

Navigation Equipment Inspection Checklist

Date of Inspection:

Inspector Name:

Vessel/Facility Name:

Checklist

Equipment/Item	Checked	Condition	Remarks
Magnetic Compass	<input type="checkbox"/>	<div></div>	<div></div>
Gyro Compass	<input type="checkbox"/>	<div></div>	<div></div>
Radar	<input type="checkbox"/>	<div></div>	<div></div>
Echo Sounder	<input type="checkbox"/>	<div></div>	<div></div>
GPS	<input type="checkbox"/>	<div></div>	<div></div>
Autopilot	<input type="checkbox"/>	<div></div>	<div></div>
Navigation Lights	<input type="checkbox"/>	<div></div>	<div></div>
Sound Signaling Appliances	<input type="checkbox"/>	<div></div>	<div></div>
Signal Flags	<input type="checkbox"/>	<div></div>	<div></div>
Charts and Publications	<input type="checkbox"/>	<div></div>	<div></div>

Additional Remarks:

Inspector Signature

Date