

# USCG COMMERCIAL FISHING VESSEL SAFETY EXAMINATION

Vessel Name:		I.D. Number:	
Call Sign:	Other Identifier:		
Hull Color:	Trim Color:	Superstructure Color:	
Vessel Length:	Gross Tonnage:	Maximum POB:	
Hull Type: <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Other ( <i>specify</i> ):		Vessel Type: <input type="checkbox"/> Fishing Vessel <input type="checkbox"/> Fish Tender <input type="checkbox"/> Fish Processing Vessel	
Year Built:		Year Converted:	
Propulsion: <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard		Horsepower:	Number of Shafts:
Decal Info: <input type="checkbox"/> Initial Issue <input type="checkbox"/> Renewal If a renewal, date last decal issued: _____		Fishing Equipment: <input type="checkbox"/> Long Line <input type="checkbox"/> Multi-Rig <input type="checkbox"/> Troll <input type="checkbox"/> Gill Net <input type="checkbox"/> Tender <input type="checkbox"/> Trawl <input type="checkbox"/> Purse Seine <input type="checkbox"/> Trap <input type="checkbox"/> Bottom <input type="checkbox"/> Other ( <i>specify</i> ):	
Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Portable <input type="checkbox"/> Fixed (vented)		Number of Fuel Tanks:	
Lube Oil Capacity (gal):	Hydraulic Oil Capacity (gal):	Fuel Capacity (gal):	
Route: <input type="checkbox"/> Inland <input type="checkbox"/> Waters Inside Coastal Waters <input type="checkbox"/> Coastal Waters			
Boundary Line: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> <3nm <input type="checkbox"/> <12nm <input type="checkbox"/> <20nm <input type="checkbox"/> <50nm <input type="checkbox"/> >50nm <input type="checkbox"/> >100nm			
Applicable Waters: <input type="checkbox"/> Warm <input type="checkbox"/> Cold			
Owner:		Contact Person:	
Owner Address:		Contact Address:	
Owner Phone:		Contact Phone:	
Exam Requested Due To:	<input type="checkbox"/> 4100 Boarding <input type="checkbox"/> Owner <input type="checkbox"/> Family Member <input type="checkbox"/> Observer Coverage <input type="checkbox"/> Exemption <input type="checkbox"/> Other ( <i>specify</i> ):		
<b>How did requester hear about program?</b>			
A voluntary dockside examination has been completed on this vessel but a Commercial Fishing Vessel Safety Decal cannot be issued due to the deficiencies listed below and on the <u>Continuation Sheet</u> . ( <i>Deficiencies are listed by citation number with an explanation of the item(s) not in compliance, or identification of any particularly hazardous condition(s):</i> )			
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>			
When these deficiencies are corrected, please call _____ to schedule a re-examination.			
Examiner's Name:		Examiner's Unit:	
Date of this Exam:		Location:	
<p style="color: blue;"><b>CONGRATULATIONS!</b> Your vessel has been examined and is in compliance with all applicable safety regulations. Commercial Fishing Vessel Safety Decal Number _____ has been issued. The decal is valid until the date indicated on the Decal provided the vessel safety equipment remains serviceable and the operating conditions described above are not exceeded. The Decal is to be removed from the vessel if the vessel is sold.</p> <p style="color: blue;"><b>This form should be kept on board your vessel so it can be shown to the Coast Guard if your vessel is boarded.</b></p>			
Issuing Examiner's Signature:			Date Issued:
Vessel Representative's Signature:			

**Official Use Only**

HOURS	Exam:	Travel:	Training:	Training Travel:
-------	-------	---------	-----------	------------------

# USCG COMMERCIAL FISHING VESSEL SAFETY EXAMINATION

Vessel Name:		I.D. Number:	
Call Sign:	Other Identifier:		
Hull Color:	Trim Color:	Superstructure Color:	
Vessel Length:	Gross Tonnage:	Maximum POB:	
Hull Type: <input type="checkbox"/> Wood <input type="checkbox"/> Aluminum <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Other ( <i>specify</i> ):		Vessel Type: <input type="checkbox"/> Fishing Vessel <input type="checkbox"/> Fish Tender <input type="checkbox"/> Fish Processing Vessel	
Year Built:		Year Converted:	
Propulsion: <input type="checkbox"/> Outboard <input type="checkbox"/> Inboard <input type="checkbox"/> Inboard/Outboard		Horsepower:	Number of Shafts:
Decal Info: <input type="checkbox"/> Initial Issue <input type="checkbox"/> Renewal If a renewal, date last decal issued: _____		Fishing Equipment: <input type="checkbox"/> Long Line <input type="checkbox"/> Multi-Rig <input type="checkbox"/> Troll <input type="checkbox"/> Gill Net <input type="checkbox"/> Tender <input type="checkbox"/> Trawl <input type="checkbox"/> Purse Seine <input type="checkbox"/> Trap <input type="checkbox"/> Bottom <input type="checkbox"/> Other ( <i>specify</i> ):	
Fuel: <input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Portable <input type="checkbox"/> Fixed (vented)		Number of Fuel Tanks:	
Lube Oil Capacity (gal):	Hydraulic Oil Capacity (gal):	Fuel Capacity (gal):	
Route: <input type="checkbox"/> Inland <input type="checkbox"/> Waters Inside Coastal Waters <input type="checkbox"/> Coastal Waters			
Boundary Line: <input type="checkbox"/> Inside <input type="checkbox"/> Outside <input type="checkbox"/> <3nm <input type="checkbox"/> <12nm <input type="checkbox"/> <20nm <input type="checkbox"/> <50nm <input type="checkbox"/> >50nm <input type="checkbox"/> >100nm			
Applicable Waters: <input type="checkbox"/> Warm <input type="checkbox"/> Cold			
Owner:		Contact Person:	
Owner Address:		Contact Address:	
Owner Phone:		Contact Phone:	
Exam Requested Due To:	<input type="checkbox"/> 4100 Boarding <input type="checkbox"/> Owner <input type="checkbox"/> Family Member <input type="checkbox"/> Observer Coverage <input type="checkbox"/> Exemption <input type="checkbox"/> Other ( <i>specify</i> ):		
<b>How did requester hear about program?</b>			
A voluntary dockside examination has been completed on this vessel but a Commercial Fishing Vessel Safety Decal cannot be issued due to the deficiencies listed below and on the <u>Continuation Sheet</u> . ( <i>Deficiencies are listed by citation number with an explanation of the item(s) not in compliance, or identification of any particularly hazardous condition(s):</i> )			
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>			
When these deficiencies are corrected, please call _____ to schedule a re-examination.			
Examiner's Name:		Examiner's Unit:	
Date of this Exam:		Location:	
<p style="color: blue; margin: 0;"><b>CONGRATULATIONS!</b> Your vessel has been examined and is in compliance with all applicable safety regulations. Commercial Fishing Vessel Safety Decal Number _____ has been issued. The decal is valid until the date indicated on the Decal provided the vessel safety equipment remains serviceable and the operating conditions described above are not exceeded. The Decal is to be removed from the vessel if the vessel is sold.</p> <p style="color: blue; margin: 0;"><b>This form should be kept on board your vessel so it can be shown to the Coast Guard if your vessel is boarded.</b></p>			
Issuing Examiner's Signature:			Date Issued:
Vessel Representative's Signature:			

**Official Use Only**

HOURS	Exam:	Travel:	Training:	Training Travel:
-------	-------	---------	-----------	------------------

# GENERAL VESSEL REQUIREMENTS

**Vessel Name:**

**I.D. Number:**

## BRIDGE & DOCUMENTS

33 CFR 173 46 CFR 67	<b>Registration/Documents/Markings</b>	○ Yes ○ No ○ N/A
47 CFR 80.405	<b>FCC Ship Station License</b>	○ Yes ○ No ○ N/A
46 CFR 28.165	<b>Injury Placard</b> (All Vessels)	○ Yes ○ No ○ N/A
33 CFR 155.450	<b>Oil Pollution Placard</b> (Vessels ≥ 26 Feet)	○ Yes ○ No ○ N/A
33 CFR 151.59	<b>MARPOL (Garbage) Placard</b> (Vessels ≥ 26 Feet)	○ Yes ○ No ○ N/A
33 CFR 151.57	<b>Waste Management Plan</b> (Ocean Going Vessels ≥ 40 Feet)	○ Yes ○ No ○ N/A
33 CFR 151.55	<b>Garbage Log</b> (Ocean Going Vessels ≥ 400 Gross Tons)	○ Yes ○ No ○ N/A
46 USC Chap 51	<b>Load Line Certificate</b> (Fish Tenders or Fish Processors)	○ Yes ○ No ○ N/A
46 USC 8304	<b>Licensing/Manning</b> (Master/Mate/Chief Eng. on Vessels ≥ 200 Gross Tons)	○ Yes ○ No ○ N/A
46 USC 8103	<b>Citizenship</b> (Master & crew requirements met)	○ Yes ○ No ○ N/A
46 CFR 28.225 33 CFR 88.05	<b>Inland Navigation Rules on Board</b> (Inland Waters Only; Vessels ≥ 39.4 ft)	○ Yes ○ No ○ N/A
33 USC 1602 33 USC 2020 72 COLREGS	<b>Dayshapes</b> (Two black cones, apex to apex; per Rule 3(d), dayshapes & fishing lights not required if fishing gear does not restrict maneuverability)	○ Yes ○ No ○ N/A
33 USC 1602 33 USC 2020 72 COLREGS	<b>Navigation Lights:</b> Side Lights (112.5°), Stern Light (135°) & Mast Head Light (225°) Anchor Light (360°; for vessels ≥ 39.4 Feet) Red over White (360° other than trawling; see Rule 3(d) for exceptions) Green over White (360° trawling; see Rule 3(d) for exceptions)	○ Yes ○ No ○ N/A
33 USC 1602 33 USC 2020 72 COLREGS	<b>Sound Producing Devices:</b> <input type="checkbox"/> Vessels < 39.4 ft: Means of Making an Efficient Sound Signal <input type="checkbox"/> Vessels 39.4 ft – 65.6 ft: Audible ½ Mile, Whistle & 7.9” Bell <input type="checkbox"/> Vessels 65.6 feet – 328.1 ft: Audible 1 Mile, Whistle & 11.8” Bell	○ Yes ○ No ○ N/A
33 CFR 164	<b>Navigation Safety Requirements</b> (Vessels ≥ 1600 Gross Tons)	○ Yes ○ No ○ N/A

## LIFESAVING

46 CFR 28.145	<b>Visual Distress Signals</b>	○ Yes ○ No ○ N/A
46 CFR 28.110 46 CFR 28.135 46 CFR 28.140	<input type="checkbox"/> <b>Immersion Suits</b> <input type="checkbox"/> <b>PFDs</b> Number of Immersions Suits On-Board: _____ Number of PFDs On-Board: _____ <input type="checkbox"/> Marking with name and retro-reflective tape <input type="checkbox"/> Properly maintained	○ Yes ○ No ○ N/A
46 CFR 28.115 46 CFR 28.135 46 CFR 28.140	<b>Ring Life Buoys:</b> <input type="checkbox"/> Marking with name and retro-reflective tape <input type="checkbox"/> 60 Feet of Line <input type="checkbox"/> 90 Feet of Line <input type="checkbox"/> Properly Maintained	○ Yes ○ No ○ N/A
46 CFR 28.120 46 CFR 28.125 46 CFR 28.130 46 CFR 28.140	<b>Survival Craft:</b> Number Survival Craft Onboard: ____ Total Survival Craft Capacity: ____ Type: <input type="checkbox"/> Inflatable Raft <input type="checkbox"/> Rigid Liferaft <input type="checkbox"/> IBA <input type="checkbox"/> BA <input type="checkbox"/> Life Float Pack Type: <input type="checkbox"/> SOLAS A <input type="checkbox"/> SOLAS B <input type="checkbox"/> COASTAL SERVICE <input type="checkbox"/> Hydrostatic Release & Date: _____ <input type="checkbox"/> Float Free <input type="checkbox"/> Proper Storage	○ Yes ○ No ○ N/A
46 CFR 28.150 46 CFR 25.26 46 CFR 28.135 47 CFR 80 46 CFR 28.140	<b>Emergency Position Indicating Radio Beacon (EPIRB):</b> Bracket Category: <input type="checkbox"/> One <input type="checkbox"/> Two Hydrostatic Release exp. date: _____ Battery expiration date: _____ NOAA Registration exp. date: _____ Beacon ID:   _	○ Yes ○ No ○ N/A

# GENERAL VESSEL REQUIREMENTS

**Vessel Name:** \_\_\_\_\_

**I.D. Number:** \_\_\_\_\_

## ENGINE ROOM/MISCELLANEOUS

46 CFR 28.155 46 CFR 28.160 46 CFR 25.30	<b>Fire Extinguishing Equipment:</b> BI: _____ BII: _____ BIII: _____ Other: _____ <input type="checkbox"/> Pre-engineered <input type="checkbox"/> Fixed System <input type="checkbox"/> CO2 Cylinders For Fixed System Located Outside Engine Room	O Yes   O No   O N/A
46 CFR 28.140	<b>Unobstructed Escape Routes</b>	O Yes   O No   O N/A
46 CFR 25.35	<b>Flame Arrestor</b> (gas power)	O Yes   O No   O N/A
46 CFR 25.40	<b>Ventilation</b> (gas power)	O Yes   O No   O N/A
33 CFR 159.7	<b>Marine Sanitation Device</b> <input type="checkbox"/> Type I <input type="checkbox"/> Type II <input type="checkbox"/> Type III <input type="checkbox"/> None	O Yes   O No   O N/A
33 CFR 155.330	<b>Non-Oceangoing Vessels Are Able To:</b> <input type="checkbox"/> Retain oily mix on board <input type="checkbox"/> Discharge to a facility	O Yes   O No   O N/A

## VESSELS GREATER THAN 100 GT, USE SUPPLEMENT 1 (CG-5587B)

# ADDITIONAL REQUIREMENTS FOR DOCUMENTED VESSELS OPERATING BEYOND THE BOUNDARY LINE OR WITH MORE THAN 16 PEOPLE ON BOARD

## BRIDGE

46 CFR 28.210	<b>First Aid/CPR</b> <input type="checkbox"/> First Aid Kit/Medicine Chest <input type="checkbox"/> First Aid Manual <input type="checkbox"/> Individual Certified in First Aid <input type="checkbox"/> Individual Certified in CPR	O Yes   O No   O N/A
46 CFR 26.03-4 46 CFR 28.225	<b>Navigation Publications</b> <input type="checkbox"/> Charts for Safe Navigation <input type="checkbox"/> Extracts of Publications Used <input type="checkbox"/> Tidal/Current Tables <input type="checkbox"/> CG Light List <input type="checkbox"/> US Coast Pilot	O Yes   O No   O N/A
46 USC 10601	<b>Crew Contracts</b> (Vessels $\geq$ 20 Gross Tons)	O Yes   O No   O N/A
46 CFR 28.230	<b>Magnetic Compass/Compass Deviation Table</b>	O Yes   O No   O N/A
46 CFR 28.235	<b>Anchors &amp; Radar Reflectors</b>	O Yes   O No   O N/A
46 CFR 28.245 47 CFR 80 33 CFR 26.03 46 CFR 28.375	<b>Communication Equipment</b> <input type="checkbox"/> VHF <input type="checkbox"/> SSB <input type="checkbox"/> HF <input type="checkbox"/> Cell Phone <input type="checkbox"/> 3 Hour Emergency Power Supply	O Yes   O No   O N/A
46 CFR 28.260	<b>Electronic Position Fixing Device</b> (Vessels $\geq$ 79 feet) <input type="checkbox"/> GPS <input type="checkbox"/> SATNAV <input type="checkbox"/> Other	O Yes   O No   O N/A
46 CFR 28.240	<b>General Alarm System</b> <input type="checkbox"/> Tested <input type="checkbox"/> Flashing Red Light in Engine Room	O Yes   O No   O N/A
46 CFR 28.250	<b>High Water Alarms</b> (Vessels $\geq$ 36 feet) <input type="checkbox"/> Tested in all floodable spaces	O Yes   O No   O N/A
46 CFR 28.265	<b>Emergency Instructions</b> (Must be posted on vessels with $\geq$ 4 POB)	O Yes   O No   O N/A
46 CFR 28.270	<b>Instructions, Drills, &amp; Safety Orientation</b> <input type="checkbox"/> Drills Conducted <input type="checkbox"/> Drills Witnessed <input type="checkbox"/> Safety Orientation Provided <input type="checkbox"/> Qualified Drill Conductor Name: _____	O Yes   O No   O N/A
33 CFR 155.1030	<b>SOPEP</b> (Vessels > 400 Gross Tons traveling over international waters)	O Yes   O No   O N/A
46 CFR 16	<b>Drug Testing Program</b> (Credentialed Crew on Vessels > 200 Gross Tons)	O Yes   O No   O N/A
46 CFR 4.06-15	<b>Alcohol Testing</b> Does vessel carry devices or have arrangements to accomplish testing within 2 hours after a serious marine incident?	O Yes   O No   O N/A

# ADDITIONAL REQUIREMENTS FOR DOCUMENTED VESSELS OPERATING BEYOND THE BOUNDARY LINE OR WITH MORE THAN 16 PEOPLE ON BOARD

<b>Vessel Name:</b>		<b>I.D. Number:</b>	
<b>LIFESAVING</b>			
46 CFR 28.205	<b>Fireman's Outfits</b> (if more than 49 POB): <input type="checkbox"/> SCBA (Two 30 minute SCBAs) <input type="checkbox"/> Boots (2 sets) <input type="checkbox"/> SCBA Spare Bottles (Two 30 minute bottles) <input type="checkbox"/> Gloves (2 sets) <input type="checkbox"/> Lifeline (2 lines) <input type="checkbox"/> Fire Axe (2 axes) <input type="checkbox"/> Rigid Helmut (2 helmets) <input type="checkbox"/> Protective Clothing (2 sets) <input type="checkbox"/> Flashlight (2 lights)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
46 CFR 28.205	<b>SCBAs</b> (required only if vessel equipped with ammonia refrigerant) <input type="checkbox"/> SCBA (Two 30 minute SCBAs) <input type="checkbox"/> SCBA Spare Bottles (Two 30 minute bottles)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
<b>ENGINE ROOM</b>			
46 CFR 28.215	<b>Guards for Exposed Hazards</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
46 CFR 28.255	<b>Bilge Pump, Piping &amp; Dewatering Systems</b>	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
<b>MISCELLANEOUS</b>			
47 CFR Subchapter W	<b>GMDSS</b> (Vessels $\geq$ 300 Gross Tons; see NVIC 3-99 for exemptions) <input type="checkbox"/> Radio Operators License <input type="checkbox"/> DSC equipped VHF, MF, & HF radios <input type="checkbox"/> SART (Search & Rescue Transponder) <input type="checkbox"/> NAVTEX receiver <input type="checkbox"/> 406 MHz EPIRB (in addition to requirement in 46 CFR 28.150)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	<b>DSC</b> (For any vessel with a DSC-capable radio, verify the MMSI is properly programmed); MMSI (9 characters) is:	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
33 CFR 161.12 33 CFR 164.46	<b>AIS</b> (Fish Tenders & Fish Processors $\geq$ 65 feet operating within a VTS or on an international voyage)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
50 CFR 600.730	<b>Safe Boarding Ladder</b> (Vessels with more than 4 feet of freeboard)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
46 CFR 28.300 46 CFR 28.400	<b>Vessel Constructed Or Had A Major Conversion After 15 Sep 91 &amp; Carry More Than 16 POB</b> (If YES, use Supplement 2; CG-5587B)	<input type="radio"/> Yes <input type="radio"/> No	
46 CFR 28.500	<b>Vessel <math>\geq</math> 79' Not Required Load Lines &amp; Constructed Or Had A Major Conversion/Alteration To Fishing/Processing Equipment After 15 Sep 91</b> (If YES, use Supplement 2, Subpart E; CG-5587B)	<input type="radio"/> Yes <input type="radio"/> No	
	<b>Vessel Has Capacity To Carry <math>\geq</math> 10,500 gallons (250 BBL) Of Oil Or Hazardous Materials</b> (If YES, use Supplement 3; CG-5587B)	<input type="radio"/> Yes <input type="radio"/> No	
46 CFR 28.700 46 CFR 28.720	<b>Fish Processor</b> <input type="checkbox"/> Must have a Certificate of Compliance* <input type="checkbox"/> If built or converted after 27 Jul 90 must be classed* * From ABS, DNV, or approved 3 <sup>rd</sup> Party, Not Coast Guard	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	
	<b>STCW Requirements</b> (Fish Processors more than 200 Gross Tons)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A	

## CFVS EXAMINATION BOOKLET GUIDELINES

This booklet is to be used to record voluntary examinations of commercial fishing industry vessels. It provides a summary list of Coast Guard requirements to examiners and owners/operators of commercial fishing industry vessels. This booklet should be used in conjunction with the regulations or other aids developed by the Coast Guard to assist in understanding of the regulations. Examiners should retain the "Examiner Copy" of the first page, continuation sheet and the checklist pages for their records. The "Vessel Copy" of the first page and continuation sheet should be left with the vessel.

### PRIVACY ACT STATEMENT for VOLUNTARY DOCKSIDE EXAMINATIONS on COMMERCIAL FISHING VESSELS

**PRIVACY ACT STATEMENT:** Required by Public law 93-579

**AUTHORITY:** 46 USC 4502, 46 USC 4504, 46 USC 4507, 46 USC 6104 and 14 USC 89

**PRINCIPAL PURPOSE(S):** To document the Voluntary Dockside Examiner's report, enhance fishing vessel safety and promote public awareness and education. Information may be retained on file indefinitely.

**ROUTINE USE(S):** This information is to be used for uniform Coast Guard reporting and administration of Voluntary Dockside Examination data. It will be used to record the number of vessels and level of compliance with Coast Guard regulations.

**MANDATORY OR VOLUNTARY DISCLOSURE:** Providing any information during the course of a voluntary dockside examination is voluntary. Failure to provide information necessary to ensure compliance with applicable regulations may prevent issuance of the safety decal. Providing a vessel document/certificate of number by the operator of a vessel is mandatory. Failure to provide vessel documentation/registration may prevent issuance of the safety decal.

***CONTINUATION SHEET***

In addition to the information on the first page, the following information should be verified/entered in MISLE: Number of Immersion Suits/PFDs On Board, Number of Survival Craft On-Board, Survival Craft Capacity, Qualified Drill Conductor, EPIRB Hexadecimal Code, and Marine Mobile Service Identities (MMSI) Number.

*CONTINUATION SHEET*