



2012/13 Crab Season Safety Compliance Check

Date: 19 OCT 12 Time: 2000
ACT# 4469608
Team Bmt, MS'

Vessel Name	SCANDIES ROSE	Official Number	40235
Length	130	ADF&G Number	35318
Inspection Location	W.37th St	P.O.B.	9

STABILITY

Stability Book On Board ☒ Y/N
Book Date 1998
Prepared By BAUCE LULVER
Pots Allowed 212
Pots Onboard 165

CFVE

Decal Issued ☒ Y/N
Decal Number 188448
Decal EXP Date 31 SEP 14

EPIRB

EPIRB On Board ☒ Y/N
SAT Self Test ☒ Y/N
Battery Expired ☒ Y/N
HRU Expired ☒ Y/N
NOAA Registration Expired ☒ Y/N

Battery Exp Date _____
HRU EXP Date _____
REG EXP Date _____

LIFERAFT

Liferaft onboard ☒ Y/N
Servicing Due ☒ Y/N
Adequate Capacity ☒ Y/N
HRU Expired ☒ Y/N
Correct Installation ☒ Y/N

SVC Expired Date _____
HRU Expired Date _____
Corrected on the spot _____

Survival Suits

Suits Onboard 12
Serviceable ☒ Y/N
Correct Amount ☒ Y/N
PML ☒ Y/N
Stowed Properly ☒ Y/N
Marked ☒ Y/N

FROM SECT. 28 CFVE

COTP Action Required (Circle as Needed) FOR USCG ONLY

No EPIRB/EPIRB Inoperable
EPIRB Battery
HRU's
No Liferaft
Liferaft capacity inadequate
Liferaft servicing
Overloading / Insufficient freeboard
Lack of watertight integrity

Owners Name _____
ADDRESS _____
CITY/STATE/ZIP _____

ROLL Test Data: Beam _____ Freeboard _____ Roll Period _____

Vessel Master: GARY GIBBARD (Print)

Contact # [REDACTED]

U.S. COAST GUARD - SAFETY COMPLIANCE CHECK			
Vessel Name: <u>SCANDISS ROSE</u>	I.D. Number: <u>1002421</u>		7x8'S Pot Weight 200#
LOA: <u>11</u>	Gross Tonnage: <u>195</u>	Location: <u>DUTCH HARBOR AK</u>	
P.O.B. <u>8</u>	# OF SUITS: <u>12</u>	# POTS ALLOWED: <u>212</u> # POTS LOADED: <u>185</u>	
STABILITY BOOK O/B: <u>Y</u> STABILITY BOOK DATE: <u>1988</u>			
STABILITY BOOK PREPARED BY: <u>BRUCE E CULVER</u>			
CURRENT CFVS DECAL? <u>Y</u>	DECAL #: <u>83448</u> MO N/YR: <u>7/14</u>		
EPIRB (46 CFR 28.150, 46 CFR 25.26) <u>ADCDP 6F2LC 54C01</u>			
<u>Y</u> N WAS EPIRB ON BOARD?	BATT EXP DATE: <u>9/17</u>		
<u>Y</u> N SATISFACTORY SELF TEST?	HRR EXP DATE: <u>5/14</u>		
<u>Y</u> N BATTERY EXPIRED?	REG EXP DATE: <u>3/21/14</u>		
<u>Y</u> N HRR EXPIRED?			
<u>Y</u> N OAA REGISTRATION EXPIRED?			
LIFERAFT (46 CFR 28.120)			
<u>Y</u> N WAS SURVIVAL CRAFT ON BOARD?	SVC EXP DATE: <u>6/14</u> <u>9/14</u>		
<u>Y</u> N SERVICE TAG EXPIRED?	HRR EXP DATE: <u>2/14</u> <u>6/14</u>		
<u>Y</u> N ADEQUATE CAPACITY?	CORRECTED: <u>Y</u> N		
<u>Y</u> N HRR EXPIRED?			
<u>Y</u> N CORRECT INSTALLATION			
SURVIVAL SUITS (46 CFR 28.110, 46 CFR 25.25)			
<u>Y</u> N SERVICABLE?	BATT EXP DATE: <u>2016</u>		
<u>Y</u> N CORRECT AMOUNT?			
<u>Y</u> N PML?			
<u>Y</u> N READILY ACCESSIBLE?			
<u>Y</u> N MARKED CORRECTLY?			
O/O NAME: <u>GARY D. COBBAN JR.</u>			
ADDRESS: [REDACTED]			
Phone Number: [REDACTED] (BOAT)			
COAST GUARD OFFICIAL SIGNATURE		VESSEL REPRESENTATIVE SIGNATURE <u>Gary D. Cobban Jr.</u>	
COTP Action if necessary - Document below and brief Sector Anchorage for approval 46 CFR 28.65			
Inadequate or unserviceable immersion suits	Inadequate survival craft capacity		
Inoperable EPIRB/Battery	Watertight Integrity		
Instability - Overloaded/Lack of Freeboard	Improper Pot Loading		
Inoperable Bilge system			
Date/Time: <u>100013</u>	Activity #: <u>1230</u>	Team: [REDACTED]	
U.S. Coast Guard Sector Anchorage Safety Compliance Checklist (08/13)			

Office Copy

U.S. COAST GUARD - SAFETY COMPLIANCE CHECK		
Vessel Name: <u>SCANDIES ROSE</u>		I.D. Number: <u>002351</u>
LOA: <u>116.6</u>	Gross Tonnage: <u>195</u>	Location: <u>WESTWARD</u>
P.O.B. <u>07</u>	# OF SUITS: <u>11</u>	# POTS ALLOWED: <u>220</u> # POTS LOADED: <u>175</u>
STABILITY BOOK O/B: <u>0</u> <u>N</u>		STABILITY BOOK DATE: <u>08/1988</u>
STABILITY BOOK PREPARED BY: <u>BRUCE CULVER</u>		
CURRENT CFVS DECAL? <u>0</u> <u>N</u>		DECAL #: <u>215086</u> MON/YR: <u>10/14</u>
EPIRB (46 CFR 28.150, 46 CFR 25.26)		
<input type="radio"/> <u>N</u> WAS EPIRB ONBOARD?		
<input type="radio"/> <u>N</u> SATISFACTORY SELF TEST?		
<input type="radio"/> <u>Y</u> <input type="radio"/> <u>0</u> BATTERY EXPIRD?		BATT EXP DATE: <u>09/17</u>
<input type="radio"/> <u>Y</u> <input type="radio"/> <u>0</u> HRU EXPIRED?		HRU EXP DATE: <u>10/16</u>
<input type="radio"/> <u>Y</u> <input type="radio"/> <u>0</u> NOAA REGISTRATION EXPIRED?		REG EXP DATE: <u>07/03/16</u>
LIFERAFT (46 CFR 28.120)		
<input type="radio"/> <u>N</u> WAS SURVIVAL CRAFT ONBOARD?		
<input type="radio"/> <u>Y</u> <input type="radio"/> <u>0</u> SERVICING EXPIRED?		SVC EXP DATE: <u>06/15</u>
<input type="radio"/> <u>N</u> ADEQUATE CAPACITY?		
<input type="radio"/> <u>Y</u> <input type="radio"/> <u>0</u> HRU EXPIRED?		HRU EXP DATE: <u>06/16</u>
<input type="radio"/> <u>N</u> CORRECT INSTALLATION		CORRECTED: <u>Y</u> <u>N</u>
SURVIVAL SUITS (46 CFR 28.110, 46 CFR 25.25)		
<input type="radio"/> <u>N</u> SERVICABLE?		
<input type="radio"/> <u>N</u> CORRECT AMOUNT?		
<input type="radio"/> <u>N</u> PML?		BATT EXP DATE: <u>10/14</u>
<input type="radio"/> <u>N</u> READILY ACCESSIBLE?		
<input type="radio"/> <u>N</u> MARKED CORRECTLY?		
O/O NAME: <u>SCANDIES ROSE FISHING COMPANY</u>		
ADDRESS <u>[REDACTED]</u>		
Phone Number: <u>[REDACTED]</u>		
COAST GUARD OFFICIAL SIGNATURE		VESSEL REPRESENTATIVE SIGNATURE <u>[Signature]</u>

Pot Weight
800 lb

COTP Action if necessary - Document below and brief Sector Anchorage for approval
46 CFR 28.65

Inadequate or unserviceable immersion suits	Inadequate survival craft capacity	
Inoperable EPIRB/Battery	Watertight Integrity	
Instability - Overloaded/Lack of Freeboard	Improper Pot Loading	
Inoperable Bilge system		

Date/Time: <u>0915</u>	Activity #: <u>1406714</u>	Team: <u>CALLIO, IAN</u>
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U.S. Coast Guard Sector Anchorage
Safety Compliance Checklist (08/13)

Office Copy

GENERAL VESSEL REQUIREMENTS		
Vessel Name:		I.D. Number:
BRIDGE & DOCUMENTS		
33 CFR 173 46 CFR 67	Registration/Documents/Markings	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
47 CFR 80.405	FCC Ship Station License	<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 ≥ 26 Feet)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 151.59	MARPOL (Garbage) Placard (Vessels ≥ 26 Feet)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 151.57	Waste Management Plan (Ocean Going Vessels ≥ 40 Feet)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 151.55	Garbage Log (Ocean Going Vessels ≥ 400 Gross Tons)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
46 USC Chap 51	Load Line Certificate (Fish Tenders or Fish Processors)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
46 USC 8304	Licensing/Manning (Master/Mate/Chief Eng. on Vessels ≥ 200 Gross Tons)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
46 USC 8103	Citizenship (Master & crew requirements met)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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 1/2 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="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 164	Navigation Safety Requirements (Vessels ≥ 1600 Gross Tons)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
LIFESAVING		
46 CFR 28.145	Visual Distress Signals	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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>12</u> Number of PFDs On-Board: <u>10</u> <input checked="" type="checkbox"/> Marking with name and retro-reflective tape <input checked="" type="checkbox"/> Properly maintained	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> 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 checked="" type="checkbox"/> Properly Maintained	<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: Number Survival Craft Onboard: <u>2</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>5/14</u> <input type="checkbox"/> Float Free <input type="checkbox"/> Proper Storage	<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): Bracket Category: <input checked="" type="checkbox"/> One <input type="checkbox"/> Two Hydrostatic Release exp. date: <u>SEP 15</u> Battery expiration date: <u>SEP 17</u> NOAA Registration exp. date: <u>MAR 16</u> Beacon ID: <u>A02C1D0-6E2L4-24CQ1</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

GENERAL VESSEL REQUIREMENTS		
Vessel Name:		I.D. Number:
ENGINE ROOM/MISCELLANEOUS		
46 CFR 28.155 46 CFR 28.160 46 CFR 25.30	Fire Extinguishing Equipment: BI: <u>9</u> BII: _____ BIII: _____ 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	Unobstructed Escape Routes	<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 <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	Non-Oceangoing Vessels Are Able To: <input checked="" type="checkbox"/> Retain oily mix on board <input checked="" 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	First Aid/CPR <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	Navigation Publications <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	Crew Contracts (Vessels ≥ 20 Gross Tons)	<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 28.235	Anchors & Radar Reflectors	<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	Communication Equipment <input checked="" type="checkbox"/> VHF <input checked="" type="checkbox"/> SSB <input type="checkbox"/> HF <input 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	Electronic Position Fixing Device (Vessels ≥ 79 feet) <input checked="" type="checkbox"/> GPS <input type="checkbox"/> SATNAV <input type="checkbox"/> Other	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
46 CFR 28.240	General Alarm System <input checked="" type="checkbox"/> Tested <input 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	High Water Alarms (Vessels ≥ 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	Emergency Instructions (Must be posted on vessels with ≥ 4 POB)	<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="checkbox"/> Drills Conducted <input type="checkbox"/> Drills Witnessed <input type="checkbox"/> Safety Orientation Provided <input checked="" type="checkbox"/> Qualified Drill Conductor Name: <u>GARY DEARIS KIDMAN JR</u>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.1030	SOPEP (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	Drug Testing Program (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	Alcohol Testing 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

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ADDITIONAL REQUIREMENTS FOR DOCUMENTED VESSELS OPERATING BEYOND THE BOUNDARY LINE OR WITH MORE THAN 16 PEOPLE ON BOARD		
Vessel Name:		I.D. Number:
LIFESAVING		
46 CFR 28.205	Fireman's Outfits (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	SCBAs (required only if vessel equipped with ammonia refrigerant) <input checked="" type="checkbox"/> SCBA (Two 30 minute SCBAs) <input checked="" type="checkbox"/> SCBA Spare Bottles (Two 30 minute bottles)	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
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 checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
MISCELLANEOUS		
47 CFR Subchapter W	GMDSS (Vessels \geq 300 Gross Tons; see NVIC 3-99 for exemptions) <input type="checkbox"/> Radio Operators License <input 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 type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
	DSC (For any vessel with a DSC-capable radio, verify the MMSI is properly programmed); MMSI (9 characters) is: <input type="text"/>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
33 CFR 161.12 33 CFR 164.46	AIS (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	Safe Boarding Ladder (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	Vessel Constructed Or Had A Major Conversion After 15 Sep 91 & Carry More Than 16 POB (If YES, use Supplement 2; CG-5587B)	<input type="radio"/> Yes <input checked="" type="radio"/> No
46 CFR 28.500	Vessel \geq 79' Not Required Load Lines & Constructed Or Had A Major Conversion/Alteration To Fishing/Processing Equipment After 15 Sep 91 (If YES, use Supplement 2, Subpart E; CG-5587B)	<input type="radio"/> Yes <input checked="" type="radio"/> No
	Vessel Has Capacity To Carry \geq 10,500 gallons (250 BBL) Of Oil Or Hazardous Materials (If YES, use Supplement 3; CG-5587B)	<input checked="" type="radio"/> Yes <input type="radio"/> No
46 CFR 28.700 46 CFR 28.720	Fish Processor <input type="checkbox"/> Must have a Certificate of Compliance* <input type="checkbox"/> If built or converted after 27 Jul 90 must be classed* * From ABS, DNV, or approved 3 rd Party, Not Coast Guard	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> N/A
	STCW Requirements (Fish Processors more than 200 Gross Tons)	<input type="radio"/> Yes <input type="radio"/> No <input checked="" 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.

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

SUPPLEMENT 1

Vessel Name:		Number:
REQUIREMENTS BASED ON VESSEL LENGTH AND GROSS TONS		
33 CFR 155.320	Vessels ≥ 100-299 GT: Fixed containment or portable 5 gal. container	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.420	Vessels ≥ 100-399 GT: Fixed system to discharge slops	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.420	Vessels ≥ 100-399 GT: Pump, stop & stop valve at each outlet	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 138.65	Vessels ≥ 300 GT: Valid COFR on board	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.470	Vessels ≥ 300 GT: No oil carried in a tank forward of collision bulkhead	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.320	Vessels ≥ 300 GT: Fixed Containment	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.350	Vessels < 400 GT Oceangoing: Able to discharge to a facility	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.350	Vessels < 400 GT Oceangoing: Able to retain all slops on board or Oily Water Separator (OWS) installed	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 151.19	Vessels ≥ 400 GT: Valid International Oil Pollution Prevention Certificate on board (Only required if vessel engages in a foreign voyage)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 151.25	Vessels ≥ 400 GT: Oil Record Book	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.360	Vessels ≥ 400 GT Oceangoing: Ballast water not carried in fuel tanks <input type="checkbox"/> Approved 15 PPM OWS w/bilge alarm <input type="checkbox"/> Sludge tank of adequate size <input type="checkbox"/> Slop discharge pipeline	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.370	Vessels ≥ 400 GT Oceangoing: Ballast water carried in fuel tanks <input type="checkbox"/> Approved 15 PPM OWS w/bilge alarm <input type="checkbox"/> Sludge tank of adequate size <input type="checkbox"/> Slop discharge pipeline	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.430	Vessels ≥ 400 GT Oceangoing: Standard Discharge Connection	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.470	Vessels ≥ 400 GT: No oil carried in a tank forward of collision bulkhead	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Examiners Comments:		

CFVS EXAMINATION SUPPLEMENT GUIDELINES

These supplements are 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. These supplements 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 supplements for their records.

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

Department of Homeland Security
 United States Coast Guard
 CG-5587B (8/08) Previous editions may be used.

Supplement page 1 of 3

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

SUPPLEMENT 3

Vessel Name:		Number:
OIL TRANSFER PROCEDURES FOR VESSELS		
33 CFR 155.700	Person in charge designated: (Documented IAW 33 CFR 155.715)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.710	Person in charge qualified	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.720	Current procedures	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.720	Transfer procedure to or from vessel & tank-to-tank w/ vessel	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.740	Oil Transfer Procedures: <input type="checkbox"/> Available for inspection <input type="checkbox"/> Printed in a language understood by crew <input type="checkbox"/> Permanently posted or available/easily seen when engaged in oil	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.750	Contents of Oil Transfer Procedures: <input type="checkbox"/> Generic name of product transferred <input type="checkbox"/> Physical description of product <input type="checkbox"/> Description of odor product <input type="checkbox"/> Hazards involved in handling/safe instructions <input type="checkbox"/> Procedures for spills, leaks, or personnel exposure <input 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 type="checkbox"/> Location of shutoff valve or other isolation device that separates bilge or ballast from transfer system <input type="checkbox"/> Description & procedure for emptying discharge containment System <input type="checkbox"/> Indicate number of people required to be on duty (duty and title) <input type="checkbox"/> Procedures/duty assignments for tending vessel mooring lines <input type="checkbox"/> Emergency shutdown procedure and means of communications	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.785	Communications	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.790	Deck lighting	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.800	Transfer hose: (Complies with 33 CFR 154.500)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.805	Closure devices: (Blanks or valves installed when not connected)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
33 CFR 155.820	Records: <input 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 type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A
Examiners Comments:		

Supplement page 3 of 3

U.S. COAST GUARD – SAFETY COMPLIANCE CHECK			
Vessel Name: <u>SCAUDIES BOAT</u>		I.D. Number: <u>602361</u>	
LOA: <u>116.6</u>	Gross Tonnage: <u>195</u>	Location: <u>DUTCH HARBOR, AR</u>	
POB: <u>Q</u>	# of Suits: <u>Q</u>	# of Pots Allowed: <u>212</u>	# Loaded: <u>170</u> Pot Weight: <u>880</u>
Stability Book Onboard? <input checked="" type="radio"/> Y <input type="radio"/> N		Date: <u>1988</u>	Preparer: <u>CULVER + MEYER LL</u>
Current CFVS Decal? <input checked="" type="radio"/> Y <input type="radio"/> N		Decal #: <u>823948</u>	Expiration Mo / Yr: <u>Oct 18</u>
EPIRB (46 CFR 28.150, 46 CFR 25.26)			
<input checked="" type="radio"/> Y <input type="radio"/> N	WAS EPIRB ONBOARD?		
<input checked="" type="radio"/> Y <input type="radio"/> N	SATISFACTORY SELF TEST?		
<input checked="" type="radio"/> Y <input type="radio"/> N	BATTERY EXPIRED?		BATT EXP DATE: <u>6/24/17</u>
<input checked="" type="radio"/> Y <input type="radio"/> N	HRU EXPIRED?		HRU EXP DATE: <u>2/1/17</u>
<input checked="" type="radio"/> Y <input type="radio"/> N	NOAA REGISTRATION EXPIRED?		REG EXP DATE:
LIFERAFT (46 CFR 28.120)			
<input checked="" type="radio"/> Y <input type="radio"/> N	WAS SURVIVAL CRAFT ONBOARD? <u>2</u>		
<input checked="" type="radio"/> Y <input type="radio"/> N	SERVICING EXPIRED?		SVC EXP DATE: <u>3/1/17</u>
<input checked="" type="radio"/> Y <input type="radio"/> N	ADEQUATE CAPACITY?		
<input checked="" type="radio"/> Y <input type="radio"/> N	HRU EXPIRED?		HRU EXP DATE: <u>3/1/17</u>
<input checked="" type="radio"/> Y <input type="radio"/> N	CORRECT INSTALLATION		CORRECTED: <u>Y N</u>
SURVIVAL SUITS (46 CFR 28.110, 46 CFR 25.25)			
<input checked="" type="radio"/> Y <input type="radio"/> N	SERVICABLE?		
<input checked="" type="radio"/> Y <input type="radio"/> N	CORRECT AMOUNT?		
<input checked="" type="radio"/> Y <input type="radio"/> N	PML?		BATT EXP DATE: <u>01/22</u>
<input checked="" type="radio"/> Y <input type="radio"/> N	READILY ACCESSIBLE?		
<input checked="" type="radio"/> Y <input type="radio"/> N	MARKED CORRECTLY?		
Owner/Operator Name: <u>SCAUDIES BOAT FISHING COMPANY LLC</u>			
Address: <u>[REDACTED]</u>			
Phone Number: <u>[REDACTED]</u>			
COAST GUARD OFFICIAL SIGNATURE		VESSEL REPRESENTATIVE SIGNATURE	

COTP Action if necessary – Document below and brief Sector Anchorage for approval
46 CFR 28.65

Inadequate or unserviceable immersion suits	Inadequate survival craft capacity	
Inoperable EPIRB/Battery	Watertight Integrity	
Instability - Overloaded/Lack of Freeboard	Improper Pot Loading	
Inoperable Bilge system		

Date/Time:	Activity #:	Team:
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Verified in MISLE to be Activity #6293457 dtd 14Oct2017,

U.S. Coast Guard Sector Anchorage
Safety Compliance Checklist (11/16)

Office Copy

VESSEL NAME: SCANDIES ROSE		NUMBER GN-6035
ADF&G Number: 35318		Date: 13 Oct 18
Hull Color: BLK	Trim Color: Red	Superstructure Color: White
Length: 116.6	Gross Tons: 195	Year Built: 1978
Vessel Type:	Fishing Equipment: (Check all that apply)	Year Converted:
<input checked="" type="checkbox"/> FV <input checked="" type="checkbox"/> FTV <input type="checkbox"/> FPV	<input type="checkbox"/> Long Line <input checked="" type="checkbox"/> Pot <input type="checkbox"/> Trap <input type="checkbox"/> Seine	Hull Material: (circle) Aluminum Concrete <input checked="" type="radio"/> Steel Wood FRP
		Number of POB:
Propulsion:	Fuel:	# of Fuel Tanks: 8
<input checked="" type="checkbox"/> Inboard - 2 <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard/Outboard <input type="checkbox"/> Sail Horsepower: 850hp	<input type="checkbox"/> Gasoline <input checked="" type="checkbox"/> Diesel Other: Lube Oil Capacity: 600 Hyd. Oil Capacity: 800	Capacity: 46000 Tank Material: Steel Location:
		Fuel Tank Type
		<input type="checkbox"/> Portable <input checked="" type="checkbox"/> Fixed (Vented)
DECAL INFORMATION: Is this an Initial Issue? Y/N		
ROUTE (Choose one)	Boundary Line: (Choose one)	Exam Type: Mandatory Voluntary (circle)
<input type="checkbox"/> Waters inside Coastal Waters (opening to the sea less than 2 nm) <input checked="" type="checkbox"/> Coastal Waters and beyond	Inside Boundary: -----OR----- <input type="checkbox"/> within 3 nm <input type="checkbox"/> within 12 nm	Does vessel operate beyond 3nm from the territorial sea baseline of the U.S.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Outside the Boundary: <input type="checkbox"/> within 3 nm <input type="checkbox"/> within 12 nm <input type="checkbox"/> within 20 nm <input type="checkbox"/> within 50 nm <input type="checkbox"/> within 100 nm <input checked="" type="checkbox"/> beyond 100 nm
Owner Name: Scandies Rose Fish Co.		Emergency Contact: Julia Cooper
Address: [REDACTED]		
Phone: [REDACTED]	Vessel Cell: [REDACTED]	Phone: [REDACTED]
A deckside examination has been completed on this vessel. However a Commercial Fishing Vessel Safety Decal cannot be issued due to the following deficiencies (note deficiencies by item number, with an explanation, and identify any particularly hazardous condition):		
When these deficiencies are corrected, please call the number below to schedule a re-examination.		
Examiner Name: [REDACTED]	Phone: [REDACTED]	
Examiner's Unit: MSD Dutch / D17	Location of Exam: Dutch Harbor	
CONGRATULATIONS! Your vessel has been examined and is in compliance with all applicable safety regulations. Commercial Fishing Vessel Safety Decal Number 257066 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 Signature: [REDACTED]		Date of Issue: 13 Oct 18
Vessel Representative Signature: [REDACTED]		

VESSEL NAME <i>Scandius Rose</i>		NUMBER <i>602351</i>
REQUIREMENTS FOR ALL VESSELS		
1	Registration/ Certificate of Documentation - Expiration Date: <i>8/19</i>	(Y) (N) (N/A)
2	Document Endorsements: <i>Fish / Coastwise</i> Hull Markings (Y) (N)	(Y) (N) (N/A)
3	Tonnage Certificate for undocumented vessel under 5 Net Tons (see job aid)	(Y) (N) (N/A)
4	Injury Placard All vessels <i>Red</i>	(Y) (N) (N/A)
5	Oil Pollution Placard Vessels ≥26'	(Y) (N) (N/A)
6	MARPOL (Garbage) Placard Vessels ≥26'	(Y) (N) (N/A)
7	Waste Management Plan Ocean going vessels ≥40'	(Y) (N) (N/A)
8	Load Line Certificate Fish Tenders or Fish Processors (See Job Aid)	(Y) (N) (N/A)
8a	Stability Vessels 79' or greater not required a load line (Use D17 CFVS Job Aid or 46CFR28.500)	(Y) (N) (N/A)
9	Licensing / Manning Masters, Mates & Chief Eng. on ≥200GT Citizenship—75% US / 25% Foreign	(Y) (N) (N/A)
10	Automated Identification System: Commercial Fishing Industry Vessels 65' and greater must have an operational class A or B AIS unit when operating on the Navigable Waters (within 12nm of the Territorial Sea baseline) of the U.S.	(Y) (N) (N/A)
11	Navigation Lights / Sound Producing Device / Day shapes <input checked="" type="checkbox"/> Side Lights 112.5° deg. W / Black Screens <input checked="" type="checkbox"/> All Around Anchor Light - 360° for vessels up to 50 meters) <input checked="" type="checkbox"/> White Fwd Masthead Light 225° - White Stern Light - 135° (vessels 12m and greater) <input checked="" type="checkbox"/> Red over White (Green over White - Trawling) - 360° <input checked="" type="checkbox"/> Day shape <input checked="" type="checkbox"/> Sound Producing Devices: Vessels <12m (39.4') Means to make an efficient sound signal Vessels 12m - 20m (39.4' - 65.6') Whistle, Audible 1/2 Mile Vessels 20m - 100m (65.6' - 328.1') Whistle, Audible 1 mile & 11.8" Bell	(Y) (N) (N/A)
12	Alcohol Test Kit (If more than 2 hours from port) Expiration Date <i>9/18</i>	(Y) (N) (N/A)
13	Visual Distress Signals - (Indicate # of each type; red handheld, orange smoke, parachute) <i>3/6/3 SMDs</i>	(Y) (N) (N/A)
14	Immersion Suits / PFDs (Circle type on board) <input type="checkbox"/> Markings (Name and Retro-Tape) PML (Battery Exp.) <i>19/19</i> # on board <i>9</i> <input checked="" type="checkbox"/> Properly Maintained	(Y) (N) (N/A)
15	Ring Life Buoys / Cushions / Life Sling (Life Sling must have mechanical means to retrieve) <input checked="" type="checkbox"/> Retro-Tape <input type="checkbox"/> Markings <input type="checkbox"/> Line # on Board: <i>6</i>	(Y) (N) (N/A)
16	Survival Craft/ Stowage / Equipment Circle: Inflatable Raft; IBA; BA/Life float; Skiff w/waiver ltr <input checked="" type="checkbox"/> Float Free Capacity: <i>800</i> Hydro Release exp: <i>6/19/14/19</i> <input checked="" type="checkbox"/> Proper Storage Pack Type: SOLAS A or SOLAS B or Coastal <input checked="" type="checkbox"/> Hydro Release Next service Date: <i>6/19/10/14</i> Waiver Letter date	(Y) (N) (N/A)
17	Emergency Position Indicating Radio Beacon (EPIRB) All vessels on high seas (beyond 3NM) <input checked="" type="checkbox"/> NOAA Registration Decal Expires <i>10/19</i> <36' Cat. 1 or Cat. 2 406 MHz <input checked="" type="checkbox"/> Vessel Name (Matches Vessel) ≥36' Cat. 1 406 MHz <i>Master/Crew demonstrates Testing EPIRB</i> Hexadecimal code: <i>20CC8 760D0 FFBFF</i>	(Y) (N) (N/A) Make: <i>ACR</i> Type: <i>406</i> Battery Exp: <i>6/17</i> Hydro Exp: <i>10/19</i>
18	Portable Fire Extinguishing Equipment No fixed system <i>With fixed system (note 1)</i> <i>CO2</i> <26' - 1 Type 5-B <i>26' - None</i> 26' <40' - 2 Type 5-B <i>26' <40' - 1 Type 5B</i> Number of 5-B's onboard: <i>1</i> 40' <65' - 3 Type 5-B <i>40' <65' - 2 Type 5B</i> Number of 20-B's onboard: <i>1</i> See 46 CFR 28.155 for vessels 65' or greater Note 1: Fixed CO2 system per NFPA or properly sized/serviced Halon pre-engineered	(Y) (N) (N/A) <i>MSA 171801 Dutch Harbor</i>
19	Escape Routes Unobstructed <i>257066</i>	(Y) (N) (N/A)
20	Flame Arrestor / Ventilation - Gas powered only	(Y) (N) (N/A)
21	Crew Contracts Vessels ≥20 GT info only, not required to be maintained on board	(Y) (N) (N/A)
22	Marine Sanitation Device (circle one) Type 1 Type 2 Type 3	(Y) (N) (N/A)
EXAMINER COMMENTS: (Including Tonnage Certificate Issuer, Date, Gross & Net Tons): <i>150+18</i>		

VESSEL NAME		NUMBER
Scandies Ruse		602351
ADDITIONAL REQUIREMENTS FOR DOCUMENTED VESSELS OPERATING BEYOND THE BOUNDARY LINE OR WITH MORE THAN 16 PERSONS ON BOARD		
23	First Aid Equipment & Training 3-16 POB = 1* 17-49 POB = 2* ≥50 POB = 4* <input checked="" type="checkbox"/> First Aid Training* <input checked="" type="checkbox"/> CPR Certification* <input checked="" type="checkbox"/> First Aid Kit/Medicine Chest <input checked="" type="checkbox"/> First Aid Manual	(Y) (N) (N/A)
24	Navigational Information <input checked="" type="checkbox"/> Charts for Safe Navigation <input checked="" type="checkbox"/> CG Light List <input checked="" type="checkbox"/> Tide Tables <input checked="" type="checkbox"/> U.S. Coast Pilot <input checked="" type="checkbox"/> Tidal Current Tables	(Y) (N) (N/A)
25	Magnetic Compass with Deviation Table	(Y) (N) (N/A)
26	FCC Ship Station License: Expires: 9-25 Call Sign: WD13809	(Y) (N) (N/A)
27	Communication Equipment <input checked="" type="checkbox"/> All vessels: (VHF) 156-162 MHz Identify # and type <input checked="" type="checkbox"/> 20-100 Miles: 2 - 4 MHz VHF 2 <input checked="" type="checkbox"/> >100 Miles: 2 - 27.5MHz SSB HF AIS 1 <input checked="" type="checkbox"/> 3-Hour Emergency Source of Electrical Power Sat Phone	(Y) (N) (N/A)
28	Electronic Position Fixing Devices Vessels ≥79' GPS or SATNAV or OTHER	(Y) (N) (N/A)
29	General Alarm System <input checked="" type="checkbox"/> Tested <input checked="" type="checkbox"/> 1/2 Inch Red Lettering <input checked="" type="checkbox"/> Flashing red light in engine room	(Y) (N) (N/A)
30	High Water Alarms - Vessels >36" <input checked="" type="checkbox"/> Tested in all floodable spaces <input checked="" type="checkbox"/> Audible Alarm <input checked="" type="checkbox"/> Visual Alarm(s)	(Y) (N) (N/A)
31	Emergency Instructions - Required on all vessels and must be posted on vessels with ≥4 POB	(Y) (N) (N/A)
32	Instructions, Drills & Safety Orientation: (Note: Not required to be logged, but examiner must be satisfied that drills are performed as required) <input checked="" type="checkbox"/> Drills last conducted within 30 days of decal issuance - Date: _____ <input checked="" type="checkbox"/> Safety Orientation Performed Drill Conductor Card #: 102187 Issued By: AMSEW Date Issued: 2/2009	(Y) (N) (N/A)
33	Drug Testing Program - Vessels >200 GT	(Y) (N) (N/A)
34	<input checked="" type="checkbox"/> Radar Reflector - Non-Metallic Hulls: Signal 6 NM <input checked="" type="checkbox"/> Anchor - Suitable size Anchor with Line and Chain	(Y) (N) (N/A)
35	Fireman's Outfits if >49 POB (SCBA, lifeline, flashlight, ridged helmet, boots, gloves, protective clothing, ax)	(Y) (N) (N/A)
36	SCBAs - Vessels with ammonia refrigerant - # on board _____ # spare bottles _____ MSHA / NIOSH	(Y) (N) (N/A)
37	Guards for Exposed Hazards - Rotating machinery & equipment, exhaust lagging	(Y) (N) (N/A)
38	Bilge Pumps / Dewatering System <input checked="" type="checkbox"/> Tested pumps and supply pump interlock # of pumps _____	(Y) (N) (N/A)
MISCELLANEOUS		
39	GMDSS Requirements Vessels ≥300 GT (Some exemptions - See NVIC) <input checked="" type="checkbox"/> Radio Operators License <input checked="" type="checkbox"/> NAVTEX receiver <input checked="" type="checkbox"/> DSC equipped VHF, MF & HF radios <input checked="" type="checkbox"/> 406 MHz EPIRB in addition to requirement of 46 CFR 28.150 <input checked="" type="checkbox"/> SART <input checked="" type="checkbox"/> GPS Interfaced with radios	(Y) (N) (N/A)
40	Safe Boarding Ladder Vessels with >4' freeboard when fishing in Federal waters	(Y) (N) (N/A)
41	Constructed or Had a Major Conversion after 15 SEP 91 & Carry More Than 16 POB (If YES, use supplement 2)	(Y) (N) (N/A)
42	Vessel Has Capacity to Carry ≥ 10,500 Gallons (250 BBL) of Oil or Hazardous Materials (If YES, use supplement 2)	(Y) (N) (N/A)
43	Fish Processor <input checked="" type="checkbox"/> Must have a Certificate of Compliance issued by class society or CG approved 3rd party <input checked="" type="checkbox"/> If built or undergoes major conversion after 27 July 1990 must be classed	(Y) (N) (N/A)
44	STCW Requirements - Fish processors >200 GT	(Y) (N) (N/A)
45	Ballast w/ Sea Water: (Y) (N) (if yes, consult NVIC 07-04 change 1)	(Y) (N) (N/A)
EXAMINER COMMENTS:		

VESSEL NAME <i>Scandies Rose</i>		NUMBER <i>602351</i>
SUPPLEMENT 1: REQUIREMENTS BASED ON TONNAGE AND AREA OF OPERATION - VESSELS ≥100GT		
1	≥ 100GT- 299GT: Fixed Containment <u>or</u> Portable 5-gallon Container	(Y) (N) (N/A)
2	≥ 100GT- 399GT: <input checked="" type="checkbox"/> Fixed System to Discharge Oil Slops <input type="checkbox"/> Pump, Stop & Stop Valve at each outlet	(Y) (N) (N/A) (Y) (N) (N/A)
3	≥ 300GT: <input type="checkbox"/> Valid Certificate Of Financial Responsibility (COFR) <input type="checkbox"/> No Oil Stored Forward of Collision Bulkhead <input type="checkbox"/> Fixed Containment around Fuel/Oil Fill/Vent piping	(Y) (N) (N/A) (Y) (N) (N/A) (Y) (N) (N/A)
4	< 400GT Oceangoing: <input type="checkbox"/> Equipped to discharge oily mixtures to reception facility <input type="checkbox"/> Capable to retaining oily slops onboard <u>or</u> equipped with an OWS	(Y) (N) (N/A) (Y) (N) (N/A)
5	≥ 400GT Oceangoing: Standard Discharge Connection	(Y) (N) (N/A)
6	≥ 400GT International Voyages: IOPP Certificate	(Y) (N) (N/A)
7	≥ 400GT: <input type="checkbox"/> Oil Record Book <input type="checkbox"/> No Oil in Forepeak	(Y) (N) (N/A) (Y) (N) (N/A)
8	≥ 400GT Oceangoing <Not> Ballasting in Fuel Tanks: <input type="checkbox"/> Approved 100ppm OWS <input type="checkbox"/> Sludge tank of adequate size <input type="checkbox"/> Pipeline to discharge slops	(Y) (N) (N/A) (Y) (N) (N/A) (Y) (N) (N/A)
9	≥ 400GT Oceangoing Ballasting In Fuel Tanks: <input type="checkbox"/> Approved 100ppm OWS w/bilge monitor <u>or</u> 15ppm OWS w/bilge alarm <input type="checkbox"/> Sludge tank of adequate size <input type="checkbox"/> Pipeline to discharge slops	(Y) (N) (N/A) (Y) (N) (N/A) (Y) (N) (N/A)
SUPPLEMENT 2: OIL TRANSFER PROCEDURES (VSLS W/ CAPACITY TO CARRY >10,500 GAL (250 BBL) OF OIL OR HAZARDOUS MATERIALS)		
1	Person in Charge Designated	(Y) (N) (N/A)
2	Person in Charge Qualified	(Y) (N) (N/A)
3	Current Procedures <input checked="" type="checkbox"/> Available for inspection <input checked="" type="checkbox"/> Printed in a language understood by the crew <input checked="" type="checkbox"/> Permanently posted or available/easily seen when conducting transfer operations	(Y) (N) (N/A) (Y) (N) (N/A) (Y) (N) (N/A)
4	Transfer Procedures To Or From Vessel & Tank To Tank Within Vessel	(Y) (N) (N/A)
5	Contents of Transfer Procedures <input type="checkbox"/> Generic name of product transferred <input type="checkbox"/> Physical description of product <input type="checkbox"/> Description of odor of product <input type="checkbox"/> Hazards involved in handling/safe instructions <input type="checkbox"/> Procedures for spills, leaks, or personnel exposure <input 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 type="checkbox"/> Location of shutoff valve or other isolation device separating bilge /ballast from transfer sys. <input type="checkbox"/> Description of & procedure for emptying discharge containment system. <input type="checkbox"/> Indicate number of people required to be on duty (duty & title) <input type="checkbox"/> Procedures/duty assignments for tending vessel mooring lines <input type="checkbox"/> Emergency shutdown procedures & means of communications <input type="checkbox"/> Procedures for topping off tanks <input type="checkbox"/> Procedures for ensuring all valves are closed upon completion <input type="checkbox"/> Procedures for reporting discharge into the water	(Y) (N) (N/A)
6	Communications	(Y) (N) (N/A)
7	Deck Lighting	(Y) (N) (N/A)
8	Oil Hose - Transfer hose info (markings for: oil service, date of manufacture, MAWP, Hydro test)	(Y) (N) (N/A)
9	Oil Hose End Blanks Installed on hoses not connected and in use	(Y) (N) (N/A)
10	Records <input type="checkbox"/> Name(s) of person in charge <input type="checkbox"/> Results of required tests/inspections of hose, relief valves, remote shutdown indicators)	(Y) (N) (N/A)
EXAMINER COMMENTS:		

6596171

U.S. COAST GUARD – SAFETY COMPLIANCE CHECK			
Vessel Name: <u>SCANDIES ROSE</u>		I.D. Number: <u>602351</u>	
LOA: <u>116.6</u>	Gross Tonnage: <u>195</u>	Location: <u>DUTCH HARBOR, AK</u>	
POB: <u>AT 07</u>	# of Suits: <u>00</u>	# of Pots Allowed: <u>212</u>	# Loaded: <u>170</u> Pot Weight: <u>836</u>
Stability Book Onboard? <input checked="" type="checkbox"/> N		Date:	Preparer: <u>BRUCE CURRA</u>
Current CFVS Decal? <input checked="" type="checkbox"/> N		Decal #: <u>257066</u>	Expiration Mo / Yr: <u>10/2020</u>
EPIRB (46 CFR 28.150, 46 CFR 25.26)			
<input checked="" type="checkbox"/> N	WAS EPIRB ONBOARD?		
<input checked="" type="checkbox"/> N	SATISFACTORY SELF TEST?		
<input checked="" type="checkbox"/> Y	BATTERY EXPIRED?	BATT EXP DATE: <u>10/15/2019</u> <u>6/2027</u>	
<input checked="" type="checkbox"/> Y	HRU EXPIRED?	HRU EXP DATE: <u>10/2019</u>	
<input checked="" type="checkbox"/> Y	NOAA REGISTRATION EXPIRED?	REG EXP DATE: <u>10/15/2019</u>	
LIFERAFT (46 CFR 28.120)			
<input checked="" type="checkbox"/> N	WAS SURVIVAL CRAFT ONBOARD?		
<input checked="" type="checkbox"/> Y	SERVICING EXPIRED?	SVC EXP DATE:	
<input checked="" type="checkbox"/> Y	ADEQUATE CAPACITY? <u>2</u> <u>8 PERSON</u>	HRU EXP DATE: <u>6/17</u> <u>6/20</u>	
<input checked="" type="checkbox"/> Y	HRU EXPIRED?	CORRECTED: <input checked="" type="checkbox"/> N	
<input checked="" type="checkbox"/> Y	CORRECT INSTALLATION		
SURVIVAL SUITS (46 CFR 28.110, 46 CFR 25.25)			
<input checked="" type="checkbox"/> N	SERVICABLE?		
<input checked="" type="checkbox"/> N	CORRECT AMOUNT?		
<input checked="" type="checkbox"/> Y	PML?	BATT EXP DATE: <u>2021</u>	
<input checked="" type="checkbox"/> Y	READILY ACCESSIBLE?		
<input checked="" type="checkbox"/> Y	MARKED CORRECTLY?		
Owner/Operator Name: <u>GARY D COBBAN JR</u>			
Address: <u>[REDACTED]</u>			
Phone Number: <u>[REDACTED]</u>			
COAST GUARD OFFICIAL SIGNATURE		VESSEL REPRESENTATIVE SIGNATURE <u>[Signature]</u>	

COTP Action if necessary – Document below and brief Sector Anchorage for approval
46 CFR 28.65

Inadequate or unserviceable immersion suits	Inadequate survival craft capacity
Inoperable EPIRB/Battery	Watertight Integrity
Instability - Overloaded/Lack of Freeboard	Improper Pot Loading
Inoperable Bilge system	

Date/Time:	Activity #:	Team:
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Verified in MISLE to be Activity #6596171 dtd 14Oct2018

U.S. Coast Guard Sector Anchorage
Safety Compliance Checklist (11/16)

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U.S. COAST GUARD – SAFETY COMPLIANCE CHECK			
Vessel Name: <u>SCANDIES ROSE</u>		I.D. Number: <u>602351</u>	
LOA: <u>116.6</u>	Gross Tonnage: <u>195</u>	Location: <u>DUTCH HARBOR</u>	
POB: <u>7</u>	# of Suits: <u>12</u>	# of Pots Allowed: <u>208</u>	# Loaded: <u>185</u> Pot Weight: <u>863,799</u> 800.
Stability Book Onboard? <input checked="" type="radio"/> Y <input type="radio"/> N		Date: <u>APRIL 2019</u> Preparer: <u>BRUCE A. CULVER, P.E.</u>	
Current CFVS Decal? <input checked="" type="radio"/> Y <input type="radio"/> N		Decal #: <u>257006</u> Expiration Mo / Yr: <u>OCTOBER 2020</u>	
EPIRB (46 CFR 28.150, 46 CFR 25.26) <u>200CB TWP00 FFBFF</u>			
<input checked="" type="radio"/> Y <input type="radio"/> N	WAS EPIRB ONBOARD?		<u>POTS: 7x8x34 ALL SAME</u>
<input type="radio"/> Y <input checked="" type="radio"/> N	SATISFACTORY SELF TEST?		<u>FUEL: CONDITION 4, BATT: 7,000 lbs</u>
<input type="radio"/> Y <input checked="" type="radio"/> N	BATTERY EXPIRD?		BATT EXP DATE: <u>2027</u>
<input type="radio"/> Y <input checked="" type="radio"/> N	HRU EXPIRED? <u>OCT 2019</u>		HRU EXP DATE: <u>OCT 2019</u> 17
<input type="radio"/> Y <input checked="" type="radio"/> N	NOAA REGISTRATION EXPIRED?		REG EXP DATE: <u>AUG, 2020</u>
LIFERAFT (46 CFR 28.120)			
<input checked="" type="radio"/> Y <input type="radio"/> N	WAS SURVIVAL CRAFT ONBOARD? <u>02</u>		
<input type="radio"/> Y <input checked="" type="radio"/> N	SERVICING EXPIRED?		SVC EXP DATE: <u>OCT 2019</u>
<input type="radio"/> Y <input checked="" type="radio"/> N	ADEQUATE CAPACITY?		
<input type="radio"/> Y <input checked="" type="radio"/> N	HRU EXPIRED?		HRU EXP DATE: <u>OCT 2020</u>
<input type="radio"/> Y <input checked="" type="radio"/> N	CORRECT INSTALLATION		CORRECTED: <u>N/A</u>
SURVIVAL SUITS (46 CFR 28.110, 46 CFR 25.25)			
<input checked="" type="radio"/> Y <input type="radio"/> N	SERVICABLE?		
<input type="radio"/> Y <input checked="" type="radio"/> N	CORRECT AMOUNT?		
<input type="radio"/> Y <input checked="" type="radio"/> N	PML?		BATT EXP DATE: <u>2021 TITANIUM</u>
<input type="radio"/> Y <input checked="" type="radio"/> N	READILY ACCESSIBLE?		
<input type="radio"/> Y <input checked="" type="radio"/> N	MARKED CORRECTLY?		
Owner/Operator Name: <u>GARY COBBAN JR.</u>			
Address: [REDACTED]			
Phone Number: [REDACTED]			
COAST GUARD OFFICIAL SIGNATURE		VESSEL REPRESENTATIVE SIGNATURE	

COTP Action if necessary – Document below and brief Sector Anchorage for approval
46 CFR 28.65

Inadequate or unserviceable immersion suits	Inadequate survival craft capacity	
Inoperable EPIRB/Battery	Watertight Integrity	
Instability - Overloaded/Lack of Freeboard	Improper Pot Loading	
Inoperable Bilge system		

Date/Time: 11/01/19 Activity #: 602351 Team: [REDACTED]

U.S. Coast Guard Sector Anchorage
Safety Compliance Checklist (08/13)

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