

# Lifesaving Equipment Compliance Checklist

Vessel/Facility Name

Inspection Date

Inspector Name

## Checklist

Equipment Item	Compliant	Details/Comments
Life Jackets / PFDs Present & Accessible	<input type="checkbox"/>	<input type="text"/>
Lifebuoys / Life Rings	<input type="checkbox"/>	<input type="text"/>
Distress Signals (Flares/EPIRB)	<input type="checkbox"/>	<input type="text"/>
First Aid Kit Complete	<input type="checkbox"/>	<input type="text"/>
Fire Extinguishers Present & Serviced	<input type="checkbox"/>	<input type="text"/>
Emergency Lighting/Markings	<input type="checkbox"/>	<input type="text"/>
Rescue Boat/Equipment	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="text"/>

## Overall Comments / Deficiencies

Inspector Signature

