

VESSEL LIFE SAVING APPLIANCE CHECK LIST

FOR COMPLETION BY PARTICIPATING CAPTAINS / MASTERS

Vessel:	Call sign:	Sail N°:	Class:
Maximum N° of persons the vessel is registered to carry on board (POB): _____		MMSI No	
MCA Code of Practice certification: Certificate number:		Category for which certificated:	
Certifying Authority:		Date of most recent annual endorsement:	
CG66 Registration completed: Yes/No	If yes, station holding details:		

**THE CAPTAIN'S / MASTER'S ATTENTION IS DRAWN TO THE CURRENT EDITION OF PART TWO, SPECIAL REGULATIONS, OF
SAIL TRAINING INTERNATIONAL RACING AND SAILING RULES**

Available from www.sailtraininginternational.org

Rule N°	ITEM	CHECK	CHECK												
4.01	LIFERAFTS .		LIFERAFT SERVICING AND INSPECTION												
	4.01.3 Category 1 and 2 Race – SOLAS A or B		Valid annual certificates of servicing and/or inspection												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">4.01.4</td> <td style="width: 10%;">N° fitted on vessel</td> <td style="width: 10%;"></td> <td style="width: 10%;">Total liferaft capacity</td> <td style="width: 10%;"></td> <td style="width: 10%;">N° of Persons on board (POB)</td> </tr> </table>	4.01.4	N° fitted on vessel		Total liferaft capacity		N° of Persons on board (POB)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Regd N°</td> <td style="width: 50%;">Regd N°</td> </tr> <tr> <td>Capacity</td> <td>Capacity</td> </tr> <tr> <td>Certificate date</td> <td>Certificate date</td> </tr> </table>	Regd N°	Regd N°	Capacity	Capacity	Certificate date	Certificate date
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4.02	LIFERAFT STOWAGE														
	4.02.1 either a) on the working deck or b) purpose-built compartment														
	Details of any additional liferaft(s)														

Rule N°	ITEM								CHECK
4.04	GRAB-BAG or equivalent arrangement to ensure essential items are transferred to the liferaft in the event of abandoning ship.								
4.05	LIFEBUOYS [minimum 2]			All Vessels:			Name of vessel on lifebuoys		Number on Deck
							Retro-reflective tape applied		Self-igniting lights fitted
	One within easy reach of helmsman						One with whistle, drogue		Pole & flag attached to one lifebuoy with 3m floating line
4.06	PYROTECHNIC SIGNALS								
	Red parachute flares			Red hand Held			Orange smoke signals		
	Req.	Held	Earliest expiry	Req.	Held	Earliest expiry	Req.	Held	Earliest expiry
	4			4			2		
4.07	FIRE EXTINGUISHERS								
	At least 3			Location	Type	Insp date	Location	Type	Insp Date
	Engine Space	Type	Insp Date	Location	Type	Insp Date	Location	Type	Insp Date
	Fire Blanket [4.07.5]	Type	Location	Location	Type	Insp Date	Location	Type	Insp Date
4.14	DURABLE STOWAGE CHART Clearly marked with location of principal items of safety equipment.								

Rule N°	ITEM				CHECK	CHECK	
4.20	BUOYANT HEAVING LINE AND KNIFE				15-25 m buoyant heaving line	Strong, sharp knife and sheath	
	For Class B, C & D vessels only:				Readily accessible to steering position		
5.01	LIFEJACKETS One per crew member	Total N°	Correct Stowage		Retro-reflective tape fitted on each		
			Whistle and Light fitted on each		Vessel's name on each		
5.02	SAFETY HARNESS AND SAFETY LINES. (One per crew member) Total number on board		Vessel's name on each				
3.07	MARINE RADIO					CHECK	
	3.07. VHF radio transceiver		CHECK	CHANNEL 16 YES / NO CHANNEL 72 YES / NO	POWER OUTPUT Min rated 25W		
				Masthead antenna	Emergency antenna (or other means of communication independent of rig)		
	3.07. Hand-held VHF radio transceiver			CHANNEL 16 YES / NO CHANNEL 72 YES / NO	Other Frequencies	Means of charging YES / NO	
	Fixed VHF Self-test declaration	Date/time	Satisfactory	Vessel Location	Receiving Station ID	Range (Min 10M)	Name and Signature
	Hand-held VHF Self-test declaration	Date/time	Satisfactory	Vessel Location	Receiving Station ID	Range	Name and Signature

DECLARATION

As Master of the vessel _____

(name of vessel)

1. I declare that I am duly qualified and hold all necessary certificates to enable me to command the sail training vessel named above as a participant in the Race and that, if required by the laws of the country in which it is registered or has its home port, my vessel is legally licensed and insured to sail with trainees and take part in all programmed activities.
2. I declare that my vessel and crew have appropriate insurance cover to take part in the race and all associated activities.
3. I confirm that I have received a copy of Sail Training International Racing and Sailing Rules and Special Regulations, dated for the current year, which I have read and understood and that I, my vessel and crew, comply in all respects with those Rules and will continue to do so throughout the Race Series.
4. I have carried out an inspection of the life saving appliances on board my vessel and am satisfied that all such equipment as specified in the above report is available and in proper working order.
5. I acknowledge that visits by ASTO Officials in regard to this Vessel Life Saving Appliance Check List are only ensuring that participants comply with the Special Regulations and the officials or representatives of ASTO do not have any liability or responsibility for the fitness for purpose or performance of any safety or other equipment on board the vessel. I understand that ASTO and their agents are not responsible for the seaworthiness of, or in any respect of any incident to, the vessel entered and that all on board will take part in the race at their own risk and responsibility.
6. **The decision to start and continue an ASTO Small Ships Race is entirely mine; my vessel will not start or continue with the Race unless I am completely satisfied that the vessel and the crew are fit to do so.**
7. I understand that the Race Committee may not permit my vessel to take part in the race if they in their absolute discretion consider my vessel or its crew not fit to take part in a race for any reason whatsoever and that the Race Committee shall not be obliged to give any reason for their decision.
8. I agree that in any dispute or matter relating to the race, the decision of ASTO, or the Race Committee appointed by them, shall be final.
9. **I confirm that no one under the age of 12 years of age will be on board during the race and associated events.**

NAME OF MASTER [PRINT NAME]

SIGNATURE OF MASTER

DATE

NAME ASTO RACE OFFICIAL CHECKING REPORT [PRINT NAME]

SIGNATURE OF RACE OFFICIAL

Association of Sail Training Organisations RACE OFFICIAL'S COMMENTS

RACE				RACE			
RULE N°	COMMENTS	Master or Auth Officer	REVIEWED	RULE N°	COMMENTS	Master or Auth Officer	REVIEWED

ANNEX

Guidelines for the Inspection of Life Saving Appliances

- 1 **It is the responsibility of the captain/master of each vessel to ensure that all necessary and appropriate life saving appliances are on board, in date (where appropriate) and in good working order.**
- 2 All vessels participating in any part of an ASTO event may be required to produce their Life Saving Appliances to verify that these items are on board and, where appropriate, in date. The ASTO Race Official may also request that other items identified in the current edition of the Sail Training International Racing & Sailing Rules and Special Regulations are on board, but any such inspection shall not in any way absolve the captain/master of the vessel from his responsibilities as stated above.
- 3 The captain/master of each participating vessel is to complete a Vessel Life Saving Appliances (VLSA) Check List, sign it and return it to the ASTO Race Office as soon as he/she is satisfied that his/her vessel complies with the Special Regulations. Refer to Rule 12.2 for the relevant deadlines.
- 4 In addition to receipt of the correctly completed VLSA Check List, an ASTO Inspector will arrange with the captain/master to visit the vessel to ensure that all necessary and appropriate life saving appliances are on board, in date (where appropriate) and in good working order.
- 5 Note that terrestrial mobile telephones will not be accepted as alternative means of communication in place of the emergency antennae referred to in Special Rule 3.07.
- 6 Following the inspection and also receipt of the VLSA check list, the ASTO Race Official will indicate on the page reserved for ASTO RACE OFFICIAL'S COMMENTS any Life Saving Appliances which he/she has noted as missing or in any way unsatisfactory. This page will then be signed by the captain/master or first mate and witnessed by the Inspector's signature.
- 7 On completion of the inspection, the vessel will be either "satisfactory" or "unsatisfactory". Deficiencies identified in items other than Life Saving Appliances will normally result in a recommendation to the captain/master, but multiple deficiencies may result in the ASTO Race Official recommending to the Race Committee that the vessel should not be permitted to participate in the event for which it was inspected.
- 8 Where an ASTO Race Official has made comments in relation to Life-Saving Appliances or any other items, the captain/master may request a re-inspection at a time to be agreed with the Inspector.