



## Illinois High School State Tournament Boat Safety Check

School Name \_\_\_\_\_

Boat (Please circle) 1 or 2

Vessel Registration No. \_\_\_\_\_

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

Number of Occupants \_\_\_\_\_

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

Vessel Owner: \_\_\_\_\_

Boat Dismissal # \_\_\_\_\_

Name of adult boat captain: \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**Safety Inspection:**

**(Teams should have everything ready and out in the boat)**

PFDs (1 per occupant) \_\_\_\_\_

Throwable PFD device (boats 16 feet and over) \_\_\_\_\_

Fire Extinguisher \_\_\_\_\_

Sounding Device \_\_\_\_\_

Battery cover \_\_\_\_\_

Anchor \_\_\_\_\_

First Aid Kit \_\_\_\_\_

Flash Light \_\_\_\_\_

Protective eye cover for each occupant \_\_\_\_\_

Visually check all boat compartments/livewells \_\_\_\_\_

Confirmation that the participants have insurance coverage \_\_\_\_\_

Navigation lights (if after dark) NA for this event

**Please give to tournament manager when completed.**