



VESSEL SAFETY CHECK

Cleveland Metroparks
Ranger Department
4600 Valley Parkway
Fairview Park, OH 44126
(440) 331-5530

DATE _____ TIME _____ LOCATION _____

PURPOSE OF CONTACT RAMP/VSC VIOLATION SPOT CHECK OTHER

VESSEL DESCRIPTION

REGISTRATION NUMBER			
LENGTH	COLOR	MAKE	TYPE
OPERATOR'S NAME			
STREET ADDRESS			
CITY	STATE	ZIP	
DOB	AGE	PHONE NUMBER	

YES	NO	DNC	N/A	(DNC=Did Not Check, N/A=Not Applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valid Registration/Documentation Paperwork
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vessel Number Displayed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NASBLA-approved Boating Education card
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wearable Personal Flotation Device (PFD) Per Person
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Throwable Personal Flotation Device
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Capacity Plate Attached POB: WT: HP:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Within Capacity POB: WT: HP:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher(s)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Anchor and Line <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Distress Signal Federal Inland
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flame Arrestor Properly Installed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation – Engine
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ventilation – Fuel Tank
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sound Producing Device
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required Lights (night or restricted Visibility)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Approved Muffler dB READING.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Legal Sanitary System

Personal Watercraft		If 26' or longer:		
YES	NO	YES	NO	DNC
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Flotation Device Worn		Pollution Placard		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Operation Age		Garbage Placard		
<input type="checkbox"/>	<input type="checkbox"/>	If 12 meters (39.4') or longer:		
Engine Cut-off Lanyard Attached <input type="checkbox"/> N/A		Power Whistle or Horn & Bell <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
		On Board Navigation Rules <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		

PFDs	Acceptable		Unacceptable		People On Board:				
	Adult	Child	Adult	Child	YES	NO	PFD Worn?	Adults	Children
1					<input type="checkbox"/>	<input type="checkbox"/>	Alcohol On Board		
2					<input type="checkbox"/>	<input type="checkbox"/>	Warning(s) # of		
3					<input type="checkbox"/>	<input type="checkbox"/>	Citation #		
4					<input type="checkbox"/>	<input type="checkbox"/>	Vessel Terminated		
5					<input type="checkbox"/>	<input type="checkbox"/>	Decal Issued		

Comments:

RANGER _____ ASSISTED BY _____