



U.S. Coast Guard—MSU Portland
6767 N. Basin Ave.
Portland, OR 97217
503-240-9337 Fax: 503-240-9369
www.fishsafewest.info

Exam Date: 8 Nov 16

Examiner: Steve K

Phone: [REDACTED]

MISLE Activity # _____

Location/Dock: CHARLESTON RD

USCG COMMERCIAL FISHING VESSEL SAFETY EXAMINATION

Vessel Name: <u>BESS OWEN</u>		Number: <u>274604</u>	
Call Sign: <u>WDB6241</u>	Other Identifier: _____		Take Photo <input type="checkbox"/>
Hull Color: _____	Superstructure Color: _____		Trim Color: _____
Reg Length: <u>41.6</u>	OA Len: _____	GT: <u>23</u>	NT: <u>15</u>
Hull Type: <u>circle</u> Wood Aluminum Fiberglass Steel		Year Built: <u>1957</u>	Maximum POB: <u>3</u>
Propulsion: <u>circle</u> Outboard Inboard Inb/Out		Horsepower: <u>125</u>	Number of Shafts: <u>1</u>
Decal Info: <input type="checkbox"/> Initial Issue <input type="checkbox"/> Renewal If a renewal, date last decal expired: <u>8 Nov 16</u>		Fishing Equipment: <u>circle</u> all that apply Long Line Troll Gill Net Tender Trawl Trap Purse Seine Handline Live Other (specify): _____	
Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel	Capacity (gal): <u>400</u>	Fuel Tanks: Portable <input type="checkbox"/> Fixed <input checked="" type="checkbox"/> (vented)	
Route: (<u>circle</u> one in each row) *all are cold waters	Inside Boundary Line Inland (shoreward of Demarcation Line) or Coastal Waters		Outside Boundary Line Offshore: <3 <12 <20 <50 <100 >100

Owner: [REDACTED]	Contact Person: [REDACTED]
Owner Address: [REDACTED]	Contact Address: [REDACTED]
Owner Phone: [REDACTED]	Contact Phone: [REDACTED]


A dockside examination has been completed on this vessel. However, a Commercial Fishing Vessel Safety Decal cannot be issued due to the following deficiencies:

When these deficiencies are corrected, please call _____ to schedule a re-examination.

CONGRATULATIONS! Your vessel has been examined and is in compliance with all applicable safety regulations. Commercial Fishing Vessel Safety Decal Number 232789 has been issued. The decal is valid for 2 years provided the vessel safety equipment remains serviceable and the operating conditions described above are not exceeded. Remove the decal if the vessel is sold. **Please keep this form on board your vessel and show it to the Coast Guard if the vessel is boarded.**

Issuing Examiner's Signature: <u>[Signature]</u>	Date Issued: <u>8 Nov 16</u>
Vessel Representative Signature: [REDACTED]	Decal Expires: <u>8 Nov 18</u>

VESSEL NAME: BESS CHET**GENERAL VESSEL REQUIREMENTS****BRIDGE & DOCUMENTS**

33 CFR 173 46 CFR 67	Registration/Certificate of Documentation: Current and onboard Markings: Name of vessel on both sides of bow/name and hailing port on stern; contrasting colors (doc); State numbers forward half of hull, registration decal current (state).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
46 CFR 28.165	Injury Placard (All Vessels)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
33 CFR 155.450	Oil Pollution Placard (Vessels \geq 26 Feet)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 151.59	MARPOL (Garbage) Placard (Vessels \geq 26 Feet)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 151.57	Waste Management Plan (Vessels \geq 40 Feet, $>3\text{nm}$)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 USC 8103	Citizenship	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 USC 1602 33 USC 2020 72 COLREGS	Navigation Lights: <input type="checkbox"/> Side Lights (112.5°) <input type="checkbox"/> Masthead (225°) <input type="checkbox"/> Sternlight (135°) or <input type="checkbox"/> All-around (360°) <39.4 ft <input type="checkbox"/> Anchor (360°) ≥ 39.4 ft. <input type="checkbox"/> Red over White (360°) or <input type="checkbox"/> Green over White (360°) Trawlers Fishing lights not required on Trollers and single-line pot vessels	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
33 USC 1602 33 USC 2020 72 COLREGS	Dayshapes Required fishing dayshape, two black cones apex to apex. Not required on Trollers and single-line Pot vessels. 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
33 CFR 88.05	Inland Navigation Rules of the Road Vessels greater than 12m (39.4 ft) operating on Inland waters (shoreward of the COLREGS Demarcation Line).	<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"/> <39.4 ft—Means of making an efficient sound signal <input type="checkbox"/> 39.4 ft to 65.6 ft—Audible whistle $\frac{1}{2}$ mile <input type="checkbox"/> 65.6 ft to 328.1 ft—Audible whistle 1 mile and 11.8" bell	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

LIFESAVING

46 CFR 28.110 46 CFR 28.135 46 CFR 28.140 NVIC 01-08	Personal Flotation Devices (PFDs) <input checked="" type="checkbox"/> Immersion Suits <input type="checkbox"/> PFDs Immersion Suits on board: <u>3</u> PFDs on board: <u>3</u> Are PFDs worn while on deck? YES NO Marked with name and retroreflective tape Properly maintained in good working order—Stowed readily accessible **Follow current policy on servicing of immersion suits. <input checked="" type="checkbox"/> Personal Marker Light attached —CG approved Batteries replaced annually (alkaline) or expiration date (others)	<input type="checkbox"/> Yes <input type="checkbox"/> No Brand Size Date Svc <u>ST</u> <u>n</u> <u>6/07</u> <u>m</u> <u>n</u> <u>10/01</u> <u>I</u> <u>n</u> <u>8/12</u>
46 CFR 28.115 46 CFR 28.135	Ring Life Buoys: <input type="checkbox"/> Markings and retroreflective tape <16 feet—None <input type="checkbox"/> Life-Sling? YES NO 16 to <26 ft Type IV <input type="checkbox"/> Stowed immediately available & good working condition. 26 to <65 ft RLB w/60 ft of line 65+ 3 RLB, 1 w/90 ft of line	<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: Manufacturer: <u>DBC</u> Survival Craft Type/Pack: <u>B</u> Capacity: <u>4</u> Service exp: <u>10-17</u> Hydrostatic Release exp: <u>10-18</u> <input checked="" type="checkbox"/> Proper Stowage <input type="checkbox"/> Proper weak-link Correction Required? Y/N	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Stowage Location: <u>CAPTAIN'S</u>
46 CFR 28.140	Unobstructed Escape Routes Escape route from a work or accommodation space must not be obstructed.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.145 46 CFR 28.140	Visual Distress Signals (indicate # and exp date) SOLAS Approvals?: Y/N Exp: <u>2-18</u> Exp: <u>2-17</u> Exp: <u>8-17</u> Parachute <u>3</u> Red handheld <u>5</u> Smoke <u>3</u>	<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): <input checked="" type="checkbox"/> Category I (Auto Activated/Float Free) or <input type="checkbox"/> Category II (manually activated) Battery expiration: <u>8-17</u> HRU exp: <u>11-18</u> NOAA Registration: <u>101 F118</u> <input type="checkbox"/> Marked with vessel's name EPIRB ID# <u>A1D1C1D02131A911-418011</u>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Stowage Location: <u>AFT CABIN</u>

ENGINE ROOM/MISCELLANEOUS

46 CFR 28.155 46 CFR 28.160 46 CFR 25.30	Portable Fire Extinguishing Equipment: <input type="checkbox"/> Approved by USCG, UL or FM. <input type="checkbox"/> Condition/Gauge or Tag <input type="checkbox"/> Mounted in proper bracket Pre-engineered/fixed system? YES NO	Quantity/Type: _____ B-I _____ B-II Others _____	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 25.35	Flame Arrestor (gas power)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 25.40	Ventilation (gas power)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
33 CFR 159.7	Marine Sanitation Device: Required only if there is an INSTALLED toilet. Circle one: Type I Type II Type III (overboard valve must be secured)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
46 CFR 4.06-15	Vessels that operate more than 12nm from shore are required to have Alcohol Test Kits on board. One for each person. Chemical test kits are not required to be on board. Test kit exp. Date: <u>7-17</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
POLICY	Excess Safety Equipment: Any safety equipment (PFDs, EPIRBs, Survival Craft, Fire Extinguishers, Visual Distress Signals) that is in excess than what is required on board must meet one of the following: 1. Serviced and properly maintained in good working order, 2. Marked "For Training Only" and kept separate from serviceable items, or 3. Removed from the vessel.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

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

BRIDGE

46 CFR 28.210	First Aid/CPR <input type="checkbox"/> First Aid Kit/Medicine Chest <input type="checkbox"/> First Aid Manual <input type="checkbox"/> One person trained in First Aid and CPR by approved course (>2 POB)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.225	Navigation Publications <input type="checkbox"/> Charts for Safe Navigation <input type="checkbox"/> CG Light List <input type="checkbox"/> US Coast Pilot <input type="checkbox"/> Tidal and Current Tables (LL & CP accepted within past 3 yrs)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.230	Magnetic Compass/Compass Deviation Table		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.245 47 CFR 80 33 CFR 26.03 46 CFR 28.375	Communication Equipment <input type="checkbox"/> All vessels: VHF DSC? Y N MMSI # _____ <input type="checkbox"/> >20 Miles: SSB-2-27.5MHz Sat Phone? Y N # _____ <input type="checkbox"/> 3 hour emergency power supply outside engine space		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
47 CFR 80.405	FCC Ship Station License Exp: <u>11-28-22</u>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.240	General Alarm System <input type="checkbox"/> Tested <input type="checkbox"/> Placard <input type="checkbox"/> Flashing Red Light in Engine Room (only if a work space)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.250	High Water Alarms (Vessels \geq 36 feet) <input type="checkbox"/> Tested in all floodable spaces <input type="checkbox"/> Audible/visual at operating station		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.265	Emergency Instructions (Station Bill, MAYDAY, Donning Immersion Suits, MOB, Fire, Abandon Ship, Flooding/Rough WX/Hazardous Bars)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.270	Instructions, Drills, & Safety Orientation <input type="checkbox"/> Drills conducted w/in last 30 days <input type="checkbox"/> MOB <input type="checkbox"/> Fire <input type="checkbox"/> Flood <input type="checkbox"/> Abandon <input type="checkbox"/> Log entry <input type="checkbox"/> Drill Conductor Training <input type="checkbox"/> Safety Orientation Card issued by: AMSEA NPFVOA MERTS Name: <u>JOHN BLANCHARD</u> Issued date: <u>9 MAR 11</u>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
50 CFR 600.730	Safe Boarding Ladder (Vessels with >4 ft of freeboard)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
46 CFR 28.235	Anchor —suitable size with line and chain		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

ENGINE ROOM

46 CFR 28.215	Guards for Exposed Hazards Must have suitable guards over pulleys, rotating equipment & hot surfaces such as exhaust piping and electrical covers.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
46 CFR 28.255	Bilge Pump, Piping & Dewatering Systems <input type="checkbox"/> Watertight spaces <input type="checkbox"/> Suitable strainer		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A



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Exam Date: 18 Nov 2014

Examiner

Phone

Location/Dock: Charleston D-Dock

#5030928

USCG COMMERCIAL FISHING VESSEL SAFETY EXAMINATION

Vessel Name: <u>Bess Chet</u>		Number: <u>274604</u>	
Call Sign: <u>WDG4221</u>	Other Identifier:		Take Photo
Hull Color: <u>White</u>	Trim Color: <u>Black</u>	Superstructure Color: <u>White</u>	
Vessel Length: <u>41.6</u>	Gross Tonnage: <u>23</u>	Maximum POB: <u>3</u>	
Hull Type: <u>circle</u> Wood Aluminum-Fiberglass-Steel		Year Built: <u>1957</u>	
Propulsion: <u>circle</u> Outboard Inboard Inb/Out		Horsepower: <u>125</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:		Fishing Equipment: <u>circle all that apply</u> Long Line <u>circle</u> Troll Gill Net Tender Trawl <u>circle</u> Trap Purse Seine Handline Live Other (specify):	
Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel	Capacity (gal): <u>400</u>	Fuel Tanks:	Portable <u>circle</u> Fixed (vented)
Route: (<u>circle</u> one in each row) *all are cold waters	Inside Boundary Line Inland (shoreward of Demarcation Line) or Coastal Waters	Outside Boundary Line Offshore: <3 <12 <20 <u><50</u> >50 >100	
Owner	Contact Person		
Owner	Contact Address		
Owner	Contact Phone		

A voluntary dockside examination has been completed on this vessel. However, a Commercial Fishing Vessel Safety Decal cannot be issued due to the following deficiencies:


When these deficiencies are corrected, please call _____ to schedule a re-examination.

CONGRATULATIONS! Your vessel has been examined and is in compliance with all applicable safety regulations. Commercial Fishing Vessel Safety Decal Number 223351 has been issued. The decal is valid for 2 years provided the vessel safety equipment remains serviceable and the operating conditions described above are not exceeded. Remove the decal if the vessel is sold. Please keep this form on board your vessel and show it to the Coast Guard if the vessel is boarded.

Issuing Examiner's Signature: _____	Date Issued: <u>18 Nov 2014</u>
Vessel Representative: _____	Decal Expires: <u>Nov 2016</u>

GENERAL VESSEL REQUIREMENTS

BRIDGE & DOCUMENTS

Registration & Documentation		Yes	No	N/A
33 CFR 173 46 CFR 67	Registration/Certificate of Documentation: Current and onboard Markings: Name of vessel on both sides of bow/name and hailing port on stern; contrasting colors (doc); State numbers forward half of hull, registration decal current (state).	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
46 CFR 28.165	Injury Placard (All Vessels)	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
33 CFR 155.450	Oil Pollution Placard (Vessels \geq 26 Feet)	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
33 CFR 151.59	MARPOL (Garbage) Placard (Vessels \geq 26 Feet)	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
33 CFR 151.57	Waste Management Plan (Vessels \geq 40 Feet, $>$ 3nm)	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
46 USC 8103	Citizenship	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
33 USC 1602 33 USC 2020 72 COLREGS	Navigation Lights: <input checked="" type="radio"/> Side Lights (112.5°) <input checked="" type="radio"/> Masthead (225°) <input checked="" type="radio"/> Sternlight (135°) or <input checked="" type="radio"/> All-around (360°) $<$ 39.4 ft <input checked="" type="radio"/> Anchor (360°) \geq 39.4 ft. <input checked="" type="radio"/> Red over White (360°) or <input checked="" type="radio"/> Green over White (360°) Trawlers Fishing lights not required on Trollers and single-line pot vessels	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
33 USC 1602 33 USC 2020 72 COLREGS	Dayshapes Required fishing dayshape, two black cones apex to apex. Not required on Trollers and single-line Pot vessels. 	<input type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> N/A
33 CFR 88.05	Inland Navigation Rules of the Road Vessels greater than 12m (39.4 ft) operating on Inland waters (shoreward of the COLREGS Demarcation Line).	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A
33 USC 1602 33 USC 2020 72 COLREGS	Sound Producing Devices: <input checked="" type="radio"/> $<$ 39.4 ft—Means of making an efficient sound signal <input checked="" type="radio"/> 39.4 ft to 65.6 ft—Audible whistle ½ mile <input checked="" type="radio"/> 65.6 ft to 328.1 ft—Audible whistle 1 mile and 11.8" bell	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A

LIFESAVING

46 CFR 28.110 46 CFR 28.135 46 CFR 28.140	Personal Flotation Devices (PFDs) <input checked="" type="radio"/> Immersion Suits <input type="radio"/> PFDs Immersion Suits on board: <u>3</u> PFDs on board: <u>3</u> Are PFDs worn while on deck? YES NO Marked with name and retroreflective tape Properly maintained in good working order and in good shape Stowed readily accessible <input checked="" type="radio"/> Personal Marker Light attached —CG approved Batteries replaced annually (alkaline) or expiration date (others)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.115 46 CFR 28.135	Ring Life Buoys: a. Markings and retroreflective tape <16 feet--None b. Life-Sling? YES NO 16 to <26 ft Type IV c. Stowed readily accessible & 26 to <65 ft RLB w/60 ft of line good working condition. 65+ 3 RLB, 1 w/90 ft of line	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.120 46 CFR 28.125 46 CFR 28.130 46 CFR 28.140	Survival Craft: Survival Craft Type/Pack: <u>Solus B</u> Capacity: <u>4</u> Service exp: <u>Oct 15</u> Hydrostatic Release exp: <u>01/17</u> <input type="radio"/> Proper Stowage <input type="radio"/> Proper weak-link	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.140	Unobstructed Escape Routes Escape route from a work or accommodation space must not be obstructed.	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
46 CFR 28.145 46 CFR 28.140	Visual Distress Signals (indicate # and exp date) Exp: <u>02/18</u> Exp: <u>03/17</u> Exp: <u>08/17</u> Parachute <u>3</u> Red handheld <u>8</u> Smoke <u>3</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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): <input checked="" type="radio"/> Category I (Auto Activated/Float Free) or <input type="radio"/> Category II (manually activated) Battery expiration: <u>8/17</u> HRU exp: <u>11/16</u> NOAA Registration: <u>101716</u> Marked with vessel's name ✓ EPIRB ID# <u>A D C D 0213 A P 1 H P 8011</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A EPIRB Make/Model: <u>Class 1</u>

ENGINE ROOM/MISCELLANEOUS

46 CFR 28.155 46 CFR 28.160 46 CFR 25.30	Portable Fire Extinguishing Equipment: Approved by USCG, UL or FM. Condition/Gauge or Tag Mounted properly in bracket Pre-engineered/fixed system? YES NO	Quantity/Type: <u>11</u> B-I B-II Others	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 25.35	Flame Arrestor (gas power)		<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
46 CFR 25.40	Ventilation (gas power)		<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
33 CFR 159.7	Marine Sanitation Device: Required only if there is an INSTALLED toilet. Circle one: Type I Type II Type III (overboard valve must be secured)		<input type="radio"/> Yes <input checked="" type="radio"/> No <input checked="" type="radio"/> N/A
46 CFR 4.06-15	Vessels that operate more than 12nm from shore are required to have Alcohol Test Kits on board. One for each person. Chemical test kits are not required to be on board. Test kit exp. Date: <u>31 6/15</u>		<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
POLICY	Excess Safety Equipment: Any safety equipment (PFDs, EPIRBs, Survival Craft, Fire Extinguishers, Visual Distress Signals) that is in excess than what is required on board must meet one of the following: 1. Serviced and properly maintained in good working order, 2. Marked "For Training Only" and kept separate from serviceable items, or 3. Removed from the vessel.		<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
CG Auth Act 2010	Distribute materials related to the Coast Guard Authorization Act and upcoming changes to Fishing Vessel Safety		<input 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

BRIDGE

46 CFR 28.210	First Aid/CPR <input checked="" type="radio"/> First Aid Kit/Medicine Chest <input checked="" type="radio"/> First Aid Manual <input checked="" type="radio"/> One person trained in First Aid and CPR by approved course (>2 POB)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.225	Navigation Publications <input checked="" type="radio"/> Charts for Safe Navigation <input checked="" type="radio"/> CG Light List <input checked="" type="radio"/> US Coast Pilot <input checked="" type="radio"/> Tidal and Current Tables (charts, LL & CP accepted within past 3 yrs)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.230	Magnetic Compass/Compass Deviation Table	<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 47 CFR 80.405	Communication Equipment <input checked="" type="radio"/> All vessels: VHF <u>SAT Phone</u> <input type="radio"/> 20-100 Miles: SSB-2-4MHz <input type="radio"/> >100 Miles: SSB-2-27.5MHz <input checked="" type="radio"/> Must have 3 hour emergency power supply	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.240	FCC Ship Station License	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.240	General Alarm System <input type="radio"/> Tested <input type="radio"/> Placard <input type="radio"/> Flashing Red Light in Engine Room (only if a work space)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
46 CFR 28.250	High Water Alarms (Vessels ≥ 36 feet) <input checked="" type="radio"/> Tested in all floodable spaces <input checked="" type="radio"/> Audible/visual at operating station	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.265	Emergency Instructions (Station Bill, MAYDAY, Donning Immersion Suits, MOB, Fire, Abandon Ship, Flooding/Rough WX/Hazardous Bars)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.270	Instructions, Drills, & Safety Orientation <input checked="" type="radio"/> Drills conducted within last 30 days <input checked="" type="radio"/> Drill Conductor Training Card issued by: <u>AMSEA NPFVOA MERTS</u> Name: <u>John Blanchard</u> Issued date: <u>MAR 9, 2011</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.235	Anchor & Radar Reflectors <input checked="" type="radio"/> Anchor—suitable size with line and chain <input type="radio"/> Radar Reflector for non-metallic hulls	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

ENGINE ROOM

46 CFR 28.215	Guards for Exposed Hazards Must have suitable guards over pulleys, rotating equipment & hot surfaces such as exhaust piping and electrical covers.	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.255	Bilge Pump, Piping & Dewatering Systems (2) <input checked="" type="radio"/> Watertight spaces <input checked="" type="radio"/> Suitable strainer	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A



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Office: 503-240-9337, Cell: 503-805-9862
Email: FVSPortland@uscg.dhs.gov
www.fishsafewest.info

MISLE Activity #

Exam Date: 16 Nov 18

Examiner: STEVE KEE

Phone:

Location/Dock: NEWPORT +

USCG COMMERCIAL FISHING VESSEL SAFETY EXAMINATION

Vessel Name: <u>MARY B II</u>		I.D. Number: <u>274604</u>	
Call Sign:	GT: <u>23</u>	Other Identifier: <small>Ex: State Fishery #, HIN, IMO #</small>	
Length: <u>41.6</u>	NT: <u>15</u>	Hull Color:	Trim Color:
Year Built: <u>1957</u>	Modified:	House Color:	Maximum POB: <u>3</u>
Hull Type: <input checked="" type="checkbox"/> Wood <input type="checkbox"/> Steel <input type="checkbox"/> FRP <input type="checkbox"/> Alum <input type="checkbox"/> Other		Propulsion: <input checked="" type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard	
Fuel: <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Diesel Tanks: <input type="checkbox"/> Portable <input checked="" type="checkbox"/> Fixed (vented)		Number of Fuel Tanks:	
Lube Oil Capacity (gal):		Hydraulic Oil Capacity (gal):	Fuel Capacity (gal): <u>400</u>
Exam Type: <input checked="" type="checkbox"/> Initial Issue <input type="checkbox"/> Renewal <input type="checkbox"/> Fix-it <input type="checkbox"/> Follow up <input type="checkbox"/> Post-Termination		Reason for Exam: <input checked="" type="checkbox"/> Mandatory <input type="checkbox"/> Voluntary <input type="checkbox"/> Observer Coverage <input type="checkbox"/> 4100F Boarding <input type="checkbox"/> Exemption <input type="checkbox"/> Other:	
WATERS	BOUNDARY LINE	ROUTE	GEAR TYPE (check all that apply)
<input type="checkbox"/> WARM <input checked="" type="checkbox"/> COLD	<input type="checkbox"/> INSIDE <input checked="" type="checkbox"/> OUTSIDE	<input type="checkbox"/> INLAND <input type="checkbox"/> <3 NM <input checked="" type="checkbox"/> 12-20 NM <input type="checkbox"/> 50-100 NM	<input checked="" type="checkbox"/> TROLL <input type="checkbox"/> TRAWL <input type="checkbox"/> PURSE SEINE <input type="checkbox"/> TENDER <input checked="" type="checkbox"/> TRAP <input type="checkbox"/> GILL NET <input type="checkbox"/> LONG LINE <input type="checkbox"/> DREDGE <input type="checkbox"/> DIVE <input type="checkbox"/> HEAD & GUT <input type="checkbox"/> PROCESSOR <input type="checkbox"/> OTHER:
Owner: <u>FV MARY B II LLC</u>		Exam Contact Person: <u>STEPHEN BIERNACKI</u>	
		Contact Address: <u>SAME</u>	
Owner Phone:		Contact Phone:	
Email:		Email:	

Dockside examination notes, recommendations and deficiencies:

- UPDATE FCCSHP STATION LICENSE TO REFLECT CHANGE OF OWNER (\$220)
- PROVIDE 2250 FORWARD MASTERHEAD LIGHT
- REPAIR ALL-ROUND 360 WHITE ANCHOR LIGHT
- ALCOHOL TEST KITS PRIOR TO >12 MILES OUT
- PROVIDE PROOF OF FIRST-AID / CPR TRAINING PRIOR TO >2 PEOPLE
- DRIVES PRIOR TO FISHING
- SAT PHONE OR SIDEBAND PRIOR TO >20 MILES OUT
- A PACK RAFT PRIOR TO >50 MILES OUT

CONGRATULATIONS! Your vessel has been examined and is in compliance with all applicable safety regulations. Commercial Fishing Vessel Safety Decal Number 268533 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. This form should be kept on board your vessel.

Issuing Examiner: [Signature]

Date Issued: 16 Nov 18

Vessel Representative

Date Expires: 16 Nov 20

GENERAL VESSEL REQUIREMENTS

Vessel Name: MARY B IV

I.D. Number: 274604

BRIDGE & DOCUMENTS

33 CFR 173 46 CFR 67	Registration/Documents/Markings <u>IN PROCESS</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
47 CFR 80.405	FCC Ship Station License Exp: _____ MMSI #: _____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
46 USC 8103	Citizenship (Documented vessels—Master & crew requirements met)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
33 USC 1602 33 USC 2020 72 COLREGS	Navigation Lights: <input checked="" type="checkbox"/> Side Lights (112.5°) <input type="checkbox"/> Masthead (225°) <input checked="" type="checkbox"/> Sternlight (135°) or <input type="checkbox"/> All-around (360°) <39.4 ft <input type="checkbox"/> Anchor (360°) ≥39.4 ft. <input type="checkbox"/> Red (360°) over White (360°) or <input type="checkbox"/> Green (360°) over White (360°) Trawlers Fishing lights not required if fishing gear does not restrict maneuverability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>
33 USC 1602 33 USC 2020 72 COLREGS	Fishing Dayshape (Two black cones, apex to apex; per Rule 3(d), dayshapes & fishing lights not required if fishing gear does not restrict maneuverability)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
33 USC 1602 33 USC 2020 72 COLREGS	Sound Producing Devices: <input type="checkbox"/> Vessels < 39.4 ft: Efficient Sound Signal, Audible ½ Mile <input type="checkbox"/> Vessels 39.4 ft – 65.6 ft: Audible ½ Mile, Whistle or Horn <input type="checkbox"/> Vessels 65.6 feet – 328.1 ft: Audible 1 Mile, Whistle & 11.8" Bell	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
33 CFR 164.46	Automatic Identification System (AIS) Vessels ≥65 ft on navigable waters of U. S. Class A <input type="checkbox"/> or B <input type="checkbox"/> CG Approved	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>
33 CFR 83.01(g)	Inland Navigation Rules on Board (Inland Waters Only; Vessels ≥ 39.4 ft)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
33 CFR 151.57	Waste Management Plan (Ocean Going Vessels ≥ 40 Feet)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
46 CFR 28.165	Injury Placard (All Vessels)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
33 CFR 155.450	Oil Pollution Placard (Vessels ≥ 26 Feet)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
33 CFR 151.59	MARPOL (Garbage) Placard (Vessels ≥ 26 Feet)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

LIFESAVING

46 CFR 28.145	Visual Distress Signals (indicate # and exp date) SOLAS Approvals <u>Y/N</u> Parachute # <u>3</u> Exp: <u>11/20</u> Hand Red # <u>6</u> Exp: <u>12/19</u> Smoke # <u>3</u> Exp: <u>3/21</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
46 CFR 28.110 46 CFR 28.135 46 CFR 28.140	<input checked="" type="checkbox"/> Immersions Suits On-Board: <u>3</u> <input checked="" type="checkbox"/> PFDs On-Board: _____ Are PFDs worn while working on deck? YES NO <u>I-a-7/18</u> <input type="checkbox"/> Marked with name and retro-reflective tape <u>I-a-7/18</u> <input type="checkbox"/> Properly maintained <input type="checkbox"/> Stowed readily accessible <u>I-a-7/18</u> <input type="checkbox"/> Personal Marker Light attached—CG approved and batteries maintained	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Stowage Location: <u>CABIN</u>
46 CFR 28.115 46 CFR 28.135 46 CFR 28.140	Ring Life Buoys & MOB Devices: <input type="checkbox"/> Marked with vessel name <input type="checkbox"/> Retro-reflective tape <input type="checkbox"/> Proper Stowage <input type="checkbox"/> Serviceable Life-Sling? Y N _____ MOB Button? Y N _____ Other Devices? _____ MOB Alarm? Y N _____	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
46 CFR 28.120 46 CFR 28.125 46 CFR 28.130 46 CFR 28.140	Survival Craft: Survival Craft Type/Pack: <u>B</u> Capacity: <u>4</u> Service Exp: <u>11-19</u> Hydrostatic Release Exp: <u>11-20</u> <input checked="" type="checkbox"/> Proper Stowage <input checked="" type="checkbox"/> Proper weak-link/Float Free Correction Required? Y/N <u>N</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Stowage Location: <u>CABIN TOP</u>
46 CFR 28.140	Unobstructed Escape Routes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
46 CFR 28.150 46 CFR 25.26 46 CFR 28.135 46 CFR 28.140	Emergency Position Indicating Radio Beacon (EPIRB): <input checked="" type="checkbox"/> Category I (auto activated/float free) or <input type="checkbox"/> Category II (manually activated) Battery Expiration: <u>7-28</u> HRU Exp: <u>11-20</u> NOAA Reg. Exp.: _____ <input type="checkbox"/> Marked with vessel's name	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Stowage Location: <u>AFT CABIN</u>

GENERAL VESSEL REQUIREMENTS

Vessel Name: MARY B II

I.D. Number:

ENGINE ROOM/MISCELLANEOUS

46 CFR 28.155 46 CFR 28.160 46 CFR 25.30	Fire Extinguishing Equipment: <input type="checkbox"/> Approved by USCG, UL or FM <input type="checkbox"/> Mounted in proper bracket <input type="checkbox"/> Condition/Service/Inspection <input type="checkbox"/> Pre-engineered <input type="checkbox"/> Fixed System	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	Bridge:		Engine Room:
	Galley:		Berthing:
	Other:		
46 CFR 25.35	Flame Arrestor (gas power)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
46 CFR 25.40	Ventilation (gas power)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
33 CFR 159.7	Marine Sanitation Device Required only if there is an INSTALLED toilet. <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III <input type="checkbox"/> None	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	
46 CFR 4.06-15 49 CFR 40	Alcohol & Chemical Testing Does vessel carry devices or have arrangements to accomplish alcohol testing within 2 hours (>12nm from shore) and chemical testing within 32 hours after a serious marine incident? Test Kit Expiration: _____	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A	
50 CFR 600.730	Safe Boarding Ladder (Vessels with more than 4 feet of freeboard)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A	

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

BRIDGE

46 CFR 28.210	First Aid/CPR <input checked="" type="checkbox"/> First Aid Kit/Medicine Chest <input checked="" type="checkbox"/> First Aid Manual <input type="checkbox"/> One person trained in First Aid and CPR by approved course (>2 POB)	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
46 CFR 28.225 NVIC 01-16, CH-1	Navigational Information <input checked="" type="checkbox"/> Charts for Safe Navigation Electronic Navigational Chart? YES/NO <input checked="" type="checkbox"/> CG Light List <input checked="" type="checkbox"/> US Coast Pilot <input checked="" type="checkbox"/> Tide Tables <input checked="" type="checkbox"/> Tidal Current Tables	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.230	Magnetic Compass/Compass Deviation Table	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.245 47 CFR 80 46 CFR 28.375	Communication Equipment DSC capable radios set up correctly? YES/NO <input checked="" type="checkbox"/> All Vessels: VHF >20nm: <input type="checkbox"/> SSB or <input type="checkbox"/> Satellite Phone <input type="checkbox"/> ≥65.6 ft 2 VHF Sat Phone #: _____ <input checked="" type="checkbox"/> 3 Hour Emergency Power Supply outside engine space <input type="checkbox"/> MAYDAY Placard	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.260	Electronic Position Fixing Device (Vessels ≥ 79 feet) <input type="checkbox"/> GPS <input type="checkbox"/> Other	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
46 CFR 28.240	General Alarm System <input type="checkbox"/> Placards Does vessel have a PA system? YES/NO <input type="checkbox"/> Tested <input type="checkbox"/> Flashing Red Light in Engine Room (only if a work space)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
46 CFR 28.250	High Water Alarms (Vessels ≥ 36 feet) <input type="checkbox"/> Tested in all floodable spaces <input type="checkbox"/> Audible and <input type="checkbox"/> Visual at operating station Locations: <input type="checkbox"/> Engine Rm <input type="checkbox"/> Lazarette <input type="checkbox"/> Shaft Alley Other: _____	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.205	SCBAs (required only if vessel equipped with ammonia refrigerant) <input type="checkbox"/> SCBA (Two 30 minute SCBAs) <input type="checkbox"/> Compliance with MSHA/NIOSH <input type="checkbox"/> SCBA Spare Bottles (Two 30 minute bottles)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

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

Vessel Name: MARY B D I.D. Number: _____

46 CFR 28.265 33 CFR 165.1325(c)(5)	Emergency Instructions (Station Bill, MAYDAY, Donning PFD/Immersion Suits, MOB, Fire, Abandon Ship, Flooding/Rough/WX/Hazardous Bars) <input type="checkbox"/> Required Posted Instructions or <input type="checkbox"/> Accessible to the Crew (<4 POB) MOB Plan/Device: *Hazardous Bar Plan: <i>*Sunset to sunrise, operator must report to CG the vessel name, location, # POB, & destination</i> <i>*On deck, PFDs must be worn; inside vessel, PFDs/immersion suits must be readily accessible</i>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
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46 CFR 28.270	Instructions, Drills, & Safety Orientation <input type="checkbox"/> Drills Conducted monthly <input type="checkbox"/> Safety Orientation Provided <input type="checkbox"/> MOB <input type="checkbox"/> Fire <input type="checkbox"/> Flooding <input type="checkbox"/> Abandon Ship <input type="checkbox"/> Master and/or Crew able to demonstrate safety equipment operation <input type="checkbox"/> Qualified Drill Conductor Name: <u>STEPHEN BIERNAKE</u> Drill Course: <u>AMSEA</u> Date Issued: <u>11-9-18</u>	NO CREW <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> N/A
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ENGINE ROOM

46 CFR 28.215	Guards for Exposed Hazards	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.255	Bilge Pump, Piping & Dewatering Systems <input type="checkbox"/> Adequate capacity <input type="checkbox"/> More than 1 suction for large spaces <input type="checkbox"/> Strainer Manifold Systems: <input type="checkbox"/> Check Valve <input type="checkbox"/> Stop Valve Process spaces: <input type="checkbox"/> Supply water Interlocked with dewatering pumps	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

MISCELLANEOUS

46 CFR 28.235	Anchor —suitable size with line and chain	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 USC Chap 51	Load Line Certificate (Fish Tenders & Fish Processors, follow applicability flowchart, or new Fishing Vessels ≥79 ft built after 01 Jul 13)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A

ADDITIONAL CHECKLISTS AS APPLICABLE

Vessels ≥ 100 GT Use Supplement 1, CG-5587B Checklist	<input type="radio"/> Yes <input type="radio"/> No
Vessels Constructed or Had a Major Conversion on or After 15 Sep 91 & Carry More Than 16 POB Use Supplement 2, Subpart D; CG-5587B	<input type="radio"/> Yes <input type="radio"/> No
Vessels ≥ 79' Not Required Load Lines & Constructed or Had a Major Conversion/Alteration to Fishing/Processing Equipment on or After 15 Sep 91 Use Supplement 2, Subpart E; CG-5587B	<input type="radio"/> Yes <input type="radio"/> No
Vessel Has Capacity To Carry ≥ 10,500 gallons (250 BBL) Of Oil Or Hazardous Materials Use Supplement 3; CG-5587B	<input type="radio"/> Yes <input type="radio"/> No

Notes:
