

Compliance Systems Delivery

SOP Inspection Checklist for Vessels 6 metres or less– MSF282

This form is to be signed and e-mailed to Operator Certification (operators@maritimenz.govt.nz) on completion of the inspection.
A copy is to be left with the operator.

Legal owner	_____	Name of Operator or Skipper	_____
Trading as	_____	Skipper qualifications	_____
Postal Address	_____	SOP name	_____
	_____	Unique ID No	_____
	_____	FPP person	_____
Email address	_____	Phone number	_____
Place of inspection	_____	In attendance	_____
Inspection Date	_____	Date sent to MNZ	_____

INSPECTION SCORES

Vessel Inspection

Full term

Please indicate PASS or FAIL as appropriate under each heading below

Vessel name	MNZ number	Date Inspected	Design Boat Construction	Machinery, Fuel Tanks and Electrical	Safety and Equipment

Overall Risk Assessment of Operation by AP

Low (L), Moderate (M) or High (H)

OVERALL RISK ASSESSMENT

Authorised Person's overall risk assessment

Overall remarks of Authorised Person regarding the boat, any improvement notes issued for the boat, and the closeout date assigned for corrective actions (continue on separate sheet if required)

Issue Certificate of Compliance? Yes No COC valid from _____ to _____

Name of Operator _____ Name of Authorised Person _____
 Signature of Operator _____ Signature of Authorised Person _____

GENERAL

Has the Company changed their Authorised Person since last inspection? Yes No

Reason for change _____

Activity of Operation

Diving Fishing

Other (please specify) _____

Location

Area of operation _____

Enclosed waters Beyond enclosed

Item	Yes	No	NA	Comments
Operational History				
Has there been an accident in the last 12 months resulting in injury or structural repairs to boat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Operator experience in area of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other comments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Risk assessment score made by the Authorised Person (**Excellent = 0 Good = 5 Average = 10 Poor = 15 Unsafe = 20**)

Authorised Person's overall assessment

Safety Culture

Does the Company/Operator have a clear commitment to safety? _____

Does the Operator use the SOP effectively? _____

Is there evidence that the Operator has maintained or improved this safety performance since the last audit? _____

Risk assessment score made by the Authorised Person (**Excellent = 0 Good = 5 Average = 10 Poor = 15 Unsafe = 20**)

Authorised Person's overall assessment

Conditions of operation _____

Authorised Person is to complete the following sections individually for each boat inspected.

VESSEL

Vessel name _____ MNZ number _____ Registered fishing no _____
 Build material _____ Length _____ Engine power _____

1 BOAT

Item	Yes	No	NA	Clause	Comments
1.1 Design and Construction					
If the boat is a new construction, does it comply with the requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.2.1-5.2.6	_____
If the boat is inflatable, does it comply with the requirements of Appendix 6 of Part 40A?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.2.7	_____
If the boat is an existing boat, is the construction acceptable to the Authorised Person? OR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.2.8 (a)	_____
Does the existing type of boat have at least 5 years history of safe operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.2.8 (b)	_____
1.2 Watertight Integrity					
If vessel has a cockpit, is it watertight, self-draining, and does it have the required coaming height?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.3.1	_____
Are inlet/discharge valves on hull below water line, effective & readily available for closure in emergency, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.3.2	_____
Are through-hull fittings fitted efficiently, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.3.2	_____
1.3 Weathertight Integrity					
Are hatchways of efficient construction and weathertight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4.1	_____
Are doorways leading to spaces below deck weathertight and in compliance with 5.4.2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4.2	_____
Are weathertight access ways of sufficient width?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4.3	_____
Are windscreens/windows in compliance and adequately installed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4.4	_____
Are ventilators weathertight?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4.5	_____
Do exhaust outlets below waterline prevent back flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.4.6	_____

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Authorised Person's overall assessment

VESSEL

Vessel name _____ MNZ number _____ Registered fishing no _____
 Build material _____ Length _____ Engine power _____

2 MACHINERY

Item	Yes	No	NA	Clause	Comments
2.1 Outboard Machinery					
Are the make, installation, and use of the outboard motor to the satisfaction of the AP? Is it secured appropriately?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.5.1	_____
Is the maximum HP of the outboard motor in compliance with graph 5.5.2?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.5.2	_____
Is the outboard serviced as per manufacturers instructions, and are records kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.9.2.b	_____
Are spares available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
2.2 Inboard Engines					
Are the type, make and intended use acceptable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.5.1 & 5.5.3	_____
Is the astern power adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.5.1	_____
If a petrol engine, is a suitable hydrocarbon gas detector and fixed fire fighting arrangement fitted, and is ventilation provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.5.5	_____
Does engine space provide reasonable access for all items of machinery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.5.5	_____
Is insulating material non-combustible and protected against flammable substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.5.5	_____
Is the prevention of oil in the engine space catered for in the wooden hulls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.5.6	_____
2.3 Fuel Tanks					
Are portable fuel tanks purpose-built to a recognised standard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.1(a)	_____
Are portable tanks adequately secured in a ventilated space for ready jettisoning and any are spills draining overboard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.1(b)	_____
Are fixed fuel tanks manufactured, tested and installed to the requirements of 40D. 2D?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.2	_____
Is the fixed fuel tank installed in a space adequately vented and fitted with a hydrocarbon gas detection device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.6.2	_____

VESSEL

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2 MACHINERY (continued)

Item	Yes	No	NA	Clause	Comments
2.4 Electrical					
Are electrical systems fitted to minimise risk of fire and shock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.7.1	_____
Is overload and short-circuit protection provided as required (except engine starting circuits supplied from batteries)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.7.2	_____
Is battery capacity adequate and fitted as per 5.7.3?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.7.3	_____

Risk assessment score made by the Authorised Person (Excellent = 0 Good = 5 Average = 10 Poor = 15 Unsafe = 20)

Authorised Person's overall assessment

3 SAFETY EQUIPMENT

Item	Yes	No	NA	Clause	Comments
3.1 Equipment for boats not proceeding beyond Enclosed waters					
Does the decked boat have a bilge pump as considered necessary by AP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.1(a)	_____
Does the boat have a bailer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.1(b)	_____
Is there personal buoyancy equipment as per Rule 42A (19, 20, or 21) as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.1(c)	_____
Is there a distress sheet & flare kit unless a VHF radio or EPIRB is carried (not <i>Expiry Date</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.1(d)	_____
Is there a portable fire extinguisher as appropriate for use with accommodation/inboard engine that is not a petrol engine (note <i>Expiry Date</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.1(e)	_____
Are there paddles or oars with rowlocks, unless auxiliary power is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.1(f)	_____
Is there a first aid kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.1(g)	_____
Are there appropriate mechanical spares?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.9.2.b	_____
Is there an appropriate anchor and warp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.1(h)	_____
Is there an appropriate waterproof container for the Safety Equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

VESSEL

Vessel name _____ MNZ number _____ Registered fishing no _____
 Build material _____ Length _____ Engine power _____

3 SAFETY EQUIPMENT (continued)

Item	Yes	No	NA	Clause	Comments
3.2 Equipment for boats proceeding beyond Enclosed waters					
Does the decked boat have a bilge pump as considered necessary by AP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.1(a)	_____
Does the boat have a bailer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.1(b)	_____
For each person, is there a lifejacket, buoyancy vest or wetsuit carried that complies with rule 41A (19, 20 or x)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.2(a)	_____
If more than one person is carried, is there rescue quoit, a throw line or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.2(b)	_____
Is there a portable fire extinguisher as per 5.8.2(c)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.2(c)	_____
Is there a mini red star flare holder & flare packet that complies with Part 41A.22 and two buoyant smoke floats that comply with Rule 41A.24 (note <i>Expiry Date</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.2(d)	_____
Is there a 406 EPIRB compliant with Rule 43.15 (note <i>Expiry Date</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.2(e)	_____
Are there paddles or oars with rowlocks, unless auxiliary power is available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.1(f)	_____
Is there a first aid kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.1(g)	_____
Are there appropriate mechanical spares?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.9.2.b	_____
Is there an appropriate anchor and warp?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.8.1(h)	_____
Is there an appropriate waterproof container for the Safety Equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

Risk assessment score made by the Authorised Person (**Excellent = 0 Good = 5 Average = 10 Poor = 15 Unsafe = 20**)

Authorised Person's overall assessment

VESSEL

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4 SAFE OPERATIONAL PLAN

Item	Yes	No	NA	Clause	Comments
Is the Safe Operation Plan (SOP) provided and specific to the boat's operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.9.1	_____
Does the SOP contain records of the initial and subsequent inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.9.2(a)	_____
Does the SOP contain a planned maintenance schedule with a record of work undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.9.2(b)	_____
Does the SOP contain a record of safety equipment, its maintenance, testing and inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.9.2(c)	_____
Does the OP contain the necessary certification as relevant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.9.2(d)	_____
Does the SOP contain checklist, procedures for safe operation and contact arrangements ashore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.9.2(e)	_____
Does the SOP contain accident or emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.9.2(f)	_____
Are Health and Safety responsibilities being met and recorded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Is there evidence of record keeping (e.g. logbooks, diary, service records, receipts, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

Risk assessment score made by the Authorised Person (**Excellent = 0 Good = 5 Average = 10 Poor = 15 Unsafe = 20**)

Authorised Person's overall assessment