

## **VESSEL CHECKLIST**

**THIS FORM TO BE COMPLETED BY SCHOOL PRIOR TO AN AUDIT/INSPECTION  
DECLARATION ON LAST PAGE MUST BE COMPLETED**

**SCHOOL TO COMPLETE THIS FORM FOR EACH SCHOOL VESSEL**

**SCHOOL MUST COMPLETE THIS FORM AND RETURN TO THE IYT REPRESENTATIVE  
SCHEDULED TO PERFORM INSPECTION AT LEAST 3 DAYS PRIOR TO INSPECTION**

**IYT INSPECTOR WILL VERIFY ACCURACY OF INFORMATION PROVIDED ON THIS FORM  
DURING INSPECTION**

**IYT INSPECTOR WILL DETERMINE PASS OR FAIL OR MAKE RECOMMENDATIONS ON  
CHANGES REQUIRED IN ORDER TO PASS SUBSEQUENT INSPECTION**

**IYT WILL ASSIGN INSPECTOR FOR AUDITS/INSPECTION**

**SCHOOL MUST COORDINATE DIRECTLY WITH INSPECTOR FOR DATES OF  
AUDIT/INSPECTION**

## VESSEL CHECKLIST

SCHOOL TO COMPLETE THIS FORM PRIOR TO INSPECTION AND RETURN TO INSPECTOR SCHEDULED TO INSPECT/AUDIT THEIR FACILITY/COURSE.

Where there is a 'yes' or 'no' please highlight or circle

School Name \_\_\_\_\_

Name of Vessel \_\_\_\_\_

Date Form Completed: \_\_\_\_\_

Port of Registry \_\_\_\_\_ Certifying Authority \_\_\_\_\_

Registration Number \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiry Date \_\_\_\_\_

Max No persons to be carried \_\_\_\_\_ Operating Area \_\_\_\_\_

Vessel Make: \_\_\_\_\_ Year Of Make: \_\_\_\_\_

Vessel Type: Sail \_\_\_\_\_ Power \_\_\_\_\_

Loa: \_\_\_\_\_ Ft/Mtrs Beam: \_\_\_\_\_ Ft/Mtrs Draft: \_\_\_\_\_ Ft/Mtrs

Engine/S: \_\_\_\_\_  
(Make)

Number of Engines: \_\_\_\_\_ Bow Thruster: \_\_\_\_\_

Engine Hp: \_\_\_\_\_ Hp/Kw Range: \_\_\_\_\_ Miles Fuel Capacity: \_\_\_\_\_ Gals

Sailing Vessel Type: \_\_\_\_\_ (Sloop/Ketch etc)

Other Details/Comments: \_\_\_\_\_

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Equipment - To comply with local regulations for a training vessel but minimum:-

Liferaft TYPE/Capacity \_\_\_\_\_ Date service due \_\_\_\_\_ In date Y/N

Hydrostatic release: Yes No Grab Bag: Yes No

Life rings/MOB Equipment Number / type: \_\_\_\_\_  
(Minimum 2 with light and Buoy)

LIFEJACKETS Type : \_\_\_\_\_ number: \_\_\_\_\_  
(Min for number licensed to be carried)

Fire Extinguishers /quantity \_\_\_\_\_ In date: Yes No

Fire/Smoke Detectors with Alarms Yes No

Is first aid kit adequate for operations: Yes No

Are there flares of a minimum of:

6 red parachute	Yes	No
4 Red hand	Yes	No
2 orange smoke	Yes	No

GPS Type \_\_\_\_\_ RADAR Type \_\_\_\_\_

EPIRB: Yes No Where is it mounted? \_\_\_\_\_

SART: Yes No Where is it mounted? \_\_\_\_\_

VHF radio: Yes No Hand Held VHF: Yes No

Number of heads: \_\_\_\_\_ Number of showers: \_\_\_\_\_

Galley with Stove: Yes No

Attach Copy of Vessel Registration with this Form: Yes No

Attach Copy of Insurance Document with this form Yes No:

Attach Copy of Local Compliance Certificate with this form: Yes No

**Provide photos of Vessel:**

- External
- Front
- Port side
- Starboard Side
- Stern
- Rig if sail
- Internal
- Accommodation
- Heads/showers
- Engine room

**DECLARATION BY SCHOOL**

I, \_\_\_\_\_,  
(name of person making declaration – owner or principal)

\_\_\_\_\_, of  
(position in company – owner or principal)

\_\_\_\_\_  
(school name here)

Confirm that this checklist has been completed accurately.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date