

# Inspected Towing Vessel Lease or Charter Inspection Checklist

Leasing/Chartering Company	
Address	
Contact Person's Name	
Phone Number	
Email Address	
Has the Leasing/Chartering Company contacted their TPO?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

Leasee/Charteree Company	
Address	
Contact Person's Name	
Phone Number	
Email Address	
Has the Leasee/Charteree Company contacted their TPO?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

## A. CERTIFICATE OF INSPECTION

Certificate of Inspection Issue Date		<input type="checkbox"/> Not Applicable
Last Credited Dry Dock Survey Date		<input type="checkbox"/> Not Applicable
Last Credited ISE Survey Date		<input type="checkbox"/> Not Applicable
Last Annual Survey Date		<input type="checkbox"/> Not Applicable
Are there any open deficiencies or non-conformities?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

If yes, please note or reference other records or documents.


Has the Leasee/Charteree Company requested from the cognizant OCMI for the COI to be amended? Recommend 10-15 days in advance of possession, or as soon as practicable. Be prepared to submit objective evidence (e.g., COFR, Charter Agreement, Checklist, VSP Approval, VRP approval, TSMS Certificate/Addendum). Review preferred endorsements on amended COI.

<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
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\*This document is primarily for TSMS option to TSMS option agreements. If transitioning from TSMS option to CG option, most items are still applicable, but one may expect an inspection by the Coast Guard.

Vessel Name	
Official Number	
Length	
Gross Registered Tons	

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## B. COMPLIANCE DOCUMENTS

		DATE	INITIALS
1	Has an on-charter survey been conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
2	Are all agreements executed, e.g., bareboat charter, return terms, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
3	Does the vessel have a valid Certificate of Documentation onboard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
4	Does the vessel have a valid FCC Radio Station License onboard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
5	Is the vessel 300 GRT or greater?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
5a	If yes, has the Leasee/Charteree Company received validation to guarantee the Certificate of Financial Responsibility (COFR)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
6	Is the vessel 400 GRT or greater?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6a	If yes, has the Leasee/Charteree Company received validation of the amended Non-tank Vessel Response Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
7	Is the vessel subjected to the Marine Transportation Security Act (MTSA)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7a	If yes, has the Leasee/Charteree Company added the vessel to their Vessel and/or Facility Security Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
8	If applicable, are oil transfer hose test records onboard or immediately available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
9	Is the PE letter for the fire detection system onboard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
10	Have the firefighting maintenance records been reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
11	Is the vessel enrolled in the Leasee/Charteree Company's EPA VGP Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
10	Where applicable, are the vessel's General Arrangement, e.g., lifesaving and firefighting equipment, vessel lay out, etc. plans accurate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
11	If a TSMS option vessel, is it well understood that the vessel will need an external in six months?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

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## C. MAINTENANCE ACTIONS/DOCUMENTS

		DATE	INITIALS
1	Has sea trials or records of a sea trial been conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
2	Has previous maintenance records been reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
3	Where applicable, are tank arrangements and piping diagrams available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
4	If applicable, are Oil Transfer Procedures onboard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
5	Where applicable, are records or data available to verify that the vessel complies with the appropriate EPA emissions requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
6	Are scantlings available to the Leasee/Charteree?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
7	Date of last Alarm Setpoint Test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
8	Date of last test or renewal of pressure vessel safety relief valves?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

## D. CHARTER/LEASE TERMS and/or LEGAL

		DATE	INITIALS
1	Has an on-charter survey been conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
2	Are all agreements executed, e.g., bareboat charter, return terms, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
3	Has the vessel been added to the Leasee/Charteree's Insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

## E. HEALTH, SAFETY, SECURITY, & ENVIRONMENT

		DATE	INITIALS
1	Is the Health and Safety Plan onboard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
2	Is the TSMS onboard?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
3	Does the onboard lifesaving equipment comply with the COI?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
4	Does the onboard firefighting equipment comply with the COI?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

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5	Has new crewmembers been orientated to the vessel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
6	If applicable, has crewmembers been trained on Navigation Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
7	Have the following drills or other approved training been conducted?			
7a	Fire	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
7b	Man Overboard	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
7c	Flooding	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
7d	Abandon the Vessel	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
7e	Oil Spill	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
7f	Security	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
8	Has a Vessel General Permit (VGP) inspection been conducted on the vessel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		

## F. SIRE INFORMATION

		DATE	INITIALS
1	Has the vessel been subjected to SIRE?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
1a	If yes, what is the last SIRE inspection date?		
2	Are there any open action items resulting from a SIRE inspection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
2a	If applicable, has the corrective action plan been disclosed to the Lessee/Charteree Company?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
3	Where applicable, has the vessel been added to the Lessee/Charteree Company's SIRE Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

## G. MISC. INFORMATION

		DATE	INITIALS
1	Does the vessel have sufficient fluids onboard to begin its initial voyage under the new operator?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	
2	Is the vessel equipped with critical stores, e.g., fuel filters, water filters, oil filters, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable	

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3	Is the vessel equipped with the appropriate charting equipment, e.g., Rosepoint, charts, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		
4	Has a review of the TSMS been conducted to ensure the newly introduced vessel meets the policies, procedures, and protocols of the TSMS?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		

## H. NOTES


I have been presented with objective evidence that all of the above required tasks/documents have been completed and that the vessel named is in satisfactory condition and is fit for its intended route and service.

**Port Captain/Operations**

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**Date**

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Length	
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