

RPAYC Cruising Regulations

OCEAN

Equipment Audit Form

Boat Name:		Person in Charge:		
Sail Number:		Maximum Crew:		
Hull Material:	Deck Material:	Hull Colour:	Deck Colour:	NSW Maritime Reg No.:

This Audit is valid until 20..... Boat equipment may subject to a check inspection iaw CR 2.02.1 during this period.

CR	Item	Owner	Auditor	CR	Item	Owner	Auditor
2.03.2	Heavy items - secure			4.06	Charts , Books - Colregs, Green Book		
3.04.2	Stability - IMS cert, Cat A STIX > 35			4.07	GPS - permanent installation		
3.06	Escape Exits - 1 fwd, 1 aft			4.07.2	GPS- handheld, water resist.		
3.07	Hatches,& companionways			4.08	Depth sounder - fitted, visible from helm		
3.08	Cockpit - drains (2+) , openings (secure)			4.09	Log - distance, not GPS		
3.09	Seacocks - shut-offs, below LWL			4.12	Emergency steering - tiller, other alternative		
3.10	Plugs - valves, seacocks, lanyard			4.12.1	Tools - rigging, routine, emgy. maintenance		
3.11	Mast - keel stepped heel secure			4.12.2	Spares - filters, belts, oil, seals, impeller		
3.12	Pulpits, stanchions, lifelines			4.12.3	Bosun's chair		
3.13	Nets & tramps			4.12.4	Knife - high mod. fibre capable, sharp, c'pit		
3.14	Toerail - 20mm			4.13	Boat's name - PFDs, lifesling, cushions etc		
3.15	Toilet(s) - secure			4.15	EPIRBs - location, liferaft(s), date		
3.16	Bunks – secure, fitted			4.16	Liferaft(s) - all crew, stowage location, cert.		
3.17	Galley - stove, secure, gas cert, sign			4.18	Lifebuoys - 1+ sling/module, light, pole, colour		
3.18	Water tanks - 2, pump, addl. pot water			4.19	Flares - 6P, 4R, 2W, 4O, waterproof container		
3.19	Handholds - below deck			4.20	Heaving line - float, access from c'pit		
3.20	Bilge pps x2 (m), buckets x 2 + lanyards			4.21.3	Storm trysail, storm jib, high vis.		
3.21	Compasses - marine magnetic, emgy.			4.21.3.1	Mainsail - reef 50%+		
3.22	Nav. Lights - IRPCAS, spares, reserves			4.22	Sail numbers, portable sail number		
3.23	Engine & fuel - speed, instaln., tank(s), shut-offs, capacity, 200nm			4.23	Halyards - 2 + on each mast		
3.24.3	HF - emgy. antenna, cert., satphone alt.			4.25	MOB - explain retrieval method		
3.24.4	VHF - 1, installed, emgy antenna			4.26	Distress sheet		
3.24.6	VHF - portable, charger/batteries			4.27	Stowage chart		
3.24.8	Receiver - weather			5.01.1	Lifejackets - all crew, inflate test, Level 150		
3.24.10	Mobile phone - charger			5.01.3	Lifejacket – consistent with user size		
3.25	AIS			5.01.14	Lifejackets – spare bottles, jacket		
3.26	Batteries - Gel/AGM, dedicated start			5.02	Harness+ tether (2m) - all crew, crotch straps		
3.27	Barometer			5.02.5	Tether (1m) - 30% of crew		
3.28	Hull identification			5.02.7	Tether clipping points		
4.01	Fire extinguishers - 2x10BE, fire blanket			5.03.1	Jackstays, strong points		
4.02	Anchor - 2, chain and line, ready for use			5.04	Personal lights - all crew, strobe/SOLAS		
4.03.2	Flashlights - 3, floating, spares			5.06	Personal EPIRB - crew on deck		
4.04	Foghorn - sound signalling device			6.02	Medical kit - contents, in date, WT container		
4.05	Radar reflector - 10m ² RCS			6.02.3	First Aid - certs (2)		

DECLARATION BY PERSON IN CHARGE:

I have read and understand my obligations as set out in the RPAYC Cruising Regulations (CR), in particular 1.02 Responsibility of the Person In Charge. I understand that the audit is carried out only as a guide to Owners, Persons in Charge and Event Organisers. An auditor cannot limit or reduce the complete and unlimited responsibility of the Person in Charge as defined in CR 1.02. I undertake to maintain the boat and all of its equipment in good order and condition as specified in the RPAYC Cruising Regulations

Signed: Date: Received by: Date:

DECLARATION BY EQUIPMENT AUDITOR

The equipment onboard this boat has been compared with the equipment listed on the audit form and the items listed were found to be on board at the time of the audit.

Audit Date: Compliance Sticker Issued Audited by: Signature:

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Equipment Audit Form - Corrective Actions

If, as a result of the audit there are corrective actions to be undertaken by the owner / representative then they should be listed here so that they can be closed-out prior to the Audit Form being signed off by an accredited auditor.

Corrective Action Item	Corrective Action Completion Verified (Auditor / RPAYC Sailing Office staff)	Date