BOAT SAFETY

Mitigation and Restoration Branch

Equipment checklist:

B.O.A.T.S.
Pre-Trip Vessel Checks

VSL Operator:_____

Crew:_____

Area of Operation:_____

Inland- Bays / Rivers / Harbors / Lakes
Offshore- 0-3nm / 3-10nm / > 10nm

VSL Name / Number: _____

VSL Class / Length: _____

A	I	II	III	IV
(< 16')	(16'-25')	(26'-40')	(41'-65')	(> 65')

Engine Hours Start:_____ End:_____

Fuel: F ¾ ½ ¼ E
Oil : F ¾ ½ ¼ E

Federal & State Requirements

Item	Y	N	N/A
Display of Numbers and Capacity Plate			
Registration / Documentation			
Personal Flotation Devices			
Type IV Throwable Flotation			
Visual Distress Signals			
Fire Extinguisher(s)			
Engine / Fuel Ventilation			
Back Fire Flame Arrestor			
Sound Producing Device			
Bell			
Navigation Rules			
Marine Sanitation Device			
Pollution Placard			
MARPOL Trash Placard			
Waste Management Plan			
* First Aid Kit			
* Navigation Lights			

Recommended Items

Item	Y	N	N/A
Compass w/ Binnacle Light			
VHF Marine Radio / C.B. / Cellular			
GPS			
Tide Tables / Charts / Dividers			
Depth Sounder			
Radar			
E.P.I.R.B. 406 Mhz			
Bilge Pump / Bailing			
Anchor w/ Line Attached			
Mooring Lines			
Fenders			
Boat Hook			
Paddles / Oars			
Tool Box			
Spare Parts			
Anti Exposure Suits			
Oxygen Kit for Dive Operations			

Pre-Mission Weather Conditions & Forecast

Sea States	Winds	Visibility
Swell_____ft @ _____sec Surface Waves_____ Texture_____	Direction: _____ Velocity:_____kts	CLEAR / HAZE / FOG / RAIN Distance:_____nm

Vessels Pre/Post-Mission Material Condition

Please make a physical observation of the following items: (Hull / Deck / Console / Bilges / Compartments / Engine / Propeller)

Tidal Information

High: Time: Low: Time:
High: Time: Low: Time:

Float plan:

B.O.A.T.S.
Float Plan

Date(s):_____ Departure Time:_____ Return Time:_____

Vessel:_____
(Name / State #'s or Documentation #'s / Length and Type / Color Description)

Departing From:_____ Launch/Recovery Site:_____

Vehicle Description: _____ Vehicle License #: _____

Area(s) of Research:_____
(Latitude & Longitude and /or Name with Physical Description)

If operator has not returned or made contact as arranged please call the following emergency number:

_____
(List the local USCG or Rescue Authority for your area of research)

Operator and Crew Information

1) Operator:_____ Phone #:_____

Additional Persons On Board:
(Name / Affiliation / Phone#)

2)_____
3)_____
4)_____
5)_____

Weather Conditions & Forecast

Inland Offshore
Have you checked the weather forecast? Y / N
What are the forecasted water conditions?

Wave Height _____Current_____

Day Night
(Nav Lights & Rescue Lights Required)

What is the forecasted visibility?_____
(Clear / Fog / Rain)

Mission Description

Specific Type of Operations:

_____
_____
_____
_____
_____
_____

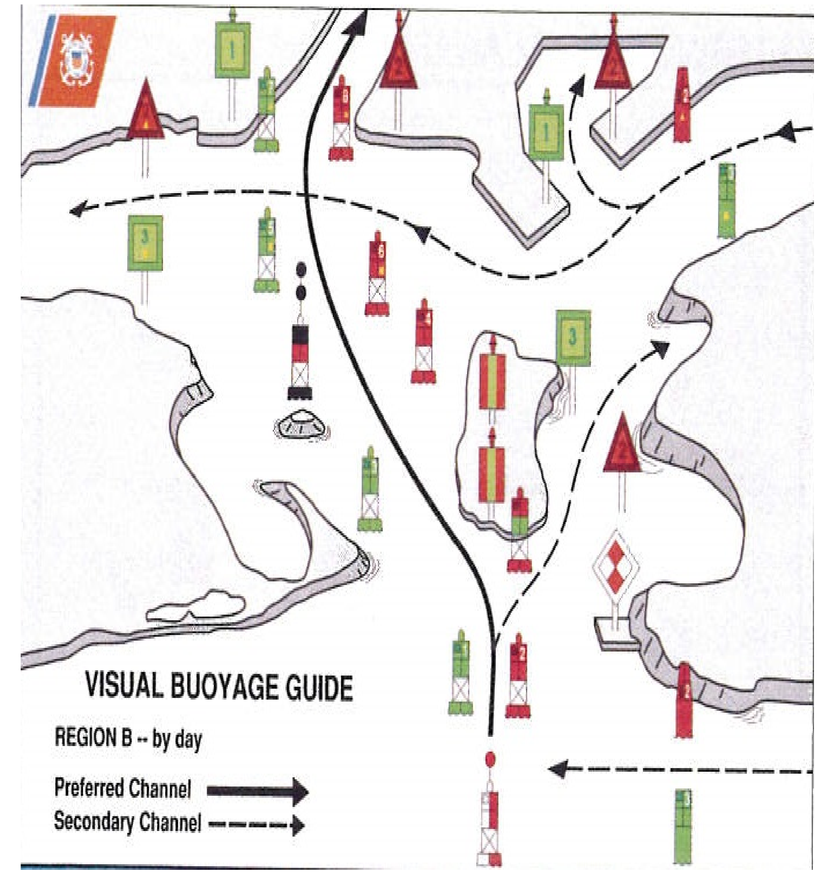
Survival Equipment Onboard

- # _____PFD's
- VDS- Flares & Non- Pyro
- Radio
- E.P.I.R.B.
- Cell #_____
- Anchor
- _____
- _____
- First Aid Kit
- O2 Kit if Scuba
- Flash Light
- Food
- Water
- Paddles
- _____
- _____

Emergency Management Plan Contacts

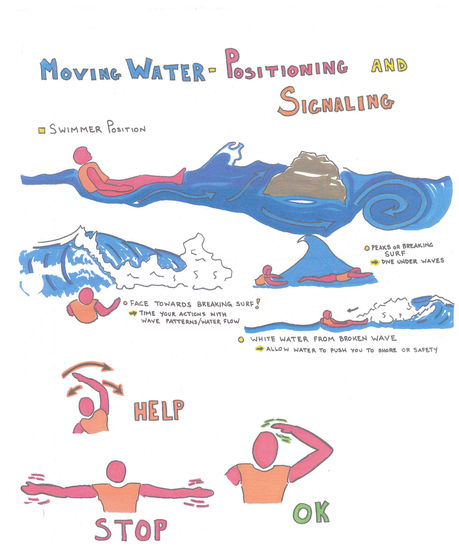
- Highway Patrol:
- Emergency Medical:
- US Coast Guard:
- Sheriff's Dept.:
- Parks Service:
- Corp of Engineers:
- Float Plan Holder:
- Immediate Family:
- Supervisor / Manager:
- Back up Safety Team:
- Boating Safety Office:
- Other:_____

Navigational signals:



Trailering checklist:

- Is boat securely attached to trailer?
- Is ball locked in socket?
- Are safety chains in place?
- Is dolly wheel retracted?
- Is electrical connection secure?
- Are brake lights and turn signals working?
- Are trailer tires properly inflated?
- Is trailer load properly balanced?
- Is motor/stern-drive unit in the "up" position?
- Are antennas lowered?
- Have wheel bearings been checked recently?

PFD types:

Man overboard: