**ZODIAC BOAT & OPERATIONS CHECKLIST (saf95B)**

Notes:

1. This checklist is to be completed entirely by the first Zodiac Operator of the Zodiac Boat prior to Zodiac operations. It’s completion and remarks (if any) are to be reported to the Bridge.
2. Subsequent Zodiac Operators are to verify the General Part/Section A and any remarks made by the previous Operators in the other parts of this checklist and sign at the end of this form. Zodiac Operators may in the course of Zodiac operations insert or amend remarks for any of the items on the checklist and hand them over to the next Operator. Any further remarks are to be reported to the Bridge
3. This Checklist is to be kept aboard during Zodiac operations. It may be laminated and filled in with a suitable pen/pencil but will be wiped out not later than immediately before the next operations check.
4. Once the Zodiac Operator reports to the Bridge the completion (or any remarks) of the checklist, the Bridge is to make an entry in the ship’s Log Book: “No. / Zodiac name: \_\_ inspected as per SAF95B. No (or with the following) remarks \_\_”

**General** **(Section A)** **– To be verified by ALL Zodiac Operators**

**Individual (Section B) – Zodiac Boat’s Verification**

The items on checklist, if fitted or applicable, have been inspected or checked and found operational (to be verified by the first Zodiac Operator, subsequent Zodiac Operators to verify any remarks by the previous Operators but may insert their own remarks for any of the items)

Ship:                           Operation Location:      

Date:             Time(s):                 Zodiac Boat #/name:

| **General** **Section A – Zodiac Operation** | | | |
| --- | --- | --- | --- |
| **Item** | | **Check Y/N** | **Remarks** |
| Chartlet of Zodiac area - if applicable | |  |  |
| Areas to be avoided, nav. aids advised | |  |  |
| Operational restrictions advised i.e. max distance from shore, speed, buddy pairing with other Zodiac(s) – as applicable | |  |  |
| Weather conditions/forecast advised including currents and tides | |  |  |
| Landing site plan advised – if applicable | |  |  |
| **Individual Section B – Zodiac Boat’s Verification** | | | |
| Anchor stowed and readily available |  | |  |
| Navigational lights – as applicable |  | |  |
| Distress signals – as applicable |  | |  |
| Sufficient fuel & canister w/air valve open |  | |  |
| Means for retrieving person in water (i.e. rescue quoit, floatation) – as applicable |  | |  |
| First Aid Kit |  | |  |
| Inflation foot pump and patch kit |  | |  |
| Inflation valves properly set to ‘Navigate’ |  | |  |
| Dewatering tools i.e. bailer and/or pump |  | |  |
| Fuel line, steering cables, dock lines, lifting straps in good condition and properly stowed for operations |  | |  |
| Radio – checked and in order |  | |  |
| Fire Extinguisher – checked and in order |  | |  |
| Paddles/boat hook stowed and available |  | |  |
| Radar Reflector/AIS - as applicable |  | |  |
| Emergency arrangements known (engine shut off, kill cords, battery switch location) |  | |  |
| Propeller status and condition |  | |  |
| Engine tested, cooling jet ok |  | |  |

Zodiac Operator 1: Name:                      Signature:            Remarks:

Zodiac Operator 2: Name:                      Signature:            Remarks:

Zodiac Operator 3: Name:                      Signature:            Remarks: