



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 required items.
A Federal Requirements pamphlet is also available.

Date of VSC: 7 May 21

Decal Awarded: Yes ☒ No ☐

Owner/Operator Name:

Alexander Allison

Owner/Operator has attended a CGAUX, USPS, State
or _____ Boating Safety Class: Yes ☐ No ☐

Location of VSC - County: Sitka State: AK

Replaced decal was: Last Year ☐ Outdated ☒ First time ☐

VESSEL INFORMATION:

Registration or
Documentation Number: 1221460

HIN: SKK0012M76L

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

Powered by: Gas ☐ Diesel ☒ Sail ☐ Other ☐

Area of Operations: Inland ☐ Coastal ☒

Type: PWC ☐ Open ☐ Cabin ☒ Other ☐

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

VESSEL SAFETY CHECK DECAL REQUIREMENTS

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

Item	Yes	No
I. Marine Radio	<input checked="" type="checkbox"/>	<input type="checkbox"/>
II. Dewatering Device & Backup	<input checked="" type="checkbox"/>	<input type="checkbox"/>
III. Mounted Fire Extinguishers	<input checked="" type="checkbox"/>	<input type="checkbox"/>
IV. Anchor & Line for Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V. First Aid and PIW Kits (**over)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VI. Inland Visual Distress Signals	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VII. Capacity/Certificate of Compliance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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 AK ☐ or D-17-01-03 ☐.

Printed Name of the Examiner Ted Allio Examiner Number 1221288

Examiner Signature Ted Allio Telephone Number 907-752-0556

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: Alexander Allison Date: 7-MAY 21