

STATE OF HAWAII
D.L.N.R. - DIVISION OF BOATING
AND OCEAN RECREATION

VESSEL INSPECTION
REPORT

DATE: _____

OWNER: _____

PERSON(S) PRESENT FOR INSPECTION: _____

VESSEL NAME: _____ REG/DOC # _____ EXP. DATE: _____

REGISTERED/DOCUMENTED USE: _____

DESCRIPTION OF VESSEL: _____

PROPULSION: _____

RADIO - TYPE(S) & CALL SIGN: _____ EPIRB ABOARD? _____

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Each item shall meet applicable U.S. Coast Guard,
AMERICAN BOAT & YACHT COUNCIL STANDARDS and
DEPARTMENT OF LAND AND NATURAL RESOURCES ADMINISTRATIVE RULES.

INSPECTION ITEM	PASSED	NOT PASSED	N/A	REMARKS
CERTIFICATE/DOCUMENT ABOARD				
REG/DOC NO. PROPERLY DISPLAYED				
MFG'S SER. NO DISPLAYED				
SAFETY EQUIPMENT				
PFD'S				
VISUAL DISTRESS SIGNAL				
HORN, WHISTLE & BELL				
PLACARDS, TRASH OIL				
FIRE EXTINGUISHER				
PROPER LIGHTS				
BILGE PUMPING				
OIL IN BILGE				
OIL ABSORBENT PADS OPERATIVE				
OTHER FUELS PROPERLY VENTED				
PROPULSION				
ENGINE ABOARD				
ENGINE OPERATIVE/APPROP. SIZE				
BACKFIRE FLAME ARRESTER				
ENGINE COMPARTMENT VENTILATED				
EXHAUST SYSTEM				
SPARS OPERATIVE				
RIGGING OPERATIVE				
APPROPRIATE SAILS ABOARD				
MARINE SANITATION DEVICE ABOARD				
HOLDING TANK - TYPE				
FLOW THROUGH				
PROPERLY INSTALLED				
ADEQUATE STEERING/RUDDER OPER.				
HULL/PROP/RUDDER CLEAN FOR USE				
ADEQUATE EXITS				
UNSECURED OPN'GS/HULL/DECK/CAB				

continued on reverse side)

(Continued from reverse side)

INSPECTION ITEM	PASSED	NOT	N/A	REMARKS
		PASSED		
RECONSTRUCTION/SURVEY/INSURANCE				
CHAFE GEAR				
GROUND TACKLE				
WATER BACKFLOW DEVICE				
GENERAL APPEARANCE				
REASONABLE CLEANLINESS				
ANIMAL ABOARD				
HOW MANY LIVING ABOARD?				

COMMENTS: This inspection is not for USCG or insurance purposes.

I inspected the vessel described on the front of this form on _____ at _____ (AM) (xx) at Lahaina Harbor South Dock.

I have observed the vessel described on the front of this form move by its own propulsion (POWER/xxxx), at an adequate speed indicating that the vessel was in good operating condition, from _____ to _____, the route designated by the harbor agent for this vessel.

I have personally inspected every item on the checklist on the front and reverse side of this form for the vessel described therein and (CONSIDER/DO NOT CONSIDER) it to be in good material and operating condition in accordance with the requirements contain in the Hawaii Administrative Rules, Department of Land and Natural Resources, State of Hawaii.

I further certify that the vessel's length (end to end over deck: LOD) is ___ feet ___ inches; and overall length (including extensions such as bowsprit: LOA) is ___ feet ___ inches.

DATE SIGNED: _____ SIGNATURE 

NAME TYPED OR PRINTED: Anthony V DelleFave

COMPANY NAME: Maui Marine Surveying

ADDRESS: 179 Oluea Cir.

CITY: Kihei STATE: HI ZIP: 96753

H. PH.: _____ B. PH.: 808-870-2293 OTHER PH.: _____

PERMIT NO. _____ PERMIT EXPIRATION DATE: _____

PERMITTEE: _____

