



Port Authority Law & Regulations

Vessel Safety Equipment Inspection

Owners Details:

Name of vessel:	_____	Captain	_____
Service of Vessel:	_____	Year	_____ Fuel/Gals _____
Length / Make of Vessel:	_____	Engines/HP	_____
Date of Inspection:	_____	Gross Tons	_____

8-20 FT (*Wave Runners)

One Life Vest Per Person * / ** _____ (**Guided Rentals)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 Oars	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Bailer or Manual Bilge Pump	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anchor with not less than 50 ft of Rope Attached *	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Hand Held Red Flare	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Pocket Mirror and Whistle * / **	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Waterproof Flashlight	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Four Pound Carbon Dioxide or Two Pound Dry Chemical Fire Extinguisher * / **	Yes <input type="checkbox"/>	No <input type="checkbox"/>

20-40 FT

One Life Vest Per Person _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Life Ring / Buoy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Bailer or Manual Bilge Pump	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anchor with not less than 75 ft of Rope Attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Sound Signaling Apparatus	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Three Hand Held Red Flare	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Pocket Mirror	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Waterproof Flashlight & or One Hand Held Red Flare	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Two Parachute Flares	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Ten Pound Carbon Dioxide or Six and a Quarter Dry Chemical Fire Extinguisher	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Over 40 FT

One Life Vest Per Person _____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Two Life Ring / Buoy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Anchor with not less than 100 ft of Rope Attached	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Manual Bilge Pump	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Sound Signaling Apparatus	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Three Hand Held Red Flare	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Three Parachute Flares	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Orange Hand Held Smoke Flare	Yes <input type="checkbox"/>	No <input type="checkbox"/>
One Ten Pound Carbon Dioxide or Six and a Quarter Dry Chemical Fire Extinguisher	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Additional Equipment Required

VHF Radio*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Navigational lights (red, green, mast / anchor and stern light)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Compass	Yes <input type="checkbox"/>	No <input type="checkbox"/>
First Aid Kit*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dive Flag * / **	N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hull # * / ** _____		
Insurance/ Company**	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Bathroom / Holding Tank	Yes <input type="checkbox"/>	No <input type="checkbox"/>