



**Charter Boat
Check-Out/Check-In
Form**

TRIP:

Skipper: _____ **Phone:** _____

Boat Type & Size: _____ **Boat Name:** _____

Draft: _____ **Beam:** _____ **Mast Height:** _____

Water: Cap. _____ Gal. in _____ tank(s) **Waste:** Cap. _____ Gal in _____ tank(s) **Fuel:** Cap. _____ Gal

THIS FORM IS FOR ENSURING THAT ALL BOAT SYSTEMS HAVE BEEN CHECKED AND ARE OPERATIONAL. PLEASE ALSO INDICATE, WHERE APPROPRIATE, WHAT THE CONDITION WAS PRIOR TO ANY CORRECTIVE ACTION. IN THIS WAY, THE CONDITION OF THE VESSEL AT BOARDING AND THE PERFORMANCE OF THE CHARTER COMPANY CAN BE MEASURED. AT THE END ARE TWO QUESTIONS FOR YOU TO PROVIDE YOUR OVERALL EVALUATIONS.

1. **BEFORE DEPARTURE:** Please verify all of the following. Indicate 'N/A' for any items not present.

ON-DECK

Mainsail Operation

- ___ Deployment ___ Mast hoist ___ Furling
- ___ Sail Condition ___ Exc. ___ Good ___ Fair ___ Poor
- ___ Reefing System ___ Slab / Jiffy ___ Roller
- ___ Boom Vang / Preventer
- ___ Traveler
- ___ Topping Lift(s)

Jib Operation

- ___ Deployment ___ Hank-on ___ Furling
- ___ Sail Condition ___ Exc. ___ Good ___ Fair ___ Poor

Other Sail Operation (Type: _____)

- ___ Deployment ___ Hank-on ___ Furling
- ___ Sail Condition ___ Exc. ___ Good ___ Fair ___ Poor

Other

- ___ Fuel Fill Location: _____
- ___ Water Fill Loc(s): _____
- ___ Waste Pump-Out(s) Loc(s): _____

Anchor Locker

- ___ Primary anchor Type: _____
- ___ Anchor Rode: _____ Feet
- ___ Rode Attached ___ Yes ___ No
- ___ Bitter End Attached ___ Yes ___ No
- ___ Spare Anchor Type _____
- ___ Spare Rode Attached ___ Yes ___ No
- ___ Bitter End Attached ___ Yes ___ No
- ___ Windlass Operation ___ Elec ___ Manual

Condition of:

- ___ Dock Lines (Qty: _____)
- ___ Running Rigging (Halyards, sheets, etc)
- ___ Standing Rigging (Shrouds, stays, etc.)
- ___ Lifelines
- ___ Stanchions
- ___ Dodger
- ___ Bimini
- ___ Deck Fittings (Chocks, cleats, etc.)

COCKPIT

- Compass Condition _____
- Instruments Depth Speed Wind
- Autopilot
- Bilge Overboard Discharge
- Manual Bilge Pump
- Bilge Pump Handle Location _____
- Emergency Tiller Location _____
- Emergency Tiller Use
- Hatch Boards
- Locks/Keys (Combo: _____)
- Engine Key
- Winch Handles Qty: _____ (min. 2)
- Boat Hook
- Fenders Qty: _____
- Centerboard Works
- Shore Power Cable(s) Qty: _____
- Swim Shower and Shut-off
- Mop Deck Brush Bucket Hose

ENGINE

- Start/Stop Procedure
- Maximum RPM (load: _____ and no-load: _____)
- Oil Level OK Low High
- Coolant Level OK Low High
- Fuel Cut-off at Engine
Location: _____
- How Much Extra Oil? _____ Qts.
- Fuel Filter
- Water Filter
- Belt Tension OK Loose Tight
- Alarm(s) Operational Yes No
- Gauges Operational Yes No
- Exhaust Cooling Water Yes No

DINGHY

- Type: Inflatable Hard-shell
- Condition E G F P
- Fuel Type & Qty. _____
- Outboard Use
- Oars
- Air Pump
- Patch Kit
- Other _____

SAFETY

- Air Horn Bell
- Extra Horn Gas Yes No
- Radar Reflector Yes No

Life Jackets:

- Location _____
- Quantity _____
- Condition E G F P
- Horseshoe Ring(s) Yes No
- Life Sling Yes No

Fire Extinguishers:

- How many?
- Locations _____ (1)
- _____ (2)
- _____ (3)

Flares:

- Location
- Dates
- How many un-expired?
- How many total?

First Aid Kit:

- Location _____
- Adequately stocked Yes No

CHART TABLE

- Charts Yes No
- Plotting Instruments Yes No
- Owner's Papers Yes No
- VHF Radio Cockpit Repeater Y N
- Tank Keys Yes No N/A
- Flashlight(s) Yes No
- Binoculars Yes No
- Tool Box (Location: _____)
- Radar
- GPS Chart Plotter
- Other _____
- _____
- _____

POTABLE WATER SYSTEM

- Water Tank Locations _____
 Water Tank(s) Filled? Yes No
 Water Tank Valves/Controls
 Location _____
 Water Pump - Electric
 Water Pump(s) – Manual Yes No
 Sea Water Faucet
 Sea Water Switch-Over Valve
 Water Heater Works
 Water Heater Location _____

HEAD(S)

- 1 2
 Head Works Yes No
 Head Sink Faucet Works Yes No
 Head Sink Drain Works Yes No
 Shower Works Yes No
 Shower Drain Pumps Work Yes No
 Holding Tank(s) Empty?
 Location(s): _____
 Holding Tank(s) Level Indicator Yes No
 Y-Valve Location(s) _____
 Y-Valve Position(s) Tank Overboard
 Y-Valve(s) Properly Secured Yes No

GALLEY

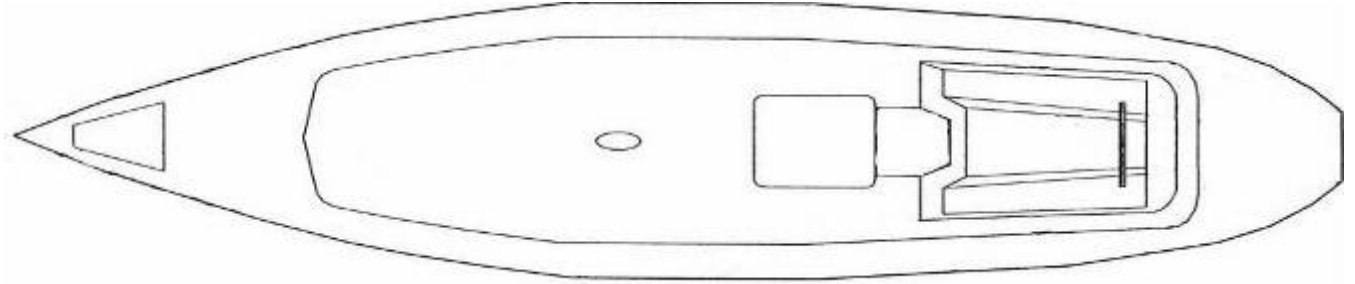
- Oven Works
 Stove Works Yes No # burners
Stove Fuel:
 Type LPG CNG Alcohol
 Quantity: _____ psi/quarts (circle one)
 Tank Location _____
 (If topside, show on drawing)
 Safety Solenoid & Switch Location
 Ice Box Refrigeration
 Mech'l Refrig. Works Yes No
 Elect'l Refrig. Works Yes No
 Ice Box Drain/Pump Works Yes No
 Galley Sink Drain Works Yes No

ELECTRICAL

- Power Panel
 Battery Switches Qty: Loc: _____
 Instrument Switches
 Interior Lights & Switches
 Navigation Lights
 Anchor Light
 Battery Condition E G F P
 Bilge Pump (Manual Electric)
 Bilge Pump (Automatic Electric)

THRU-HULL and SEACOCK LOCATIONS

- | | |
|--|---|
| <input type="checkbox"/> Head Intake(s) | <input type="checkbox"/> Head/Holding Tank Overboard Discharge(s) |
| <input type="checkbox"/> Head Sink Discharge(s) | <input type="checkbox"/> Shower Sump Discharge(s) |
| <input type="checkbox"/> Galley Sink Seawater Intake | <input type="checkbox"/> Galley Sink Drain |
| <input type="checkbox"/> Engine Raw Water Intake | <input type="checkbox"/> Bilge Pump Discharge(s) |
| <input type="checkbox"/> Air Conditioner Intake | <input type="checkbox"/> Air Conditioner Discharge |
| <input type="checkbox"/> Refrigeration Intake | <input type="checkbox"/> Refrigeration Discharge |
| <input type="checkbox"/> Cockpit Scuppers | <input type="checkbox"/> Other : _____ |



Please indicate locations with either lines or number key.

Problems encountered before departure:

What was done about any problem discovered before departure?:

Were they all corrected to your satisfaction? ____ Yes ____ No

What was not corrected to your satisfaction and why not?

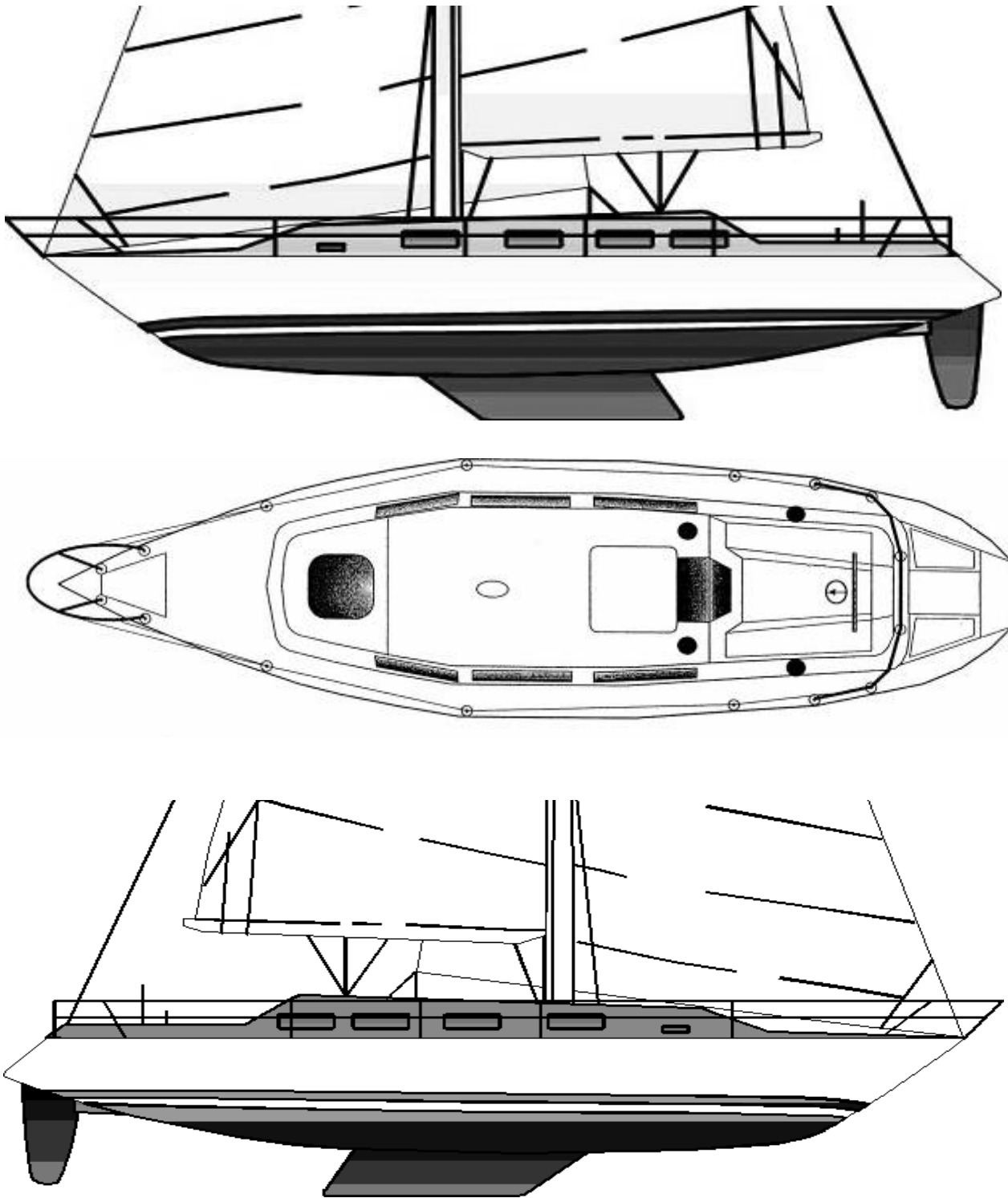
I hereby acknowledge the above information:

_____ **Charter Company Representative Signature**

Print Name: _____

PLEASE DOCUMENT ANY EXISTING HULL OR DECK DAMAGES
DISCOVERED PRIOR TO DEPARTURE

Please use photographs as necessary



**Charter Co. Representative's Acknowledgement
of existing hull & deck conditions**

Print Name: _____

2. DURING TRIP

Any events or problems occur on the trip? (Gear missing, inoperable, lost, groundings, collisions, etc.)

WERE ALL ITEMS MENTIONED ABOVE REPORTED TO THE CHARTER FIRM?

YES **NO** **WHEN?** _____

HOW? **IN PERSON** **TELEPHONE** **VHF**

SPOKE WITH _____

WITNESS _____ **Print Name** _____

What was not reported, and why not?

What was the charter firm's response to your report?

Witness: _____ **Print Name:** _____

3. AFTER TRIP

DID YOU TOP OFF FUEL UPON RETURN? YES NO

How much fuel was purchased? _____ Gallons

Did you pay for it? (save receipt) Yes No

DID YOU PUMP OUT THE HOLDING TANK?

During Trip? YES NO

Upon Return? YES NO

Did you pay for it? (Save receipt) YES NO

4 ARE THERE ANY OTHER COMMENTS (Use back of page for additional space)?

OVERALL, HOW WOULD YOU RATE THIS VESSEL?

POOR

EXCELLENT

1-----2-----3-----4-----5

OVERALL, HOW WOULD YOU RATE THIS CHARTER FIRM

POOR

EXCELLENT

1-----2-----3-----4-----5

PLEASE RETURN TO: Gary Brubaker, 554 Marietta Ave., Swarthmore, PA 19081