### Nicholls State University

**Monthly Boater Safety Inspection**

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

Boat Name:\_\_Miss Dee\_\_\_\_\_\_

Boat Registration Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Vessel** | **YES** | **NO** |
| Fire Extinguisher |  |  |
| Flares |  |  |
| Personal Floatation Device |  |  |
| Sound |  |  |
| Communication |  |  |
| Lighting |  |  |
| First Aid Kit |  |  |
| Vessel Damage |  |  |

|  |  |  |
| --- | --- | --- |
| **Trailer** | **YES** | **NO** |
| Lights/Brake Lights |  |  |
| Tire Wear |  |  |
| Tire Inflation |  |  |
| Emergency Flashers |  |  |
| Turn Signals |  |  |
| Emergency Chain |  |  |

Comments/Recommendations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Upon completion, Copy shall be forwarded to:**

**Director of Environmental Health and Safety**

### Nicholls State University

**Monthly Boater Safety Inspection**

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

Boat Name:\_\_Little Green\_\_\_\_\_\_

Boat Registration Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Vessel** | **YES** | **NO** |
| Fire Extinguisher |  |  |
| Flares |  |  |
| Personal Floatation Device |  |  |
| Sound |  |  |
| Communication |  |  |
| Lighting |  |  |
| First Aid Kit |  |  |
| Vessel Damage |  |  |

|  |  |  |
| --- | --- | --- |
| **Trailer** | **YES** | **NO** |
| Lights/Brake Lights |  |  |
| Tire Wear |  |  |
| Tire Inflation |  |  |
| Emergency Flashers |  |  |
| Turn Signals |  |  |
| Emergency Chain |  |  |

Comments/Recommendations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Upon completion, Copy shall be forwarded to:**

**Director of Environmental Health and Safety**

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### Nicholls State University

**Monthly Boater Safety Inspection**

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

Boat Name:\_Shock Boat \_\_\_\_\_\_

Boat Registration Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspector:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **Vessel** | **YES** | **NO** |
| Fire Extinguisher |  |  |
| Flares |  |  |
| Personal Floatation Device |  |  |
| Sound |  |  |
| Communication |  |  |
| Lighting |  |  |
| First Aid Kit |  |  |
| Vessel Damage |  |  |

|  |  |  |
| --- | --- | --- |
| **Trailer** | **YES** | **NO** |
| Lights/Brake Lights |  |  |
| Tire Wear |  |  |
| Tire Inflation |  |  |
| Emergency Flashers |  |  |
| Turn Signals |  |  |
| Emergency Chain |  |  |

Comments/Recommendations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Upon completion, Copy shall be forwarded to:**

**Director of Environmental Health and Safety**