



Canadian Coast Guard Auxiliary

Auxiliary Vessel Inspection (AVI) - SAR Dedicated

Please print information or check appropriate boxes with a check mark ✓

CCGA REGION:	PACIFIC <input type="checkbox"/>	CENTRAL & ARCTIC <input type="checkbox"/>	QUEBEC <input type="checkbox"/>	MARITIMES <input type="checkbox"/>	NEWFOUNDLAND & LABRADOR <input type="checkbox"/>
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Owner's Name: _____

Address: _____

City: _____

Prov.: _____ Postal Code: _____

Member No. _____ Zone/District: _____ Unit: _____

E-Mail Address: _____

Telephone: _____

Vessel Name: _____ Re-examination

Year Built: _____ Home Port: _____

Hull Identification No. _____

Insured Value: _____ Market Value: _____

Licence or Registration - No.

Length m ft / Beam: _____ Draft: _____

Photograph taken/provided Yes No

Propulsion: Power Sail Inboard
 Outboard Jet Diesel Gas

No. of Engines: _____ HP: _____ each

Make/Builder: _____ Model/Style: _____

Maximum Speed: _____ Cruise Speed: _____

Fuel Capacity: _____ Range: _____

Dinghy / Tender / Liferaft

<input type="checkbox"/> Liferaft / Type:	Value:	Age:
<input type="checkbox"/> Dinghy / Tender	Value:	Age:
<input type="checkbox"/> Dinghy / Tender Make / Model:		
<input type="checkbox"/> Outboard Make / Model:		HP:

Type of Vessel

Pleasure Commercial SAR Dedicated

Body of Water

Coastal Waters Rivers Lakes

Compulsory Safety Equipment

Personal Lifesaving Appliances

Lifejacket or PFD of appropriate size for all on board

Reboarding device (if freeboard > 0.5m)

Buoyant heaving line not less than 15m (50') (all vessels)

Lifebuoy with 15m (50') buoyant line (vessels 6-12m)

Lifebuoy with line + self-igniting light (vessels 12-24m)

Visual Signals

Watertight flashlight OR 3 pyrotechnic distress flares (vessels < 6m)

Watertight flashlight AND 6 pyrotechnic distress flares (vessels 6-9 m)

Watertight flashlight AND 12 pyrotechnic distress flares (vessels > 9m)

Vessel Safety Equipment

Manual propelling device OR anchor with 15m (50') rope, cable or chain (vessels < 9m)

Anchor with 30m (98') rope, cable or chain (vessels 9-12m)

Anchor with 50m (164') rope, cable or chain (vessels >12m)

Bailer OR manual pump with sufficient hose to discharge overboard (vessels < 9m)

Manual pump or bilge pumping arrangements (vessels 9-12m)

Bilge pumping arrangements (vessels > 12m)

Navigation Equipment

Sound-signalling device or appliance Navigation Lights

Fire Fighting Equipment

Fire Extinguisher(s) / No. Axe Two Buckets of at least 10L (vessels >12m)

Unit Leader's Signature: _____ Date: _____

OPS Manager's Signature: _____ Date: _____

Compulsory Equipment Where Applicable

<input type="checkbox"/> Batteries - secure, vented, protected	<input type="checkbox"/> Radar reflector
<input type="checkbox"/> Natural ventilation for engine and fuel tank comp.	<input type="checkbox"/> Magnetic Compass
<input type="checkbox"/> Exhaust fan (gas motor only)	<input type="checkbox"/> Marine charts & publications
<input type="checkbox"/> Flame arrestor	<input type="checkbox"/> Propane - safe installation
<input type="checkbox"/> Heat shielding	<input type="checkbox"/> Ignition Protection
<input type="checkbox"/> Capacity plate (vessel < 6m)	<input type="checkbox"/> Wiring in Order
<input type="checkbox"/> Fuel tank shut-off valve	<input type="checkbox"/> Bilge Clean
<input type="checkbox"/> Tool box and essential spares	<input type="checkbox"/> Engine Kill Switch (if applicable)
<input type="checkbox"/> Towing Bit or Bridle	<input type="checkbox"/> Seacocks (if applicable)
<input type="checkbox"/> Master Switch	<input type="checkbox"/> Safety Helmets
<input type="checkbox"/> Fusebox or Circuit Breakers	<input type="checkbox"/> Vapor detector <input type="checkbox"/> Gas <input type="checkbox"/> Propane
<input type="checkbox"/> Sea Strainers (if applicable)	

Compulsory SAR Equipment

<input type="checkbox"/> Additional PFD's (2)	<input type="checkbox"/> Radar
<input type="checkbox"/> GPS / Loran C	<input type="checkbox"/> VHF Radio
<input type="checkbox"/> Depth Sounder	<input type="checkbox"/> Binoculars
<input type="checkbox"/> Log Book	<input type="checkbox"/> Fenders / mooring lines
<input type="checkbox"/> Boat Hook	<input type="checkbox"/> Security Knife
<input type="checkbox"/> Search Light	<input type="checkbox"/> Hypothermia blanket
<input type="checkbox"/> First aid kit	<input type="checkbox"/> Other:
<input type="checkbox"/> Tow line not less than 25m, diameter 1/2"	

Optional Equipment

<input type="checkbox"/> DSC	<input type="checkbox"/> MMSI
<input type="checkbox"/> SAR Pump	<input type="checkbox"/> Pre-departure check list
<input type="checkbox"/> Deviation Card	<input type="checkbox"/> Chart Tools
<input type="checkbox"/> Camera	<input type="checkbox"/> Water & Rations
<input type="checkbox"/> Towing Light	<input type="checkbox"/> Spare anchor and Rode
<input type="checkbox"/> 406 EPIRB UIN:	<input type="checkbox"/> Datum Marker Buoy
<input type="checkbox"/> Thermal Detection Equipment	<input type="checkbox"/> AED
<input type="checkbox"/> Hypothermia Treatment	<input type="checkbox"/> Blankets
<input type="checkbox"/> NVG	<input type="checkbox"/> Oxygen Therapy
<input type="checkbox"/> Oxygen Warming Equipment	<input type="checkbox"/> Basket Stretcher
<input type="checkbox"/> Spine Board	<input type="checkbox"/> Defibrillator
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
<input type="checkbox"/> Cellular #	
<input type="checkbox"/> Satphone #	

Proof of Competency

<input type="checkbox"/> PCOC Card	<input type="checkbox"/> Navigation Course
<input type="checkbox"/> Professional Marine Certificate	<input type="checkbox"/> Radio Operator Certificate

Examination

Complete Incomplete Decal Issued

Examiner's Name: _____

Examiner's No.: _____

Signature: _____

Comments: _____

Owner / Operator

Date: _____

Signature: _____