

Offshore Supply Ship Lifeboat Inspection Form

Vessel & Inspection Details

Vessel Name

IMO Number

Date

Inspector

Lifeboat Specification

Lifeboat Number

Location

Capacity (persons)

Inspection Checklist

Item	Status	Remarks
Hull & Structure	<input type="checkbox"/>	<input type="text"/>
Engine / Propulsion	<input type="checkbox"/>	<input type="text"/>
Steering System	<input type="checkbox"/>	<input type="text"/>
Bailers & Plugs	<input type="checkbox"/>	<input type="text"/>
Safety Equipment (oars, boat hook, etc.)	<input type="checkbox"/>	<input type="text"/>
Emergency Rations & Water	<input type="checkbox"/>	<input type="text"/>
First Aid Kit	<input type="checkbox"/>	<input type="text"/>
Navigation Lights	<input type="checkbox"/>	<input type="text"/>
Launching Mechanism / Release Gear	<input type="checkbox"/>	<input type="text"/>
Other Equipment	<input type="checkbox"/>	<input type="text"/>

Comments / Corrective Actions

Signatures

Inspector Signature

Master Signature

Date