SMALL BOAT CHECKLIST

VESEL____________________________OPERATOR_____________________________

DATE____________________TIME OUT________________TIME IN____________

ENGINE HOURS OUT_______ENGINE HOURS IN______REFUELED(gals)_______

GRANT/ACCOUNT NO.______________________________________

CHECK OUT/RETURN

___Float Plan Filed
___Boat Clean
___Engine (Pumps Water, Shifts) Without Problem
___Horn, Bell or Whistle
___Oil Tank Level
___Running Lights
___Bilge Pump Please Explain
___Steering
___Log Book
___Charts
___Credit Cards
___VHF-FM Radio
___Depth Sounder
___Loran
___Binoculars
___Personal Floatation Devices, #____
___Type IV Throwable Devices, #____
___Anchor and Line
___Tool Box
___Flares
___First Aid-Kit
___Oar
___Bailing Bucket or Scoop
___Boat Hook
___Charged Fire Extinguisher
___Extra Gas Line
___Winch (where applicable)
___All Gear Secure
___Log Book Completed
___Engine and Boat Performed
___Boat Cleaned
___Keys and Other Borrowed Items
___Operator Observed Problem(s),

____________________________________________________ OPERATOR'S

SIGNATURE