



CCGSFC BOAT SAFETY FORM

NOTE: IT IS THE RESPONSIBILITY OF THE OPERATOR OF THE VESSEL TO ENSURE ITS SAFE OPERATION & SEAWORTHINESS AT ALL TIMES.

Name of Vessel: _____ Rego/Survey No: _____

Name of Owner: _____ Email: _____

Postal Address: _____

Postcode: _____

Phone No. _____ Mobile: _____

Type/Make of Vessel: _____ Flybridge: (Y/N) Tower: (Y/N)

Colour of Vessel: _____ (Hull) _____ (Superstructure)

Length of Vessel: _____ metres beam _____ metres draught _____

Type of engine(s) _____ (HP) Driver type: _____

Fuel Type: _____ Capacity: _____ ltrs Range: _____

No. of Life Jackets: _____ Life Raft: (Y/N) (for vessels 12m and over)

Lifebuoy/Rescue Quoit: (Y/N) (for vessels 8m and over) Bucket and lanyard: (Y/N)

No. of Flares: _____ EXPIRY DATE: _____ (Specify)

Fire Extinguishers: _____ CHARGE CHECKED: (Y/N)

EPIRB: _____ (type) EXPIRY DATE: _____ (Specify)

No. of Bilge Pumps: Manual _____ Engine driven _____ Electrical _____

Anchors: Reef _____ Sand _____ Sea _____

Compass: _____ V Sheet: _____ Torch: _____

Water Supply _____ ltrs Food Supply on board Y/N Days supply _____

RADIOS & FREQUENCY

2 Mhz SSB (Frequencies): _____

27 Mhz: _____

VHF: _____

INSURANCE COVERAGE DETAILS: Insurer: _____

Policy Number: _____ Expiry Date _____

Skippers Boat License numberExpiry Date.....

Boat owner /skipper signature.....Date.....

I understand as stated in the tournament rules that the safety of my crew and vessel is solely my responsibility whilst at sea and the ultimate decision to put to sea or return to port shall be my responsibility.

Completed form received by CCGSFC Secretary DATE: _____