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 _________

Navigation lights (if after dark) NA all tournaments end at 3:00 pm

Please give to tournament manager when completed.