

Lifesaving Equipment Inspection Form

Vessel Name

Inspection Date

Inspected By

Equipment Checklist

Equipment	Quantity	Condition	Remarks
Lifejackets	<input type="text"/>	<input type="text"/>	<input type="text"/>
Lifebuoys	<input type="text"/>	<input type="text"/>	<input type="text"/>
Life Rafts	<input type="text"/>	<input type="text"/>	<input type="text"/>
Fire Extinguishers	<input type="text"/>	<input type="text"/>	<input type="text"/>
Distress Signals	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Remarks

Inspector's Signature