



# VESSEL SAFETY CHECK (VSC)

To be completed by a U.S. Coast Guard approved Vessel Examiner.  
See the back of this form for a brief explanation of the items.  
A Federal Requirements pamphlet is also available.

Date of VSC: \_\_\_\_\_

Decal awarded: Yes  No

Owner/Operator Name: \_\_\_\_\_

### VESSEL INFORMATION:

Registration or Documentation Number: \_\_\_\_\_

Owner/Operator has attended a CGAUX/USPS State or \_\_\_\_\_ Boating Safety Class: Yes  No

Length: <16  16-25  26-39  40-65  >65

Location of VSC - County: \_\_\_\_\_ State: \_\_\_\_\_

Powered by: Gas  Diesel  Sail  Other

Replaced decal was: Last Year  Outdated  First time

Area of Operations: Inland  Coastal

Type: PWC  Open  Cabin  Other

### VESSEL SAFETY CHECK DECAL REQUIREMENTS

### RECOMMENDED AND DISCUSSION ITEMS (While encouraged, items below are not VSC requirements)

Item	Yes	No	N/A
1. Display of Numbers			
2. Registration/Documentation			
3. Personal Flotation Devices (PFD)			
4. Visual Distress Signals (VDS)			
5. Fire Extinguishers			
6. Ventilation			
7. Backfire Flame Control			
8. Sound Producing Devices/Bell			
9. Navigation Lights			
10. Pollution Placard			
11. MARPOL Trash Placard			
12. Marine Sanitation Devices			
13. Navigation Rules			
14. State and/or Local Requirements			
15. Overall Vessel Condition: as applies			
a. Deck Free of Hazards / Clean Bilge			
b. Electrical - Fuel Systems			
c. Galley - Heating Systems			

Item	Yes	No
I. Marine Radio		
II. Dewatering Device & Backup		
III. Mounted Fire Extinguishers		
IV. Anchor & Line for Area		
V. First Aid and PIW Kits (**over)		
VI. Inland Visual Distress Signals		
VII. Capacity/Certificate of Compliance		
VIII. Discussion Items: as applies		
a. Accident Reporting - Owner Responsibility		
b. Offshore Operations		
c. Nautical Charts / Navigation Aids		
d. Survival Tips / First Aid		
e. Fueling / Fuel Management		
f. Float Plan / Weather & Sea Conditions		
g. Insurance Considerations		
h. Boating Check List		
i. Safe Boating Classes		
j. Maritime Domain Awareness		

I certify that I have personally examined this vessel and find it meets the above requirements at the time of this Vessel Safety Check. I am a qualified Vessel Examiner of the: CGAUX , USPS , State of \_\_\_\_\_  or \_\_\_\_\_

Printed Name of the Examiner \_\_\_\_\_ Examiner Number \_\_\_\_\_

Examiner Signature \_\_\_\_\_ Telephone Number \_\_\_\_\_

**Additional Comments:** This is not an official boarding for law enforcement purposes. It is recommended that you correct any deficiencies noted. This checklist is furnished for your information. There is no assumption of liability of any kind for advice given or opinions expressed in connection to this examination. By accepting the Vessel Safety Check decal you are pledging to maintain your boat and equipment to the standard of safety exhibited during this examination. Please remove the Vessel Safety Check decal if the boat is sold or no longer meets these requirements.

I am consenting to this Vessel Safety Check of my watercraft with full knowledge that it is provided to me as a public service on a volunteer basis without cost, and I understand and agree that my receipt of a Vessel Safety Check shall not constitute or be construed as a warranty or guarantee as to either the qualification, knowledge, or skills of the operator; the seaworthiness of the vessel; or the serviceability or adequacy of any equipment on board.

Owner/Operator Signature: \_\_\_\_\_ Date: \_\_\_\_\_