



2024 HOT CURRENT TOURNAMENT

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: _____

Phone No. _____ Mobile: _____

Type/Make of Vessel: _____ Flybridge: _____ Tower: _____

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

Length of Vessel: _____ metres beam _____ metres draft _____

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

Fuel Type: _____ Capacity: _____ ltrs Range: _____ Nautical Miles

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

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

No. of Flares: _____ EXPIRY DATE: _____

Fire Extinguishers: _____ CHARGE CHECKED: _____

EPIRB: _____ (type) EXPIRY DATE: _____

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

Anchors: Reef _____ Sand _____ Sea _____

Compass: _____ V Sheet: _____ Torch: _____

Water Supply _____ ltrs Food Supply on board _____ Days supply _____

RADIOS & FREQUENCY

2 Mhz SSB (Frequencies): _____ 27 Mhz: _____ VHF: _____

Insurance Details:

Insurer: _____

Policy Number: _____ Expiry Date _____

Skippers Boat License number _____ Expiry Date _____

Boat owner /skipper signature (*print name*) _____ 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.

Please send completed form to info@ccgsfc.com.au