

### Waypoint Marine Surveyors

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### Commercial Fishing Vessel Safety Examiner

USSA EXAMINATION LOG Month: June 2016

Vessel Name:	DESTINATION	USCG Doc. No.:	632374
Vessel Service:	COMMERCIAL FISHING VESSEL	IMO Number:	8853116
Trade Indicator:	Coastwise Unrestricted, Fishery, Registry	Call Sign:	*
Hull Material:	STEEL	Hull Number:	22
Ship Builder:	*	Year Built:	1981
		Length (ft.):	98.6
Hailing Port:	SAND POINT AK	Hull Depth (ft.):	13
	FV DESTINATION INC	Hull Breadth (ft.):	32.2
Owner:	[REDACTED]	Gross Tonnage:	196
	[REDACTED]	Net Tonnage:	133
Documentation Issuance Date:	December 18, 2015	Documentation Expiration Date:	January 31, 2017
CFVS Decal Number:	238751	CFVS Inspection Date:	06/10/2016
VESSEL:	Documented	FROM COASTLINE:	>100 NM
OPERATIONS:	Cold Waters	EXPIRES (YEAR):	2018
BOUNDARY LINE:	Beyond Boundary Line	EXPIRES (MONTH):	June

Officer's Initials



Aaron Evich-MMS #80115E

# USCG COMMERCIAL FISHING VESSEL SAFETY EXAMINATION

Vessel Name: <u>Destination</u>		I.D. Number: <u>632374</u>	
Call Sign: <u>WCJ 3842</u>		Other Identifier: <u>IMO 8853116</u>	
Hull Color: <u>Blue</u>	Trim Color: <u>white/blue</u>	Superstructure Color: <u>white</u>	
Vessel Length: <u>98.6"</u>	Gross Tonnage: <u>196</u>	Maximum POB: <u>6</u>	
Hull Type: <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Other (specify):		Vessel Type: <input checked="" type="checkbox"/> Fishing Vessel <input type="checkbox"/> Fish Tender <input type="checkbox"/> Fish Processing Vessel	
Year Built: <u>1981</u>		Year Converted: <u>1993</u>	
Propulsion: <input type="checkbox"/> Outboard <input checked="" type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard		Horsepower: <u>940</u>	Number of Shafts: <u>1</u>
Decal Info: <input type="checkbox"/> Initial Issue <input checked="" type="checkbox"/> Renewal If a renewal, date last decal issued: <u>June 2016</u>		Fishing Equipment: <input type="checkbox"/> Long Line <input type="checkbox"/> Multi-Rig <input type="checkbox"/> Troll <input type="checkbox"/> Gill Net <input type="checkbox"/> Tender <input type="checkbox"/> Trawl <input type="checkbox"/> Purse Seine <input checked="" type="checkbox"/> Trap <input type="checkbox"/> Bottom <input type="checkbox"/> Other (specify): <u>Cray (Pot)</u>	
Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel <input type="checkbox"/> Portable <input type="checkbox"/> Fixed (vented)		Number of Fuel Tanks: <u>11</u>	
Lube Oil Capacity (gal): <u>500</u>	Hydraulic Oil Capacity (gal): <u>500</u>	Fuel Capacity (gal): <u>35,456</u>	
Route: <input type="checkbox"/> Inland <input type="checkbox"/> Waters Inside Coastal Waters <input type="checkbox"/> Coastal Waters			
Boundary Line: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> <3nm <input type="checkbox"/> <12nm <input type="checkbox"/> <20nm <input type="checkbox"/> <50nm <input type="checkbox"/> >50nm <input checked="" type="checkbox"/> >100nm			
Applicable Waters: <input type="checkbox"/> Warm <input checked="" type="checkbox"/> Cold			
Owner: <u>Destination Inc.</u>		Contact Person: <u>David Wilson</u>	
Owner Address: [REDACTED]		Contact Address: [REDACTED]	
Owner Phone:		Contact Phone:	
Exam Requested Due To:		<input type="checkbox"/> 4100 Boarding <input type="checkbox"/> Owner <input type="checkbox"/> Family Member <input type="checkbox"/> Observer Coverage <input type="checkbox"/> Exemption <input checked="" type="checkbox"/> Other (specify): <u>Renewal</u>	
How did requester hear about program? <u>Renewal</u>			
A voluntary dockside examination has been completed on this vessel but a Commercial Fishing Vessel Safety Decal cannot be issued due to the deficiencies listed below and on the Continuation Sheet. (Deficiencies are listed by citation number with an explanation of the item(s) not in compliance, or identification of any particularly hazardous condition(s)):			
<u>No Deficiencies noted.</u>			
When these deficiencies are corrected, please call _____ to schedule a re-examination.			
Examiner's Name: <u>Arnon Enid</u>		Examiner's Unit: <u>USSA #80115E</u>	
Date of this Exam: <u>6-10-2016</u>		Location: <u>Seattle, WA</u>	
<b>CONGRATULATIONS!</b> Your vessel has been examined and is in compliance with all applicable safety regulations. Commercial Fishing Vessel Safety Decal Number <u>238751</u> has been issued. The decal is valid until the date indicated on the Decal provided the vessel safety equipment remains serviceable and the operating conditions described above are not exceeded. The Decal is to be removed from the vessel if the vessel is sold. <b>This form should be kept on board your vessel so it can be shown to the Coast Guard if your vessel is boarded.</b>			
Issuing Examiner's Signature: <u>[Signature]</u> # <u>USSA 80115E</u>		Date Issued: <u>6-10-2016</u>	
Vessel Representative's Signature: <u>[Signature]</u>			

## Official Use Only

HOURS	Exam:	Travel:	Training:	Training Travel:
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# GENERAL VESSEL REQUIREMENTS

Vessel Name: Destination

I.D. Number: 632374

## BRIDGE & DOCUMENTS

33 CFR 173 46 CFR 67	Registration/Documents/Markings	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
47 CFR 80.405	FCC Ship Station License	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.165	Injury Placard (All Vessels)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 155.450	Oil Pollution Placard (Vessels ≥ 26 Feet)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 151.59	MARPOL (Garbage) Placard (Vessels ≥ 26 Feet)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 151.57	Waste Management Plan (Ocean Going Vessels ≥ 40 Feet)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 151.55	Garbage Log (Ocean Going Vessels ≥ 400 Gross Tons)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
46 USC Chap 51	Load Line Certificate (Fish Tenders or Fish Processors)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 USC 8304	Licensing/Manning (Master/Mate/Chief Eng. on Vessels ≥ 200 Gross Tons)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 USC 8103	Citizenship (Master & crew requirements met)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.225 33 CFR 88.05	Inland Navigation Rules on Board (Inland Waters Only; Vessels ≥ 39.4 ft)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 USC 1602 33 USC 2020 72 COLREGS	Dayshapes (Two black cones, apex to apex; per Rule 3(d), dayshapes & fishing lights not required if fishing gear does not restrict maneuverability)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 USC 1602 33 USC 2020 72 COLREGS	Navigation Lights: Side Lights (112.5°), Stern Light (135°) & Mast Head Light (225°) Anchor Light (360°; for vessels ≥ 39.4 Feet) Red over White (360° other than trawling; see Rule 3(d) for exceptions) Green over White (360° trawling; see Rule 3(d) for exceptions)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 USC 1602 33 USC 2020 72 COLREGS	Sound Producing Devices: <input type="checkbox"/> Vessels < 39.4 ft: Means of Making an Efficient Sound Signal <input type="checkbox"/> Vessels 39.4 ft – 65.6 ft: Audible ½ Mile, Whistle & 7.9" Bell <input checked="" type="checkbox"/> Vessels 65.6 feet – 328.1 ft: Audible 1 Mile, Whistle & 11.8" Bell	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 164	Navigation Safety Requirements (Vessels ≥ 1600 Gross Tons)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A

## LIFESAVING

46 CFR 28.145	Visual Distress Signals	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.110 46 CFR 28.135 46 CFR 28.140	<input checked="" type="checkbox"/> Immersion Suits <input checked="" type="checkbox"/> PFDs Number of Immersions Suits On-Board: <u>6</u> Number of PFDs On-Board: <u>6</u> <input checked="" type="checkbox"/> Marking with name and retro-reflective tape <input checked="" type="checkbox"/> Properly maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.115 46 CFR 28.135 46 CFR 28.140	Ring Life Buoys: <input checked="" type="checkbox"/> Marking with name and retro-reflective tape <input checked="" type="checkbox"/> 60 Feet of Line <input checked="" type="checkbox"/> 90 Feet of Line <input type="checkbox"/> Properly Maintained	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.120 46 CFR 28.125 46 CFR 28.130 46 CFR 28.140	Survival Craft: Number Survival Craft Onboard: <u>1</u> Total Survival Craft Capacity: <u>8</u> Type: <input checked="" type="checkbox"/> Inflatable Raft <input type="checkbox"/> Rigid Liferaft <input type="checkbox"/> IBA <input type="checkbox"/> BA <input type="checkbox"/> Life Float Pack Type: <input checked="" type="checkbox"/> SOLAS A <input type="checkbox"/> SOLAS B <input type="checkbox"/> COASTAL SERVICE <input checked="" type="checkbox"/> Hydrostatic Release & Date: <u>2-2018</u> <input type="checkbox"/> Float Free <input checked="" type="checkbox"/> Proper Storage	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.150 46 CFR 25.26 46 CFR 28.135 47 CFR 80 46 CFR 28.140	Emergency Position Indicating Radio Beacon (EPIRB): Bracket Category: <input checked="" type="checkbox"/> One <input type="checkbox"/> Two Hydrostatic Release exp. date: <u>5-2021</u> Battery expiration date: <u>5/8/2024</u> NOAA Registration exp. date: <u>5/8/18</u> Beacon ID: <u>A2C04JC304-0028D</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



## GENERAL VESSEL REQUIREMENTS

Vessel Name: Destination

I.D. Number: 632374

### ENGINE ROOM/MISCELLANEOUS

46 CFR 28.155 46 CFR 28.160 46 CFR 25.30	<b>Fire Extinguishing Equipment:</b> BI: <u>3</u> BII: <u>3</u> BIII: <u>3</u> Other: <input type="checkbox"/> Pre-engineered <input checked="" type="checkbox"/> Fixed System <input checked="" type="checkbox"/> CO2 Cylinders For Fixed System Located Outside Engine Room	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.140	<b>Unobstructed Escape Routes</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 25.35	<b>Flame Arrestor</b> (gas power)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
46 CFR 25.40	<b>Ventilation</b> (gas power)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
33 CFR 159.7	<b>Marine Sanitation Device</b> <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input checked="" type="checkbox"/> Type III <input type="checkbox"/> None	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.330	<b>Non-Oceangoing Vessels Are Able To:</b> <input checked="" type="checkbox"/> Retain oily mix on board <input type="checkbox"/> Discharge to a facility	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

### VESSELS GREATER THAN 100 GT, USE SUPPLEMENT 1 (CG-5587B)

## ADDITIONAL REQUIREMENTS FOR DOCUMENTED VESSELS OPERATING BEYOND THE BOUNDARY LINE OR WITH MORE THAN 16 PEOPLE ON BOARD

### BRIDGE

46 CFR 28.210	<b>First Aid/CPR</b> <input checked="" type="checkbox"/> First Aid Kit/Medicine Chest <input checked="" type="checkbox"/> First Aid Manual <input checked="" type="checkbox"/> Individual Certified in First Aid <input checked="" type="checkbox"/> Individual Certified in CPR	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 26.03-4 46 CFR 28.225	<b>Navigation Publications</b> <input checked="" type="checkbox"/> Charts for Safe Navigation <input checked="" type="checkbox"/> Extracts of Publications Used <input checked="" type="checkbox"/> Tidal/Current Tables <input checked="" type="checkbox"/> CG Light List <input checked="" type="checkbox"/> US Coast Pilot	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 USC 10601	<b>Crew Contracts</b> (Vessels $\geq$ 20 Gross Tons)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.230	<b>Magnetic Compass/Compass Deviation Table</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.235	<b>Anchors &amp; Radar Reflectors</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.245 47 CFR 80 33 CFR 26.03 46 CFR 28.375	<b>Communication Equipment</b> <input checked="" type="checkbox"/> VHF <input checked="" type="checkbox"/> SSB <input checked="" type="checkbox"/> HF <input checked="" type="checkbox"/> Cell Phone <input checked="" type="checkbox"/> 3 Hour Emergency Power Supply	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.260	<b>Electronic Position Fixing Device</b> (Vessels $\geq$ 79 feet) <input checked="" type="checkbox"/> GPS <input checked="" type="checkbox"/> SATNAV <input checked="" type="checkbox"/> Other	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.240	<b>General Alarm System</b> <input checked="" type="checkbox"/> Tested <input checked="" type="checkbox"/> Flashing Red Light in Engine Room	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.250	<b>High Water Alarms</b> (Vessels $\geq$ 36 feet) <input checked="" type="checkbox"/> Tested in all floodable spaces	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.265	<b>Emergency Instructions</b> (Must be posted on vessels with $\geq$ 4 POB)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.270	<b>Instructions, Drills, &amp; Safety Orientation</b> <input checked="" type="checkbox"/> Drills Conducted <input type="checkbox"/> Drills Witnessed <input checked="" type="checkbox"/> Safety Orientation Provided <input checked="" type="checkbox"/> Qualified Drill Conductor Name: <u>Jeff Hathaway</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.1030	<b>SOPEP</b> (Vessels > 400 Gross Tons traveling over international waters)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
46 CFR 16	<b>Drug Testing Program</b> (Credentialed Crew on Vessels > 200 Gross Tons)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
46 CFR 4.06-15	<b>Alcohol Testing</b> Does vessel carry devices or have arrangements to accomplish testing within 2 hours after a serious marine incident?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A



# ADDITIONAL REQUIREMENTS FOR DOCUMENTED VESSELS OPERATING BEYOND THE BOUNDARY LINE OR WITH MORE THAN 16 PEOPLE ON BOARD

Vessel Name: <u>Destination</u>		I.D. Number: <u>632374</u>
<b>LIFESAVING</b>		
46 CFR 28.205	<b>Fireman's Outfits</b> (if more than 49 POB): <input type="checkbox"/> SCBA (Two 30 minute SCBAs) <input type="checkbox"/> Boots (2 sets) <input type="checkbox"/> SCBA Spare Bottles (Two 30 minute bottles) <input type="checkbox"/> Gloves (2 sets) <input type="checkbox"/> Lifeline (2 lines) <input type="checkbox"/> Fire Axe (2 axes) <input type="checkbox"/> Rigid Helmet (2 helmets) <input type="checkbox"/> Protective Clothing (2 sets) <input type="checkbox"/> Flashlight (2 lights)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
46 CFR 28.205	<b>SCBAs</b> (required only if vessel equipped with ammonia refrigerant) <input type="checkbox"/> SCBA (Two 30 minute SCBAs) <input type="checkbox"/> SCBA Spare Bottles (Two 30 minute bottles)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
<b>ENGINE ROOM</b>		
46 CFR 28.215	<b>Guards for Exposed Hazards</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.255	<b>Bilge Pump, Piping &amp; Dewatering Systems</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
<b>MISCELLANEOUS</b>		
47 CFR Subchapter W	<b>GMDSS</b> (Vessels $\geq 300$ Gross Tons; see NVIC 3-99 for exemptions) <input type="checkbox"/> Radio Operators License <input checked="" type="checkbox"/> DSC equipped VHF, MF, & HF radios <input type="checkbox"/> SART (Search & Rescue Transponder) <input type="checkbox"/> NAVTEX receiver <input type="checkbox"/> 406 MHz EPIRB (in addition to requirement in 46 CFR 28.150)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 161.12 33 CFR 164.46	<b>DSC</b> (For any vessel with a DSC-capable radio, verify the MMSI is properly programmed); MMSI (9 characters) is: <u>303430000</u> <b>AIS</b> (Fish Tenders & Fish Processors $\geq 65$ feet operating within a VTS or on an international voyage)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
50 CFR 600.730	<b>Safe Boarding Ladder</b> (Vessels with more than 4 feet of freeboard)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.300 46 CFR 28.400	<b>Vessel Constructed Or Had A Major Conversion After 15 Sep 91 &amp; Carry More Than 16 POB</b> (If YES, use Supplement 2; CG-5587B)	<input type="radio"/> Yes <input checked="" type="radio"/> No
46 CFR 28.500	<b>Vessel <math>\geq 79'</math> Not Required Load Lines &amp; Constructed Or Had A Major Conversion/Alteration To Fishing/Processing Equipment After 15 Sep 91</b> (If YES, use Supplement 2, Subpart E; CG-5587B)	<input type="radio"/> Yes <input checked="" type="radio"/> No
	<b>Vessel Has Capacity To Carry <math>\geq 10,500</math> gallons (250 BBL) Of Oil Or Hazardous Materials</b> (If YES, use Supplement 3; CG-5587B)	<input checked="" type="radio"/> Yes <input type="radio"/> No
46 CFR 28.700 46 CFR 28.720	<b>Fish Processor</b> <input type="checkbox"/> Must have a Certificate of Compliance* <input type="checkbox"/> If built or converted after 27 Jul 90 must be classed* <small>* From ABS, DNV, or approved 3<sup>rd</sup> Party, Not Coast Guard</small>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
	<b>STCW Requirements</b> (Fish Processors more than 200 Gross Tons)	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A

## CFVS EXAMINATION BOOKLET GUIDELINES

This booklet is to be used to record voluntary examinations of commercial fishing industry vessels. It provides a summary list of Coast Guard requirements to examiners and owners/operators of commercial fishing industry vessels. This booklet should be used in conjunction with the regulations or other aids developed by the Coast Guard to assist in understanding of the regulations. Examiners should retain the "Examiner Copy" of the first page, continuation sheet and the checklist pages for their records. The "Vessel Copy" of the first page and continuation sheet should be left with the vessel.

### PRIVACY ACT STATEMENT for VOLUNTARY DOCKSIDE EXAMINATIONS on COMMERCIAL FISHING VESSELS

**PRIVACY ACT STATEMENT:** Required by Public law 93-579

**AUTHORITY:** 46 USC 4502, 46 USC 4504, 46 USC 4507, 46 USC 6104 and 14 USC 89

**PRINCIPAL PURPOSE(S):** To document the Voluntary Dockside Examiner's report, enhance fishing vessel safety and promote public awareness and education. Information may be retained on file indefinitely.

**ROUTINE USE(S):** This information is to be used for uniform Coast Guard reporting and administration of Voluntary Dockside Examination data. It will be used to record the number of vessels and level of compliance with Coast Guard regulations.

**MANDATORY OR VOLUNTARY DISCLOSURE:** Providing any information during the course of a voluntary dockside examination is voluntary. Failure to provide information necessary to ensure compliance with applicable regulations may prevent issuance of the safety decal. Providing a vessel document/certificate of number by the operator of a vessel is mandatory. Failure to provide vessel documentation/registration may prevent issuance of the safety decal.

**COMMERCIAL FISHING VESSEL SAFETY EXAMINATION SUPPLEMENTS**  
**U. S. COAST GUARD**

## SUPPLEMENT 3

Vessel Name: Destination

Number: 632374

**OIL TRANSFER PROCEDURES FOR VESSELS WITH CAPACITY TO CARRY MORE THAN 10,500 GALLONS (250 BBL) OF OIL OR HAZARDOUS MATERIALS**

33 CFR 155.700	Person in charge designated: (Documented IAW 33 CFR 155.715)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 155.710	Person in charge qualified	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 155.720	Current procedures	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 155.720	Transfer procedure to or from vessel & tank-to-tank w/ vessel	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 155.740	<b>Oil Transfer Procedures:</b> <input type="checkbox"/> Available for inspection <input checked="" type="checkbox"/> Printed in a language understood by crew <input type="checkbox"/> Permanently posted or available/easily seen when engaged in oil	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 155.750	<b>Contents of Oil Transfer Procedures:</b> <input checked="" type="checkbox"/> Generic name of product transferred <input checked="" type="checkbox"/> Physical description of product <input type="checkbox"/> Description of odor product <input type="checkbox"/> Hazards involved in handling/safe instructions <input checked="" type="checkbox"/> Procedures for spills, leaks, or personnel exposure <input checked="" type="checkbox"/> Fire fighting procedures including extinguishing agents <input type="checkbox"/> Indicate applicability of transfer procedures <input type="checkbox"/> Piping line diagram (location of each valve, pump, control device, vent, & overflow) <input checked="" type="checkbox"/> Location of shutoff valve or other isolation device that separates bilge or ballast from transfer system <input checked="" type="checkbox"/> Description & procedure for emptying discharge containment System <input checked="" type="checkbox"/> Indicate number of people required to be on duty (duty and title) <input checked="" type="checkbox"/> Procedures/duty assignments for tending vessel mooring lines <input checked="" type="checkbox"/> Emergency shutdown procedure and means of communications	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 155.785	Communications	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 155.790	Deck lighting	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 155.800	Transfer hose: (Complies with 33 CFR 154.500)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 155.805	Closure devices: (Blanks or valves installed when not connected)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 155.820	<b>Records:</b> <input checked="" type="checkbox"/> Names of persons currently designated as person in charge <input type="checkbox"/> Results of most recent required tests/inspections (hose, relief valves, remote shutdown indicators) <input type="checkbox"/> Transfer hose info (oil service marks, date of manufacture, MAWP, results of most recent test and inspection) <input type="checkbox"/> Declaration of Inspection (for 30 days)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Examiners Comments: