|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Vessel name: | | | Date: | | | | | | | |
| **Fast Rescue Boat** | | | | | | | | | | |
| Items to check | | | **Last Inspection Date** | | | | **Next Inspection Date** | | | |
| Annual third party inspection | | |  | | | |  | | | |
| Fire extinguisher service | | |  | | | |  | | | |
| Pyrotechnic (Parchute rocket/hand flare expiry ) | | |  | | | |  | | | |
| Compass, Lights, engine Condition | | |  | | | |  | | | |
| **Rescue Boat Davit** | | | | | | | | | | |
| Annual third party inspection | | |  | | | |  | | | |
| 5 year third party inspection | | |  | | | |  | | | |
|  | **LIFERAFT No 1** | | | **LIFERAFT No 2** | | **LIFERAFT No 3** | | | **LIFERAFT No 4** | |
| Serial No |  | | |  | |  | | |  | |
| Persons |  | | |  | |  | | |  | |
| Hydrostatic Release Serial No |  | | |  | |  | | |  | |
| Last Inspection of Life raft |  | | |  | |  | | |  | |
| Last Inspection of HR |  | | |  | |  | | |  | |
|  | LIFEBUOYS | | | | | | | | | |
| Pieces/ Condition |  | Excellent | | |  | Good | |  | | Bad |
|  | **MANOVERBOARD No 1** | | | | | **MANOVERBOARD No 2** | | | | |
| Makers |  | | | | |  | | | | |
| Manufactory Date |  | | | | |  | | | | |
| Expiry Date |  | | | | |  | | | | |
|  | SELF IGNITING LIGHT | | | | | | | | | |
|  | (50% of total number of Lifebuoys including lights of Man overboard) | | | | | | | | | |
| Pieces/ Condition |  | Excellent | | |  | Good | |  | | Bad |
|  | LIGHT BUOYANT HEAVING No 1 | | | | | LIGHT BUOYANT HEAVING No 2 | | | | |
| Condition (delete discard) | Excellent | Good | | | Bad | Excellent | | Good | | Bad |
|  | LIFE JACKETS | | | | | | | | | |
| Pieces/ Condition |  | Excellent | | |  | Good | |  | | Bad |
| Last Date of Renewal |  | | | | | | | | | |
| Condition of Whistles |  | Excellent | | |  | Good | |  | | Bad |
| Last date of renewal of Lights / Batteries |  | | | | | | | | | |
|  | BRIDGE PARAC. ROCKETS | | | | | BRIDGE HANDFLARES | | | | |
| Pieces |  | | | | |  | | | | |
| Manufactory. Date |  | | | | |  | | | | |
| Expiry Date |  | | | | |  | | | | |
|  | **LINE THROW. APPARATUS No 1** | | | **LINE THROW. APPARATUS No 2** | | **LINE THROW. APPARATUS No 3** | | | **LINE THROW. APPARATUS No 4** | |
| Manufactory. Date |  | | |  | |  | | |  | |
| Expiry Date |  | | |  | |  | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | EPIRB | | | | | | | **S.A.R.T.** | | | | | |
| Pieces | 1 | | | | | | | 2 | | | | | |
| Maker |  | | |  | | | |  | | |  | | |
| Renewal Date of Batteries |  | | |  | | | |  | | |  | | |
| Expiry Date of Batteries |  | | |  | | | |  | | |  | | |
|  | THERMAL PROTECT. AIDS | | | | | | | IMMERSION SUITS | | | | | |
| Pieces |  | Excel. |  | Good | |  | Bad |  | Excel. |  | Good |  | Bad |
|  | PILOT LADDER  1 | | PILOT LADDER  2 | | | PILOT LADDER  3 | | PILOT LADDER  4 | | PILOT LADDER  5 | | PILOT LADDER  6 | |
| Date of the last test |  | |  | | |  | |  | |  | |  | |
|  | FIREFIGHTING EQUIPMENT | | | | | | | | | | | | |
| Condition of Fire Hoses |  | | Excellent | | |  | | Good | |  | | Bad | |
| Condition of Fire Nozzles |  | | Excellent | | |  | | Good | |  | | Bad | |
| Condition of seal rings of Fire hydrants |  | | | | | | | | | | | | |
| Every Hose box with Hose and nozzle | YES / NO | | | | | | | | | | | | |
| Location of International Connection |  | | | | | | | | | | | | |
| Ensure posted and readable off Fire Plan | YES / NO | | | | | | | | | | | | |
| Ensure weather proof containers with Fire Plans | YES / NO | | | | | | | | | | | | |
|  | **PORTABLE FIRE EXTINGUISHERS** | | | | | | | | | | | | |
|  | FOAM | | | **DRY POWDER** | | | | **CO2** | | | **HALON** | | |
| Pieces |  | | |  | | | |  | | |  | | |
| Last Inspection |  | | |  | | | |  | | |  | | |
| Expiry Date |  | | |  | | | |  | | |  | | |
|  | **FIXED CO2 SYSTEM** | | | | | | | FIXED FOAM SYSTEM | | | | | |
| Last Inspection |  | | | | | | |  | | | | | |
|  | BREATHING APPARATUS | | | | | | | | | | | | |
| Pieces |  | | | | | | | | | | | | |
| Makers |  | | | | | | | | | | | | |
| Last Inspection |  | | | | | | | | | | | | |
| Capacity |  | | | | | | | | | | | | |
| **REMARKS:** | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Chief Officer (Name and Signature): | | | | | Master (Name and Signature): | | | | | | | | |
| **Distribution : 1. Original copy on board Cc (soft copy) to Operations - Check and circulate the record quarterly** | | | | | | | | | | | | | |