

Master:		Crew & Special Personnel:	
Launch Site		Destination	
Marine Rescue (other)	Base:	Phone:	
Nearest Hospital (s)			
Call Back	Name:	Phone:	Has relevant information Y/N

**Planning**

Record the marine weather <b>forecast</b> here (wind, speed direction, warnings):	Tides:
Is there a strong wind or thunderstorm warning?	<input type="checkbox"/> No <input type="checkbox"/> Yes – Monitor or abort as necessary

Fieldwork approved	<input type="checkbox"/>
Boat bag with SMS, boat documentation and engine manual	<input type="checkbox"/>
Map of area	<input type="checkbox"/>
Master not affected by alcohol or drugs	<input type="checkbox"/>
Adequate first aid training	<input type="checkbox"/>
Appropriate clothing	<input type="checkbox"/>
Punt Inspection (below)	<input type="checkbox"/>

**Punt Inspection**

Item	Part	Check	Tick or comment
<b>Engine</b>	Tilt mechanisms	Check operational.	
	Engine supports	Check properly engaged for towing.	
	Fuel (no ethanol)	Calculate fuel to be added:	
	Fuel lines	Check condition of lines, check for leaks.	
	Propellers	Check condition and securing pin.	
	Engine Oil	Check level. <b>Do not add oil to fuel!</b>	
<b>Boat</b>	Hull	Check for damage.	
	Bungs	Check fitted correctly	
	Anchor and rope	Attached to boat, not tangled and ready for use.	
	Mooring line	Check present.	
<b>Trailer</b>	Lights	Check working.	
	Chain & tie downs	Check fitted correctly.	
	Tyres	Visually inspect, check tyre pressure.	
	Trailer brakes	Brakes in correct position.	
<b>Safety Equipment</b>	Lifejackets <b>150N</b>	First Aid Kit (bring your own)	Oars and oar locks Waterproof torch
	Bucket & Lanyard	Sound Signal	GPS (bring your own) 2x sources communication
	Fire extinguisher	Bilge pump	Life Ring Basic tool kit (bring your own)
	EPIRB (if > 2 nm from shore)	Flares (if > 2 nm from shore)	Navigation lights (night or limited visibility) Dive Flag (snorkel operations)

I have inspected the vessel & found that the items above are in good working order and the vessel is safe.

**OR**

I have inspected the vessel and **maintenance is required**. Notify Boating Officer. **DO NOT USE VESSEL**

Name:	Any incidents or comments:
Signed:	
Date:	Any repairs or maintenance carried out:

**At the boat ramp**

Check trailer bearings for excessive heat	<input type="checkbox"/>
Inspect boat ramp is suitable & safe and discuss launch	<input type="checkbox"/>
Pre-Trip Briefing including location of safety equipment, use of life jacket, basic boat controls, boat stability, responsibilities	<input type="checkbox"/>
Discuss Emergency Plan with crew	<input type="checkbox"/>

**On the water**

Record **observed** weather conditions here and **monitor** forecast

**Record of emergency drills practiced**

Anchor deployment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Person overboard	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Flooding	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Retrieve unconscious person	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Life-threatening injury	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prepare to abandon ship	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Critical breakdown	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Return**

Deck cleaned of rubbish and washed in fresh water, engines flushed.	<input type="checkbox"/> Yes
Trailer and towing vehicle rinsed in fresh water.	<input type="checkbox"/> Yes
Bungs open, hang ropes to dry out.	<input type="checkbox"/> Yes
Life jackets returned (check lights are off) and safety equipment stored.	<input type="checkbox"/> Yes