

EAST CAROLINA UNIVERSITY DIVING AND WATER SAFETY

Vessel: _____ Operator: _____

Vessel Check-In Form

It is the responsibility of the operator to properly complete this document and submit it to DWS. Violations of Boat Pool policy could result in a \$25.00 service charge.

- (1) Fuel Topped Off? Yes No
(2) Vessel Clean? Yes No
(3) Actual Number of Use Days?
(4) Safety Chain/Strap Properly Attached? Yes No
(5) Batteries in Off Position? Yes No
(6) Antennas lowered? Yes No
(7) All Equipment Returned/Accounted For? Yes No

Equipment Includes:

- Keys
Electronics
Personal Floatation Devices
Throwable (Type IV) PFD
Ring buoy with grab rope (Ocean use only)
Visual distress signals
Fire Extinguisher(s)
Sound producing device (whistle/horn)
State registration onboard vessel
Bumpers
Dock lines
Nautical charts
First aid kit
PFD lights and whistles (Ocean use only)
Marine sanitation device clean
Tie down strap
Anchor and tackle
Other assigned Equipment

- (8) Is Your Float Plan Closed? Yes No
(9) Have Signed Passenger 'Liability Waivers' been submitted to DWS with Check-In Form? Yes No

Problems With Vessel/Trailer/Additional Equipment Provided:

Multiple horizontal lines for recording problems with vessel/trailer/equipment.

This vessel is returned as indicated: (Operator Signature) _____ Date: _____

Vessel checked in by: (DWS Signature) _____ Date: _____