



OUTFITTING COMPANY RESPONSIBILITY SITE VISIT CHECKLIST



COMPANY NAME: _____

COMPANY REP: _____

LOCATION: _____

DATE: _____

YES	NO	FIX	CHECKLIST ITEMS
			Outfitting registration display in prominent location
			Written policy of drug free workplace
			Training log for each vessel operator
			Voyage plan for specific date(s) _____
			Passenger manifest for specific date(s) _____
			Daily operation or trip log for each vessel
			Vessel inspection, if applicable and attach

RANGER _____

COMMENTS: