

# Charter Self-Survey Check-Off Supplement

Please complete to the best of your ability.

### Crew

Does the vessel operator have current licenses for operation of the vessel? For example, USCG, FCC, etc.?  Yes  No

Is the captain a U.S. citizen?  Yes  No

Do you require your operator and crew (if applicable) to be regularly tested for drug and alcohol use?  Yes  No

If yes, how frequently?  Monthly  Other (specify) \_\_\_\_\_ How soon after hiring? \_\_\_\_\_

Is crew training provided?  Yes  No

If yes, how frequently?  Weekly  Monthly  Other (specify) \_\_\_\_\_

Are crew drills performed?  Yes  No

If yes, how frequently?  Weekly  Monthly  Other (specify) \_\_\_\_\_

Is crew training properly documented in the vessel's log book?  Yes  No

### Documentation

Is your vessel properly Documented or State-registered for its intended use?  Yes  No

Note: Documented vessels must have USCG Coastwise or Fishery endorsement.

### Operations

What is the maximum number of passengers? \_\_\_\_\_

Do you enter the names of all passengers for each trip in the log book?  Yes  No

Does your captain control the alcohol consumed onboard?  Yes  No

Is the passenger-boarding location a permanent part of the dockside facility?  Yes  No

Is the passenger-boarding location a part of the vessel?  Yes  No

Do you require a crew member to assist passengers in embarking and/or disembarking from your vessel?  Yes  No

Are passengers given training in emergency procedures either before or immediately after getting underway?  Yes  No

Are passenger-restricted areas identified and warnings posted?  Yes  No

What is the intent of your charter business, (i.e., fishing, dive, sight-seeing)? \_\_\_\_\_

### Additional Photographs Needed:

Boarding instruction placard/sign  Boarding gangway/ladder  Emergency procedures posted

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

