

UTAH STATE PARKS AND RECREATION CPFH VESSEL INSPECTION

UTAH
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Grander / comb

STATE PARKS 8. RECREATION DRY DOCK ON THE WATER				
DATE:TIME:INSPECTOR:				
BUSINESS NAME: ADDRESS:				
CITY: STATE: ZIP: PHONE:				
TRIP LEADER: LOCATION: PUT IN TAKE OUT				
CERTIFICATES & HULL MARKINGS				
☐ REGISTRATION ☐ PROOF OF INSURANCE ☐ BOW NUMBERS ☐ COMPANY NAME ☐ CERTIFICATE OF INSPECTION				
FRAME STRUCTURE: PLATING DECKS TRANSOM OR MOTOR MOUNTS WELDS PITTING SIGNS OF ELECTROLYSIS SEATING WELL BULKHEADS STRUCTURAL MEMBER GAUGED MATERIAL THICKNESS STRENGTH MEMBERS FRACTURES & PREVIOUS FRACTURE REPAIRS AIR TUBE INTEGRITY: 10 MINUTE PRESSURE TEST NEW & PREVIOUS REPAIRS SEAMS OUTER SKIN APPROPRIATE ADHESIVE AREA OF EXCESSIVE WEAR CHAFFING GUARDS AIR TUBE FRAMES STRAPS OR CHAINS: DAMAGED OR DETERIORATED STRAPS/CHAINS/GROMMET STRIPS PROPER NUMBER IN PLACE CONNECTION POINTS IN GOOD CONDITION PORTABLE FUEL TANKS PROPER CONNECTIONS STOWED IN RACK OR STRAPPED TO FRAME PRIMING BULB HOSE MARINE CERTIFIED NO SMOKING SIGNS POSTED				
FIXED FUEL TANKS PROPERLY VENTED 30 X 30 MESH SCREEN SHUTOFF VALVE AT EACH END OF FUEL LINE SHUT OFF VALVE AT TANK REMOTE OPERATED NO SMOKING SIGN(S) POSTED WARNING FOR FLAMMABLE LIQUID				
BATTERIES MOUNTED AND OVERLOAD PROTECTION WIRING & CIRCUIT PROTECTION VENTILATION				
PRIMARY PROPULSION STEERING CONTROLS FORWARD/REVERSE THROTTLE FUNCTIONS 2 INDEPENDENT MEANS OF ENGINE SHUT OFF DOWN ENGINE MOUNTING POINTS				
SPARE PROPULSION SPARE MOTOR SPARE PADDLE OR OARS				
REQUIRED EQUIPMENT - SAFETY ITEMS LIFE JACKETS: SERVICEABLE CONDITION LEGIBLE MANUFACTURE LABEL COMPANY NAME TYPE IV: THROWABLE DEVICE FIRE PROTECTION SYSTEM: APPROVED FIRE EXTINGUISER LOCATED NEAR OPERATOR POSITION WITHIN SERVICE DATE VENTILATION SYSTEM NAVIGATION LIGHTS: PROPER RED, GREEN & WHITE ALL AROUND WHITE LIGHT OR FLASHLIGHT READY AT HAND EMERGENCY PREPAREDNESS & ITEMS: REPAIR KIT EMERGENCY COMMUNICATION FIRST AID KIT MAP OF AREA OF TRAVEL SOUND PRODUCTIVE DEVICE: WHISTLE/HORN				



UTAH STATE PARKS AND RECREATION CPFH VESSEL INSPECTION DEFICIENCY SUMMARY WORKSHEET



Deficiency	System	Completion Date
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