

SMALL PASSENGER VESSEL LOG BOOK



DRILLS, TRAINING, TESTS,
MAINTENANCE, GARBAGE, RADIO

Vessel Name

Official Number

Country of Registry

Lifejackets (PFD's) Inspected by: _____

Date of inspection: _____

Type: _____

Number: _____

Properly marked: Y N

Retro reflective material: Y N

Light/Whistle: Y N

Properly Stowed: Y N

Condition: New Good Serviceable Poor

Life ring Inspected by: _____

Date of inspection: _____

Number: _____

Properly marked: Y N

Retro reflective material: Y N

Line attached: Y N

Float Light w/detachable lanyard operable: Y N

Light Battery expiration date: _____

Lifejackets (PFD's) Inspected by: _____

Date of inspection: _____

Type: _____

Number: _____

Properly marked: Y N

Retro reflective material: Y N

Light/Whistle: Y N

Properly Stowed: Y N

Condition: New Good Serviceable Poor

Life ring Inspected by: _____

Date of inspection: _____

Number: _____

Properly marked: Y N

Retro reflective material: Y N

Line attached: Y N

Float Light w/detachable lanyard operable: Y N

Light Battery expiration date: _____

FIRE PROTECTION (CONTINUED)

Inspection	Date/Initial	Inspection	Date/Initial
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

Portable F/E#: _____	Maintenance	
Location: _____		

Inspection	Date/Initial	Inspection	Date/Initial
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

Portable F/E#: _____	Maintenance	
Location: _____		

FIRE PROTECTION (CONTINUED)

Inspection	Date/Initial	Inspection	Date/Initial
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

Portable F/E#: _____

Location: _____

Maintenance

Inspection	Date/Initial	Inspection	Date/Initial
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

Portable F/E#: _____

Location: _____

Maintenance

FIRST AID KIT

46 CFR 160.041

Date inspected: _____

Expiration

Aspirin: _____

Iodine: _____

Ammonia Inhalant: _____

Eye ointment: _____

CONTENTS REQUIRED

Item: _____ # per pkg # of pkgs

Bandage compress 4"	1	5
Bandage compress 2"	4	2
W/P adhesive compress 1"	16	2
Triangular Bandage 40"	1	3
Eye Dressing pkt	3	1
Bandage, gauze 2"x 6 yds	2	1
Tourniquet, forceps, scissors	1,1,1	1
Safety pins	12	1
Wire splint	1	1
Ammonia Inhalants	10	1
Iodine applicators	10	1
Aspirin (caffeine compd)	5 (vials of 20)	1
Sterile Gauze 3" x 18"	4	3

Lifesaving Appliance Maintenance:

Type: L/R IBA L/F B/A

Serial Number: _____

Capacity: _____

Float Free Device: Hydrostatic Release None
(circle one)

Hyd. Rel. Unit Expiration Date: _____

Painter & Weak link installed: _____

Date Serviced: _____

Serviced By: _____

Inspected By: _____

Next Inspection Due: _____

RING BUOY AND LIFE JACKETS

Lifejackets (PFD's) Inspected by: _____

Date of inspection: _____

Type: _____

Number: _____

Properly marked: Y N

Retro reflective material: Y N

Light/Whistle: Y N

Properly Stowed: Y N

Condition: New Good Serviceable Poor

Life ring Inspected by: _____

Date of inspection: _____

Number: _____

Properly marked: Y N

Retro reflective material: Y N

Line attached: Y N

Float Light w/detachable lanyard operable: Y N

Light Battery expiration date: _____

FIRE PROTECTION (CONTINUED)

Inspection	Date/Initial	Inspection	Date/Initial
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

Portable F/E#: _____	Maintenance	
Location: _____		

Inspection	Date/Initial	Inspection	Date/Initial
January		July	
February		August	
March		September	
April		October	
May		November	
June		December	

Portable F/E#: _____	Maintenance	
Location: _____		

Drill Log

Date Conducted:_____	Conducted by:_____
Persons attending:	Drill Type:
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____

Date Conducted:_____	Conducted by:_____
Persons attending:	Drill Type:
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____

Date Conducted:_____	Conducted by:_____
Persons attending:	Drill Type:
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____

Distress Signals (Flares) Required

46 CFR 180.68

Expires

Red (Hand): _____

Orange (Smoke): _____

MARINE SANITATION DEVICE (TOILET)

33 CFR 159.7(c)(1)(2)(3)

Holding tank Y-valves must be secured within 3 nautical miles of shore. MSD Type –III.

“Secured” Defined

(1) Closing each valve leading to an overboard discharge and removing the handle.

(2) Padlocking each valve leading to an overboard discharge in the closed position.

(3) Using a non releasable wire tie to hold each valve leading to an overboard discharge in the closed position.

Abandon Ship Drills

Drill Log

Name: _____

Responsibilities: _____

Name: _____

Responsibilities: _____

Name : _____

Responsibilities: _____

Name: _____

Responsibilities: _____

Date Conducted: _____ Conducted by: _____

Persons attending: _____ Drill Type: _____

_____ - _____

_____ - _____

_____ - _____

_____ - _____

_____ - _____

Date Conducted: _____ Conducted by: _____

Persons attending: _____ Drill Type: _____

_____ - _____

_____ - _____

_____ - _____

_____ - _____

_____ - _____

Date Conducted: _____ Conducted by: _____

Persons attending: _____ Drill Type: _____

_____ - _____

_____ - _____

_____ - _____

_____ - _____

_____ - _____

Drill Log

Date Conducted: _____	Conducted by: _____
Persons attending:	Drill Type:
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____

Date Conducted: _____	Conducted by: _____
Persons attending:	Drill Type:
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____

Date Conducted: _____	Conducted by: _____
Persons attending:	Drill Type:
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____

Fire Fighting Drills

Name: _____
Responsibilities: _____

Name: _____
Responsibilities: _____

Name : _____
Responsibilities: _____

Name: _____
Responsibilities: _____

Man Overboard Drills

Name: _____
Responsibilities: _____

Name: _____
Responsibilities: _____

Name : _____
Responsibilities: _____

Name: _____
Responsibilities: _____

Drill Log

Date Conducted: _____	Conducted by: _____
Persons attending:	Drill Type:
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____

Date Conducted: _____	Conducted by: _____
Persons attending:	Drill Type:
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____

Date Conducted: _____	Conducted by: _____
Persons attending:	Drill Type:
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____
_____ - _____	_____