavRules
- ☐ AUXPAD Operator Tracking Form
- ☐ Task Sign Off pages; AQ signs and dates
- ☐ Team Coordination Training { } Four Hour { } 1 hour Refresher (In Training Record)
- ☐ Mandated Training Completion (in Training Record)
- ☐ Proctored Closed Book Navigation Rules Examination (in Training Record)
- ☐ ICS Courses ☐ 100 ☐ 210 or 300 ☐ 700 (in Training Record)
- ☐ Letter of completion, ACA Flatwater Kayak Safety and Rescue
- ☐ Certification cards: ☐ ACA I-1/L-2 Sit on Top or ☐ ACA L-1/2 Touring Kayak OR ☐ AQ Evaluation
- ☐ Dockside Oral Examination
- ☐ Underway Skills Examination
- ☐ Qualification Letter: Prepared by evaluating AQ
- ☐ AQ Validation: AQ verifies and sends to AQ Coordinator
- ☐ AQ-C Validation: forwards to DIRAUX/OTO.

Enclosures:

Training Record
Mentor Tracking Form
Task Sign Off pages
ACA Certification card(s)

AUXPAD Qualifier Admin Check List

Documentation for: _____ EmplID _____
(Name as listed in AUXDATA)

- ☐ Individual Training Report including Mandatory Training, TCT, ICS, and NavRules
- ☐ AUXPAD Qualifier Tracking Form
- ☐ Team Coordination Training { } Four Hour { } 1 hour Refresher (In Training Record)
- ☐ Mandated Training Completion (in Training Record)
- ☐ Proctored Closed Book Navigation Rules Examination (in Training Record)
- ☐ ICS Courses ☐ 100 ☐ 210 or 300 ☐ 700 (in Training Record)
- ☐ Certification cards: ☐ ACA I-1/L-2 Sit on Top Instructor ☐ ACA L-1/2 Touring Kayak Instructor
- ☐ Letter of completion, ACA Flatwater Kayak Safety and Rescue
- ☐ Dockside Oral Examination
- ☐ Underway Skills Examination
- ☐ Qualification Letter: Prepared by evaluating AQ
- ☐ AQ Validation: AQ verifies and sends to AQ Coordinator
- ☐ AQ-C Validation: forwards to DIRAUX/OTO.

Enclosures:

Training Record
Tracking Form
ACA Certification card(s)

Semiannual Currency Maintenance Check Ride Skills List

Demonstrate the following STROKES & MANEUVERS:

- LIFTING AND CARRYING: Good, safe technique; Good technique with a variety of options
- LAUNCHING AND LANDING: Low dock, or bank, for entering boat in a safe manner. Return to dock or bank and exit boat in a safe manner Low dock or bank launching. Landing at low dock/bank under control without use of paddle and no damage to boat or bank
- EFFICIENT FORWARD PADDLING: 50 yards in a reasonably straight line. 200 yards paddle in a straight line
- STOP: Stop the kayak from a good speed, forward and reverse
- EFFICIENT REVERSE PADDLING: 10 yard paddle with reasonable control, looking over shoulder; 50 yards paddle in a straight line
- TURNING ON THE MOVE: Sweep strokes while underway to turn boat; Low brace turn with inside tilt
- ROTATE 360° ON THE SPOT: Spin kayak using forward and reverse sweeps. Spin kayak using full forward and reverse sweeps
- FIGURE OF 8 COURSE: Using a variety of strokes Using reasonable control
- EDGING & BOAT TILT: Developing: Paddle a circle while edging both on and offside
- RUDDERING: Trailing paddle to keep the boat straight at reasonable speed; Trailing stern rudder to keep the boat straight at reasonable speed
- DRAW SIDEWAYS: Move the boat sideways 10 feet, both sides; Move the boat sideways 15 feet with good directional stability: demonstrate on both sides:
- PREVENT CAPSIZE: Low brace to stabilize and recover an off balance boat. Effective low brace, with boat well off balance
- SCULLING FOR SUPPORT: Support from proper blade articulation and rotation.

CONDITIONS:

- Negotiate moderate wind and sea conditions
- Negotiate moderate surf
- Negotiate moderate current: (<3 knots)

RESCUE & RECOVERY

- WET EXIT: Capsize and wet exit, swim boat to shore and empty in a safe manner
Capsize and wet exit with spray skirt, knows emergency procedure w/o grab loop

SELF RESCUES:

- DEEP WATER RESCUE: T or TX rescue to empty boat and side by side assisted re-entry
Assisted drain and re-enter both as victim and rescuer
- CONTACT RESCUES: Bulldoze Boat to Shore
- SWIMMER RESCUE Swim to shore (25 yards) in full paddling gear and drain boat
- PADDLE FLOAT SELF RESCUE: Demonstrate self-rescue using a paddle float
- BOW, STERN AND PADDLE RECOVERY: Assisted recovery as victim and rescuer, using partners bow or stern to right the capsized kayak

KAYAK TRIPPING: Has paddled at least a short duration (1 hour) and distance (1 mile) day trip; Show evidence of at least one day trip of at least 5 nautical miles.

GPS: Demonstrate ability to enter three linked way points and navigate them.

Semiannual Currency Maintenance Admin Check List

Documentation for: _____ EmplID _____
(Name as listed in AUXDATA)

- ☐ Semiannual Currency Check Ride form
- ☐ Qualification Letter: Prepared by evaluating AQ
- ☐ AQ Validation: AQ verifies and sends to AQ Coordinator
- ☐ AQ-C Validation: forwards to DIRAUX/OTO

Third Year AUXPAD Operator Admin Check List

Documentation for: _____ Empl ID _____
(Name as listed in AUXDATA)

- ☐ Individual Training Report including Mandatory Training, TCT, NavRules
- ☐ Third Year Currency Maintenance Check Ride
- ☐ Team Coordination Training ☐ Four Hour ☐ 1 hour Refresher (In Training Record)
- ☐ Mandated Training Completion (in Training Record)
- ☐ Open Book Navigation Rules Examination, if due (in Training Record)
- ☐ Certification cards: ☐ ACA I-1/L-2 Sit on Top or ☐ ACA L-1/2 Touring Kayak OR ☐ AQ Evaluation
- ☐ Underway Skills Examination
- ☐ Qualification Letter: Prepared by evaluating AQ
- ☐ AQ Validation: AQ verifies and sends to AQ Coordinator
- ☐ AQ-C Validation: forwards to DIRAUX/OTO.

Enclosures:

Training Record
Underway Examination page
ACA Certification card(s)

U.S. Coast Guard Auxiliary Paddlecraft Qualification Letter

FROM: _____ DATE: _____

AQ Name

TO: Operations and Training Officer, District_____

VIA: _____

AQ Coordinator

Subject: TASK COMPLETION FOR AUXPAD OPERATOR OR AUXPAD QUALIFIER

Member's Name	Empl ID	Division & Flotilla
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Member's Name

Empl ID

Division & Flotilla

AQ's Signature

DATE: _____

AQ's Signature

DATE: _____

FIRST ENDORSEMENT

DATE _____

AQC: _____ AREA : _____

To: Operations Training Officer, _____

Forwarded for certification and entry into AUXDATA. A check of my records indicates all tasks for this qualification have been completed.

AQC Signature

AQC Signature

SECOND ENDORSEMENT

Date: _____

From: Operations Training Officer, _____

To: _____

I approved and certified as an AUXPAD Operator in the USCG Auxiliary AUXPAD Program.

OTO's Signature: _____