

Vessel Safety Inspection Checklist

Vessel Name

Registration Number

Owner

Inspection Date

Inspector

| Item | Status (Yes/No/N/A) | Remarks |
|-----------------------------------|----------------------|----------------------|
| Personal Flotation Devices (PFDs) | <input type="text"/> | <input type="text"/> |
| Fire Extinguishers | <input type="text"/> | <input type="text"/> |
| Navigation Lights | <input type="text"/> | <input type="text"/> |
| Sound Producing Devices | <input type="text"/> | <input type="text"/> |
| Visual Distress Signals | <input type="text"/> | <input type="text"/> |
| Emergency Engine Cut-off | <input type="text"/> | <input type="text"/> |
| Ventilation | <input type="text"/> | <input type="text"/> |
| Backfire Flame Control | <input type="text"/> | <input type="text"/> |
| Navigation Rules On Board | <input type="text"/> | <input type="text"/> |

| Item | Status (Yes/No/N/A) | Remarks |
|----------------------------|----------------------|----------------------|
| Registration Documentation | <input type="text"/> | <input type="text"/> |
| Overall Vessel Condition | <input type="text"/> | <input type="text"/> |

Additional Comments

Inspector Signature

Date