

Compliance Systems Delivery

SOP Checklist for Recreational Dive Boats – MSF283

GENERAL

Trading Name of Operation: _____ Inspection Date: _____
 In Attendance: _____ Place of Inspection: _____
 Authorised Person: _____ SOP Certificate Date: _____

Has the Operator changed the Authorised Person since last inspection/audit? Yes No

Reason for change? _____

1 OPERATIONAL DETAILS

Activity of Operation:

Dive Charter Diver Training
 Other (please specify): _____

Location:

Enclosed waters Within 5 nautical miles of a safe haven Open ocean
 Lake Still lake

Type of operator:

Small operator without infrastructure Small operator with demonstrated facilities
 Large operator (multi-boat/application) Mid-range operator (multi-boat)
 Other (please specify) _____

Operation History:

Accident in last 12 months resulting in injury or structural repairs to boat
 Management has less than five years' experience in industry-specified operation
 Accident in subsidiary or affiliated company in last 12 months
 Company in operation for less than five years

Safety Culture:

Operator has a clear commitment to safety and uses its SOP effectively
 Evidence that the Operator closes out improvement notes within the designated time
 Evidence that the Operator has maintained or improved his safety performance since the last inspection

AUTHORISED PERSON CHECKLIST

Authorised Person is to complete this section individually for each boat.

Risk assessment score made by the Authorised Person of the operational activities of the company (1 – low risk, 10 – high risk).

Boat: _____ MNZ Number: _____ Boat Name: _____

1 Hull

Item	Yes	No	NA	Clause	Comments
Is the overall design & construction of the boat acceptable and fit for purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1(a)/2.3(a)	_____
Are there any repairs or modifications that may have been conducted to the boat since the last inspection acceptable and fit for purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.3	_____
Is there additional freeboard above minimal rule requirements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.1	_____
Is the construction method to rule requirements (new building)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Is there a towing eye?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2.1(b)	_____
Authorised Person has observed the operation of the boat during an inspection/audit and has satisfied him/herself that its performance is acceptable for its specific task in the area of application.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

Authorised Person's overall assessment: _____

2 Watertight and Weathertight Integrity

Item	Yes	No	NA	Clause	Comments
If cockpit is provided, does it comply with the rule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.1	_____
Are hull openings as per the rule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3.2	_____
Are hatchways provided with sufficient means of weathertight closing arrangements?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1(a)	_____
Is construction of hatchways as per the rule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1(b)	_____
Are doorways and openings wide enough?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1(c)	_____
Are windscreens and windows as per the rule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1(d)	_____
Is construction of ventilators as per the rule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1(e)	_____
Do any underwater exhaust outlets prevent back flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4.1(f)	_____

Authorised Person's overall assessment: _____

3 Accommodation

Item	Yes	No	NA	Clause	Comments
Is there a sheltered area provided for storage of safety equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.1	_____
Is there adequate means of escape provided – with clear stowage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.2(a)	_____
Are lighting and ventilation systems adequate and fit for purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.2(b)	_____
Are installed cooking devices compliant and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5.2(c)	_____

Authorised Person's overall assessment:

4 Engine Compartment and Machinery

Item	Yes	No	NA	Clause	Comments
Are there any changes/modifications made acceptable and fit for purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.1/6.2	
Is there adequate ventilation for the engine bay?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2(c)	
Is the engine cover constructed of fire retardant material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2(e)	
Are the bilges clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is engine mounting adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the engine fitted as per manufacturer's specifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.1(a)	
Is the inboard petrol engine fitted with a gas detection system and fixed fire-extinguishing system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2(c)	
Are thermal and acoustic insulation fitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6.2(c)	
Are the motor water and oil leak free?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the exhaust gas system leak free?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the fuel system leak free and are hoses fuel resistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the motor run smoothly with rapid accelerator response (up and down)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the motor start and stop reliably?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the outboard well mounted with no obvious corrosion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the petrol tanks vented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are fuel or gas lines run away from motor and exhaust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a petrol filling line with spill prevention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are fuel or gas tanks adequately secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7.1	
Have petrol tanks been pressure tested at some time (particularly after repairs to the tank or if there is severe corrosion evident)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a gas tank with approval stamp (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a gas system containment tank? Is it tested with water and leak free (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Authorised Person's overall assessment:

5 Power (Electrical & Battery)

Item	Yes	No	NA	Clause	Comments
Are electrical arrangements fitted to minimise risk of fire and shock?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.1(a)	
Is electrical overload and short-circuit protection provided as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.1(b)	
Are batteries of adequate capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.2	
Are batteries well secured and well located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.2(a) & (b)	
Are batteries well ventilated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8.2(c)	

Authorised Person's overall assessment:

6 Steering System

Item	Yes	No	NA	Clause	Comments
Are steering cables well secured with limited slack, and lock devices fitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9(1)	_____
Is there no damage to steering cables or locking devices? No sign of chaffing or wear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9(1)	_____
Does the steering position have a clear view for safe navigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9(2)	_____
Does the remote control system (if fitted) operate with facility for emergency steering?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9(3)	_____
Does the steering nozzle operate smoothly with limited slack in bushes and operating assembly (if fitted)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Are hydraulics (if fitted) leak free and without slack?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Is there no evidence of cracking of steering components?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

Authorised Person's overall assessment:

7 Bilge Pumping Systems

Item	Yes	No	NA	Clause	Comments
Are bilge pumps fitted as per the requirements of the rule?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.2	_____
Was the bilge pump/self-draining cockpit operation demonstrated (if bilges clean)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Is a bailer provided and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10.1	_____

Authorised Person's overall assessment:

8 Fire Appliances (Note: May not be applicable in open RIBs)

Item	Yes	No	NA	Clause	Comments
Have both the fixed and portable extinguishers been serviced by a specialist company and are certificates current?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Is a bucket (or other suitable container) provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.1	_____
Is the portable extinguisher stored away from the engine compartment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____
Is a portable extinguisher provided as per the rule(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12.1	_____
Are the nozzles for the fixed extinguisher adequately placed in engine bay and free of blockages?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

Authorised Person's overall assessment:

9 Communication Equipment

Item	Yes	No	NA	Clause	Comments
Does the Driver have proven means of communication to shore or other boats?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is VHF fitted and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.1(1)	
Is there a second means of communication available (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14.1(2)	
Can the Driver communicate the other boat users at all times or is there proven communication protocol between Operators?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Authorised Person's overall assessment:	<input style="width: 100px; height: 20px;" type="text"/>				

10 Miscellaneous Equipment

Item	Yes	No	NA	Clause	Comments
Is the following equipment carried in the boat:					
• Two paddles?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.1(a)	
• Waterproof torch?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.1(b)	
• PFD appropriate, or life jackets to NZ standard and inspected and found in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.1	
• Children's PFD or life jackets provided as above?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11.1	
• Spare bungs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.1(c)	
• First Aid Kit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Painter of not less than 4 metres?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.1(d)	
Is the following specific equipment related to diving operations included:					
• Portable oxygen equipment available for treating unconscious or conscious patients (refer to NZUA 'Code of Practice for Charter Used for Recreational Diving')?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.2(1)	
• Adequate entry/exit ladder or platform where the boat's freeboard necessitates this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.2(2)	
• An orientation buoy/surface support station for diving operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.2(3)	
• A float line for streaming astern to facilitate diver pickup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.2(4)	
• Exposure protection (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15.2(5)	
Authorised Person's overall assessment:	<input style="width: 100px; height: 20px;" type="text"/>				

SAFE OPERATIONAL PLAN

1 Passenger/Diver Management

Item	Yes	No	NA	Clause	Comments
Does the Operator have evidence that the passenger diver numbers for each event/diver training session are recorded at the operator's base and available at all times'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Operator has policies or procedures for:					
• Carrying children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Carrying aged passengers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Carrying disabled passengers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Dealing with passengers which appear under the influence of drugs or alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Passenger seating and weight distribution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are passenger boarding facilities appropriate and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the verbal pre-trip safety briefing contain information on safety features of the boat; its equipment and safety requirements of passengers/divers to remain seated at all times and arms inside of boat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	17.1(1)	
Does the Skipper warn passengers/divers of likely hazards in the operational area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Authorised Person's overall assessment:					

2 Trip Management

Item	Yes	No	NA	Clause	Comments
Does the SOP contain specific information on the area of operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the SOP have operational limitations documented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has the Operator conducted hazard identification and has this been read by all staff?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the SOP contain instructions as to when the Skipper should contact shore and other boats during operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the SOP contain procedures and communication protocols for the following emergencies?					
• Accident involving injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Evacuation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Immobilisation of boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Grounding, foundering, fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Other specific emergencies as identified by the Operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Does the SOP contain pre and operational checklists which contain:

17.2(2)(a)

- Inspection of boat by Skipper
- Communication check
- Log of boat hours
- Fuelling check
- Safety equipment check
- An environmental conditions check

Has the Operator written procedures regarding fuelling with particular emphasis that this is not conducted when passengers/divers are in the boat?

Is there a written procedure for the management of refuelling?

Authorised Person's overall assessment:

3 Records Management

Item	Yes	No	NA	Clause	Comments
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Does the SOP contain a planned maintenance schedule for each boat, with a record of work undertaken? The following items are recommended to be on the maintenance schedule:

- Hull and structure
- Engine mechanical components
- Fuel system
- Cooling water systems
- Outboard unit and drive shaft, including propeller and bushing
- Steering system including nozzle and cables
- Fire extinguishing system (fixed and portable)
- Communication equipment

Is there evidence of maintenance being conducted (invoices, maintenance records, etc.)?

Does the SOP contain a record of safety equipment for each boat, for the routine inspection and maintenance of the emergency equipment? Including:

- Lifejackets
- Towing rope
- Flares
- First Aid Kit
- Torch
- Miscellaneous equipment

Is there evidence of maintenance of the emergency equipment being conducted (invoices, inspection reports, etc.)?

Is there evidence of routine testing of the emergency equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Can the Operator demonstrate that their pre and operational checklists have been completed and are in use by the Driver?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a record of initial inspection and any subsequent inspection conducted on each boat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a record of accidents and incidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a record of how the Owner has informed and committed employees to meet their health and safety responsibilities under Part II of the Maritime Transport Act 1994?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the Operator have personnel records for each skipper who operates for the company? Including:				
• Copy of medical questionnaire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Copy of first aid certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
• Record of training for new and experienced skippers, including:				
o Hours of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Boat and condition used (loaded, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Location of training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o Type of training (boat handling, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Authorised Person's overall assessment:				

4 Safety Management

Item	Yes	No	NA	Clause	Comments
Is there evidence that the operators and service staff have read and understand the SOP?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there evidence that the Operator reviews the SOP on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
What is the frequency (write in Comments column)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there evidence that the owner reviews the SOP after every accident?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all reviews filed separately and are they available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Does the schedule for Operator review of the SOP contain at least the following sections?					
• Maintenance plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Skipper and training needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Health and safety issues required to be covered by Part II of the MTA 1994	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Hazard identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Accidents or near misses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
• Operational activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there evidence that these reviews of the SOP have been advised to staff and skippers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Is there evidence (minutes, diary entries, etc.) of safety meetings conducted regularly (at least each quarter)? _____

Does the safety meeting include at least: _____

• Identification of hazards _____

• Take steps to isolate or eliminate hazards _____

• Involvement of skipper and support staff _____

• Provision of adequate training for skipper and supports staff _____

• Other issues of occupational safety and health _____

Is there a written procedure for accident reporting, including when to report to Maritime NZ? _____

Is there an accident investigation procedure and means of improving the SOP in the case of an accident? _____

Is there evidence that this has been used? _____

Are skippers aware of the accident and the improvements made thereafter? _____

Is there evidence of other safety information available to staff (Maritime NZ accident investigation reports, TAIC accident investigation reports)? _____

Is there evidence that any Maritime NZ/TAIC recommendations relevant to the Operator's SOP have been implemented? _____

Is there evidence that staff (in particular, skippers) can implement operational changes to improve safety when required? _____

Authorised Person's overall assessment:

5 Skipper Management and Training

Item	Yes	No	NA	Clause	Comments
Does the skipper hold appropriate and required qualifications to operate the industry-specific vessel of 6 metres or less prior to commencing operations?	<input type="checkbox"/>	<input type="checkbox"/>			_____
Is there any record of experience or specific in-house training from previous employers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		_____

Authorised Person's overall assessment:

Person in Attendance / Owner / Operator	
Name: _____	Signature _____
Authorised Person	
Name: _____	Signature _____