

# SCMI Pre-Trip Vessel Check

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 Scmi@csulb.edu

Date \_\_\_\_\_

Boat Name/Number	Cell Number
Auto Lic	Contact Name/#
Veh Make/Model	Fuel E 1/4 1/2 3/4 F
Operator	Oil Check OK ADD
Crew/lookout	Wind
Area of Op/Launch Site	Swell Vis Weather wx1 wx2

**Y N Required Equipment Check List**

**Y N Other Equipment Checklist**

<input type="checkbox"/>	<input type="checkbox"/>	Boat Reg	<input type="checkbox"/>	<input type="checkbox"/>	Boat Box
<input type="checkbox"/>	<input type="checkbox"/>	Trailer Reg	<input type="checkbox"/>	<input type="checkbox"/>	Bait tank working
<input type="checkbox"/>	<input type="checkbox"/>	PFDs	<input type="checkbox"/>	<input type="checkbox"/>	Tide Tables
<input type="checkbox"/>	<input type="checkbox"/>	Visual Distress Signals 3 D/N	<input type="checkbox"/>	<input type="checkbox"/>	Cell Phone
<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher (full)	<input type="checkbox"/>	<input type="checkbox"/>	Oars
<input type="checkbox"/>	<input type="checkbox"/>	Sound Producing Device (working)	<input type="checkbox"/>	<input type="checkbox"/>	VHF Radio Check channel 27 or 9
<input type="checkbox"/>	<input type="checkbox"/>	Nav Lts (restricted vis) (working)	<input type="checkbox"/>	<input type="checkbox"/>	GPS/Depth/Radar
<input type="checkbox"/>	<input type="checkbox"/>	Type IV throwable	<input type="checkbox"/>	<input type="checkbox"/>	Tools
<b>Y</b>	<b>N</b>	<b>If Diving</b>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kit
<input type="checkbox"/>	<input type="checkbox"/>	Approved Dive Plan	<input type="checkbox"/>	<input type="checkbox"/>	Anchor Gear
<input type="checkbox"/>	<input type="checkbox"/>	Dan O2 Kit	<input type="checkbox"/>	<input type="checkbox"/>	Compass
<input type="checkbox"/>	<input type="checkbox"/>	Dive Flag	<input type="checkbox"/>	<input type="checkbox"/>	Fenders
<input type="checkbox"/>	<input type="checkbox"/>	DSO Clearance	<input type="checkbox"/>	<input type="checkbox"/>	Mooring Lines
			<input type="checkbox"/>	<input type="checkbox"/>	Bilge Pump/Bailing Device
			<input type="checkbox"/>	<input type="checkbox"/>	Flash Light
			<input type="checkbox"/>	<input type="checkbox"/>	Sun Screen
			<input type="checkbox"/>	<input type="checkbox"/>	E.P.I.R.B 406 Mhz

**On Return report any problems and concerns:**

<input type="checkbox"/>	<input type="checkbox"/>	Fuel E 1/4 1/2 3/4 F
<input type="checkbox"/>	<input type="checkbox"/>	Flush Engine
<input type="checkbox"/>	<input type="checkbox"/>	Clean Boat and Trailer
<input type="checkbox"/>	<input type="checkbox"/>	Battery Off

Signature of Operator \_\_\_\_\_ Date \_\_\_\_\_

Signature of Crew \_\_\_\_\_ Date \_\_\_\_\_

COMMENTS