

U.S. Coast Guard 17th Coast Guard District

UPV Uninspected Passenger Vessel (Maximum 6 Passengers) Safety Equipment Examination		
This vessel meets all USCG Uninspected Passenger Vessel Safety Equipment Requirements		This decal expires the last day of : 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/>
Decal No. <input type="text"/>		
This vessel exceeds USCG Uninspected Passenger Vessel Safety Equipment requirements and qualifies for the below Safety Star Rating		
<input type="text"/>		
U.S. Department of Homeland Security		

Un-Inspected Passenger Vessel (UPV)
and
5 Star Safety

Dockside Examination Form

Web Site:
www.alaska5star.us

January 2010 Edition

<u>Vessel Name</u>			<u>Registration or Documentation #</u>		<u>Name:</u> <input type="checkbox"/> Owner <input type="checkbox"/> Operator		<u>Examination Date</u>	
<u>Length</u>	<u>Beam</u>	<u>Draft</u>	<u>Net Tonnage</u>	<u>Year MFG.</u>	<u>Mailing Address</u>			
<u>Vessel Color(s)</u> Hull Deck Super Structure			<u>Vessel Make (MFG)</u>		<u>City, State, Zip.</u>			
			<u>Vessel Model:</u>		<u>Street Address if Different than Mailing</u>		<u>Work Phone Number</u> ()	
<u>Usage</u>	<u>Fuel Type</u>	<u>Horse-power</u>	<u>Propulsion Type</u>		<u>City, State, Zip.</u>		<u>Cell or Home Number</u> ()	
<input type="checkbox"/> UPV	<input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Other		<input type="checkbox"/> Inboard <input type="checkbox"/> Outboard <input type="checkbox"/> Sail		<u>Email Addresses:</u>			
					<u>Operator U.S. Coast Guard License Number</u>		<u>Name of License Holder</u>	
<u>Hull Structure</u>			<u>Hull Identification Number</u>		<u>Operator US Coast Guard License Type</u>		<u>License Expiration Date:</u>	
<input type="checkbox"/> Wood <input type="checkbox"/> Fiberglass <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum			<u>Home Port</u>		<u>Marina Slip #</u>	<u>Vessel Exam Location</u>		<u>Sector Command</u> <input type="checkbox"/> Anchorage <input type="checkbox"/> Juneau
<u>Drug Testing Consortium Name:</u>					Charter Association Membership Information <input type="checkbox"/> Not a Member			
<u>Address:</u>					<u>Name</u>			
<u>City/State/Zip</u>					<u>Address</u>			
<u>Telephone:</u>					<u>Phone Number</u>		<u>Email Address</u>	
If available, Crewmember Names and Most Recent Drug Test Date					UPV Decal Issued: <input type="checkbox"/> Yes <input type="checkbox"/> No		5 Star Participant:	
<u>Name :</u>					UPV Decal Number: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>Drug Test Date:</u>					Initial Issue <input type="checkbox"/> Renewal: <input type="checkbox"/>		Number Stars Earned:	
1. _____					Issue Date:		Expiration Date:	
2. _____					Expiration Date: 31 December _____		31 December _____	
3. _____								
4. _____								
<p>A voluntary UPV dockside examination has been completed. However a UPV Safety Decal cannot be issued due to the following deficiencies: (note deficiency by item number, with an explanation, and identify any Extremely Hazardous Conditions (EHC). Use additional sheet as required.</p> <p>_____</p> <p>_____</p> <p>_____</p>								
<p>When these deficiencies are corrected, please call this number to schedule a re-examination: Examiner Name: _____ Phone Number: _____</p>								
<p>Congratulations! Your vessel is in compliance with all applicable UPV regulations. The decal is valid for 2 years provided that all regulatory and operating requirements remain current. Please keep this form on board and show it to the Coast Guard if the vessel is boarded.</p>								
<p><i>I CERTIFY that I have personally examined the vessel and find it meets the requirements of this report at the time of the examination.</i></p> <p>Examiner Printed Name: _____ Issuing Examiner Signature: _____ Examiner Unit: _____</p>								
<p>By accepting this UPV decal I pledge to always maintain my vessel and equipment to the standard of safety qualified for during this examination. I will remove this decal if the vessel is sold or the vessel no longer meets these requirements.</p>								
<p>Vessel Representative Signature: _____ Date: _____</p>								

U.S. Coast Guard UPV & 5 Star Marine Examination Check List

1/2010 Edition

Vessel Name:

Date:

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Subject	Y	N	N/A	Subject	Y	N	N/A
1. DISPLAY OF NUMBERS, NAME, MARKINGS: Name, hailing port, proper size, current AK sticker. State vessels - 33 CFR 173. Documented vessels - 46 CFR 67.				15. FUEL SYSTEM: Tanks secure, Over 7 gallons are considered permanent & must be grounded / vented. Approved hoses in good condition, no leaks. 33 CFR 183.514, .524, .528, & .572.			
2. NAVIGATION LIGHTS: Proper navigation lights and all around anchor light. 33 CFR 84, COLREGS 72.				16. POLLUTION PLACARD: Vessels 26 ft. & over w/machinery compartment. 33 CFR 155.450.			
3. SOUND PRODUCING DEVICE: Vessels less than 12 m. or 39.4 ft. require means to make efficient sound: whistle, horn, or other. 72 COLREGS Rule 33.				17. ELECTRICAL SYSTEMS: Batteries secure, terminals covered, well organized wiring, proper fuses/circuit breaker. 33 CFR 183.420.			
3a. SOUND PRODUCING DEVICE: Vessel 12m or greater; whistle required. 20m or greater whistle and a bell. 72 COLREGS Rule 33.				18. MARINE SANITATION DEVICE – (MSD) Installed MSDs must be approved and operable, overboard discharge secured by acceptable method. 33 CFR 159.7.			
4. REGISTRATION OR DOCUMENTATION Registration or Documentation must be current & onboard. 46 CFR 67. 33 CFR 173.				19. GALLEY / HEATING SYSTEMS: Secure system, proper tank installation. No flammable material nearby. 46 CFR 25.45.			
5. HULL IDENTIFICATION NUMBER or OFFICIAL Number: HIN permanently marked: 33 CFR 181.23 or Official # permanently affixed- 46 CFR 67.121. If mono-hull < 20 ft, has CG Capacity Plate visible. 33 CFR 183.23.				20. MARINE TRASH PLACARD: Must be displayed on vessels 26 ft. and over. 33 CFR 151.59.			
6. USCG LICENSE: On Board, Current, Licensed for area of operation & tonnage. 46 CFR 15.605 & .905; 46 CFR 26.20 & 15.401.				21. OVERALL VESSEL CONDITION (Bilge & Equipment area clean, well maintained. Not overloaded, overpowered, or NO AUTOMOTIVE PARTS, USE MARINE PARTS ONLY.			
6a. Transportation Worker Identification Card (TWIC) : Licensed operators has valid TWIC in possession. Required after 15 April 2009.				22. CHARTS & PUBLICATIONS: International Rules apply. Charts, Coast Pilot, light list, tide & current table or extracts on board. 46 CFR 26.03-4.			
7. TWO LICENSED OPERATORS. Operator aware of requirement for adequate watches for voyages >12 hrs. 46 USC 8104(b).				23. COMMUNICATIONS: Power driven Vessel 65.6 ft (20 m) or over: Radiotelephone (VHF-FM) required. 33 CFR 26.03. <u>Note:</u> FCC station license not required for typical UPV unless international voyage.			
8. PFDs: ONE APPROVED READILY AVAILABLE TYPE I or commercial TYPE V (Type V must be worn when not in enclosed space) of appropriate size for EACH PERSON ON BOARD 46 CFR 25.25.				24. WASTE MANAGEMENT PLAN: <u>Ocean going</u> vessels 40 ft or greater must have written plan. 33 CFR 151.57. Ocean going = greater than 3 miles beyond boundary line.			
8a. EACH Type I or V PFD equipped with retro reflective material (31 sq. in) and in good <u>serviceable</u> condition. 46 CFR 25.25-15.				25. SAFETY ORIENTATION GIVEN BEFORE EACH VOYAGE. 46 CFR 26.03 (or instructional placard provided).			
8b. PFD LIGHT REQUIRED IF OPERATING BEYOND BOUNDARY LINE: DATED BATTERIES REQUIRED. 46 CFR 25.25-13.				26. EMERGENCY INSTRUCTIONS POSTED. 46CFR 26.03 Instruction should cover rough weather, man overboard, and fire.			
8c. CHILD PFD Requirements: USCG approved Type I, II, or III PFD must be worn by each child under 13 in open skiff or on deck. AS 05.25.010(g) / 33 CFR 175.15.				27. PASSENGER COUNTS TAKEN. 46 USC 3502 Note : If 100 GT or greater, master must prepare and pass ashore voyage plan with crew and passenger list. 46 CFR 26.03-9.			
9. TYPE IV THROWABLE: For Vessels 16 ft. or greater and less than 26 ft.; one Type IV Device on board. 33 CFR 175.11.				28. OPERATOR AWARE OF PROPER ACCIDENT AND CASUALTY REPORTING. 46 CFR 4.05.			
10. At least ONE Approved 24" Ring Buoy : On vessels 26 ft. and greater. Immediately available with GRAB LINE, all in serviceable condition. 46 CFR 25.25-5 (d). If at least 100 GT, must have 3.				29. DRUG TESTING PROGRAM IN EFFECT: (Pre-employment, random, periodic, probable cause, serious casualty) 46 CFR 16.			
11. VISUAL DISTRESS SIGNALS (VDS) INTERNATIONAL – Minimum 3 day/night flares/aerial rockets or approved signals, NOT EXPIRED. Watertight container. 33 CFR 175.				29a. ALL CREWMEMBERS enrolled in drug testing program 46 CFR 16.210.			
12. FIRE EXTINGUISHERS: USCG approved, proper number & size, mounted, Gauges or Current Inspection Tags: 46 CFR 25.30.				29b. MEANS FOR 2 HR ALCOHOL TEST ON BOARD following serious marine incident. 46 CFR 16.240.			
13. BACKFIRE FLAME ARRESTOR: For gasoline engines only, approved type, properly installed, and clean. 46 CFR 25.35.				30a. If 100 GT or greater , operating more than 3 miles seaward of territorial sea base line, must have EBIRB CAT 1, float free 406 EPIRB on board and registered. 46 CFR 25.26-10.			
14. VENTILATION: Gas engines w/ closed compartments. WARNING Label by ignition switch. Installed blower must work. 46 CFR 25.40.				30b. If 100 GT or greater, must have survival craft for <u>ocean voyage</u> with capacity for all on board. 46 CFR 25.25-17.			

		Y	N
<u>5 STAR SAFETY REQUIREMENTS:</u>	Does the vessel request to participate in the 5 Star Program?		
<p>Optional Examination:</p> <p>One Star awarded for each requirement satisfied.</p>	Pre-requisite: The vessel meets all UPV decal requirements on page 3 of this form.		
	1. Vessel has a safety training program and the training program is documented.		
	2. Vessel has high capacity bilge pump and audible high water alarm. Alarm must be heard in all parts of vessel. Test alarm and pump.		
	3. Portable handheld 5 watt VHF FM Radio. Test operation.		
	4. Properly mounted and registered 406 MHZ Cat. I or Cat. II EPIRB. Tested monthly.		
	5. CG Approved life raft or Inflatable Buoyant Apparatus (IBA), valise or canister type, w/ minimum capacity for all passengers carried or equivalent.		

D17 UPV/ 5 star Website: http://www.alaska5star.us	Was a UPV Decal Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	UPV Decal # _____ DATE EXPIRES: _____	5 Star Participant <input type="checkbox"/> Yes <input type="checkbox"/> No	Number Safety Stars Earned: _____
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<p style="text-align: center;"><u>NOTICE</u></p> <p>This check list is furnished for your information. There is no assumption of liability of any kind for either services given or any options expressed in connection with this examination. BY ACCEPTING THE UPV DECAL, YOU ARE PLEDGING TO MAINTAIN YOUR BOAT AND EQUIPMENT TO THE STANDARDS OF SAFETY EXHIBITED DURING THE EXAMINATION. THIS EXAMINATION IS NOT AN OFFICIAL BOARDING FOR LAW ENFORCEMENT PURPOSES. It is recommended that you correct any deficiencies noted for your own safety and / or compliance with regulations. ALL INFORMATION GIVEN TO THE U.S. COAST GUARD EXAMINER IS VOLUNTARY. REMOVE THE DECAL(S) IF THIS VESSEL IS SOLD or CONDITIONS ARE NO LONGER MET.</p>	Examiner's Printed Name: _____ Signature: _____ Telephone Number: _____ <hr/> Owner/ Operator Printed Name: _____ Signature: _____ Telephone Number: _____
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UPV / 5 Star Form Distribution:
 Original: Vessel Owner or Operator
 Copy: USCGD17(dpi), UPV Mgr, PO Box 25517, Juneau, AK 99802
 Copy: Examiner