



# Canadian Coast Guard Auxiliary

## Auxiliary Vessel Inspection (AVI) - SAR Dedicated

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

<b>CCGA REGION:</b>	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: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Member No. \_\_\_\_\_ Zone/District: \_\_\_\_\_ Unit: \_\_\_\_\_

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

Liferaft / Type: \_\_\_\_\_ Value: \_\_\_\_\_ Age: \_\_\_\_\_

Dinghy / Tender \_\_\_\_\_ Value: \_\_\_\_\_ Age: \_\_\_\_\_

Dinghy / Tender Make / Model: \_\_\_\_\_

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)

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

b) Lifebuoy with 15m (50') buoyant line

c) Lifebuoy with line + self-igniting light

6-9m → a or b / 9-12m → a and b / 12-24m → a and (b or c)

### 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') [Recommended 61m / 200'] rope, cable or chain (vessels 9-12m)

Anchor with 50m (164') [Recommended 61m / 200'] 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

a) Sound-signalling device or b) appliance  Navigation Lights

>12m: a or b / >12m: b only

### 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

Batteries - secure, vented, protected

Natural ventilation for engine and fuel tank comp.

Exhaust fan  Radar reflector

Flame arrestor  Magnetic Compass

Heat shielding  Marine charts & publications

Capacity plate (vessel < 6m)  Propane - safe installation

Fuel tank shut-off valve  Ignition Protection

Tool box and essential spares  Wiring in Order

Towing Bit or Bridle  Bilge Clean

Master Switch  Engine Kill Switch (if applicable)

Fusebox or Circuit Breakers  Seacocks (if applicable)

Sea Strainers (if applicable)  Safety Helmets

Vapor detector  Gas  Propane

### Compulsory SAR Equipment

Additional PFD's (2)  Radar

GPS / Loran C  VHF Radio

Depth Sounder  Binoculars

Log Book  Fenders / mooring lines

Boat Hook  Security Knife

Search Light  Hypothermia blanket

First aid kit  Other: \_\_\_\_\_

Tow line not less than 25m, diameter 1/2"

### Optional Equipment

DSC  MMSI

SAR Pump  Pre-departure check list

Deviation Card  Chart Tools

Camera  Water & Rations

Towing Light  Spare anchor and Rode

406 EPIRB UIN: \_\_\_\_\_  Datum Marker Buoy

Thermal Detection Equipment  AED

Hypothermia Treatment  Blankets

NVG  Oxygen Therapy

Oxygen Warming Equipment  Basket Stretcher

Spine Board  Defibrillator

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Cellular # \_\_\_\_\_

Satphone # \_\_\_\_\_

### Proof of Competency

PCOC Card  Navigation Course

Professional Marine Certificate  Radio Operator Certificate

### Examination

Complete  Incomplete  Decal Issued

Examiner's Name: \_\_\_\_\_

Examiner's No.: \_\_\_\_\_

Signature: \_\_\_\_\_

Comments: \_\_\_\_\_

### Owner / Operator

Date: \_\_\_\_\_

Signature: \_\_\_\_\_