



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

Number: _____

Owner/Operator Name: _____

Owner/Operator has attended a CGAUX, USPS, State or _____ Boating Safety Class: Yes No

Location of VSC - County: _____ State: _____

Replaced decal was: Last Year Outdated First time

VESSEL INFORMATION:

Registration or Documentation Number: _____

HIN: _____

Length: <16 16-25 26-39 40-65 >65

Powered by: Gas Diesel Sail Other

Area of Operations: Inland Coastal

Type: PWC Open Cabin Other

VESSEL SAFETY CHECK DECAL REQUIREMENTS

Item	Yes	No	N/A
1. Display of Numbers			
2. Registration/Documentation			
3. Personal Flotation Devices (PFD)			
4. Visual Distress Signals (VDS)			
5. Fire Extinguishers			
6. Ventilation			
7. Backfire Flame Control			
8. Sound Producing Devices/Bell			
9. Navigation Lights			
10. Pollution Placard			
11. MARPOL Trash Placard			
12. Marine Sanitation Devices			
13. Navigation Rules			
14. State and/or Local Requirements			
15. Overall Vessel Condition: as applies			
a. Deck Free of Hazards / Clean Bilge			
b. Electrical - Fuel Systems			
c. Galley - Heating Systems			

RECOMMENDED AND DISCUSSION ITEMS

(While encouraged, items below are not VSC requirements)

Item	Yes	No
I. Marine Radio		
II. Dewatering Device & Backup		
III. Mounted Fire Extinguishers		
IV. Anchor & Line for Area		
V. First Aid and PIW Kits (**over)		
VI. Inland Visual Distress Signals		
VII. Capacity/Certificate of Compliance		
VIII. Discussion Items: as applies		
a. Accident Reporting - Owner Responsibility		
b. Offshore Operations		
c. Nautical Charts / Navigation Aids		
d. Survival Tips / First Aid		
e. Fueling / Fuel Management		
f. Float Plan / Weather & Sea Conditions		
g. Insurance Considerations		
h. Boating Check List		
i. Safe Boating Classes		

I certify that I have personally examined this vessel and find it meets the above requirements at the time of this Vessel Safety Check. I am a qualified Vessel Examiner of the: CGAUX USPS State of OHIO or _____

Printed Name of the Examiner A. ANTON Examiner Number 1212655

Examiner Signature _____ Telephone Number _____

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 these requirements.

I am 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 cost, and I understand and agree that my receipt of a Vessel Safety Check shall not constitute or be 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: _____

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