

Official Use Only:

Check – In Check - Out

VESSEL CHECK LIST

This check list is to be used to help Escort Boats meet ALL requirements as outlined in the Safety Management Policy for Distance Races. All items on the list are required unless otherwise noted. There are no exceptions to the required equipment. Failing to meet these requirements may result in a disqualification of the crew and possible suspension from future HCC events.

Boat Operator Name: _____ Phone: _____

Name of Vessel: _____ HA#: _____

Type of Vessel: _____ Assigned Spotter: _____

Crew Escorting: _____ Crew No.: _____

Notes: _____

Yes	Required Equipment by Agencies	Yes	Paperwork Requirements
<input type="checkbox"/>	Type I USCG approved life vest for every person onboard	<input type="checkbox"/>	Vessel Registration or Documentation #
<input type="checkbox"/>	Type IV throw-able device	<input type="checkbox"/>	Proof of Insurance
<input type="checkbox"/>	Mounted VHF marine band radio	<input type="checkbox"/>	Proof of Boater Safety Certification
<input type="checkbox"/>	Emergency First aid kit	<input type="checkbox"/>	Event Escort Waiver
<input type="checkbox"/>	Distress Signals (3 minimum)	<input type="checkbox"/>	Vessel Check List
<input type="checkbox"/>	Appropriate fire extinguishers for vessel	<input type="checkbox"/>	Event Float Plan
<input type="checkbox"/>	Sound making device (horn, whistle, bell)	<input type="checkbox"/>	Event Escort Form
<input type="checkbox"/>	Working running lights		
<input type="checkbox"/>	Anchor suitable for vessel size		

Yes	Required Equipment by Race Organizers	Yes	Recommended Equipment
<input type="checkbox"/>	Throw line with floatation device	<input type="checkbox"/>	Propeller Guard
<input type="checkbox"/>	Pre-rigged towline with suitable bridals for towing	<input type="checkbox"/>	EPIRB
<input type="checkbox"/>	Designated spotter	<input type="checkbox"/>	Backup VHF Radio
<input type="checkbox"/>	Swim fins/mask		
<input type="checkbox"/>	Swim ladder		
<input type="checkbox"/>	Unlocked cell phone		
<input type="checkbox"/>	Extra paddles		
<input type="checkbox"/>	1 set straps for canoe		
<input type="checkbox"/>	Bottled water		
<input type="checkbox"/>	Emergency Flag (sponsor)		
<input type="checkbox"/>			

Completed by: _____

By checking 'Yes' I hereby certify that the equipment is onboard the vessel and meets the requirements as outlined by the mentioned agencies and race organizers. I understand that failure to produce any equipment upon random inspection will result in a disqualification of the crew and possible escort suspension from future HCC events.

Event: _____ Date: _____

Signed: _____

Event: _____

Crew Name: _____

Date: _____

Crew No. _____

EVENT FLOAT PLAN

IDENTIFICATION

HIN: _____

Vessel Name: _____ Documentation/Registration No. _____

Length: _____ Type: _____ Hull & Trim Colors: _____ Other Features: _____

OPERATOR

Name: _____ Cell Phone: _____

Address: _____ Alt Phone: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Age: _____ Gender: _____ Notes: _____

PASSENGERS

Name: _____ Phone: _____ Crew Member Coach Boat Crew

Name: _____ Phone: _____ Crew Member Coach Boat Crew

Name: _____ Phone: _____ Crew Member Coach Boat Crew

Name: _____ Phone: _____ Crew Member Coach Boat Crew

Name: _____ Phone: _____ Crew Member Coach Boat Crew

Name: _____ Phone: _____ Crew Member Coach Boat Crew

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Name: _____ Phone: _____ Crew Member Coach Boat Crew

Name: _____ Phone: _____ Crew Member Coach Boat Crew

EMERGENCY CONTACT

Name: _____ Phone: _____ Alt Phone: _____

Name: _____ Phone: _____ Alt Phone: _____

Event:

Crew Name: _____

Date:

Crew No. _____

ESCORT CONTACT FORM

This form must be submitted with registration prior to the scheduled coaches meeting. All escort boats must have a contact that can come to assist in the event the vessel becomes disabled. Official boats will only assist the stranded crew and passengers. Officials are trained to assist as much as possible, however the safety of the crew and passengers will be the priority.

Escort Information

IDENTIFICATION

HIN: _____

Vessel Name: _____ Documentation/Registration No. _____

Length: _____ Type: _____ Hull & Trim Colors: _____ Other Features: _____

OPERATOR

Name: _____ Cell Phone: _____

Address: _____ Alt Phone: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Age: _____ Gender: _____ Notes: _____

EMERGENCY CONTACT

Name: _____ Cell Phone: _____

Address: _____ Alt Phone: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Age: _____ Gender: _____ Notes: _____

ALTERNATE

Name: _____ Cell Phone: _____

Address: _____ Alt Phone: _____

City: _____ State: _____ Zip Code: _____ E-mail: _____

Age: _____ Gender: _____ Notes: _____