



Date of inspection: _____

Time: _____

Rdims 368714

SPECIAL PURPOSE VESSEL AUDIT CHECKLIST

Inspector: _____ TC Office: _____ Telephone #: _____

Company Inspected: _____ Location of Inspection: _____

Area of Operation: _____

Name of Operator: _____ Telephone #: _____

Trip Leader Name: _____ Certificate #: _____

Guide Name Attach separate sheet if needed	Guide certificate Number / issued by / date / valid to class of waters	Certificate Endorsement Paddle/Oar /Motor (P/O/M)	Completed 5 excursion (yes/no/na)	Completed excursion on waters of operation (yes/no/na)

Checklist {Section of Special Purpose Vessel Regulation}	Yes ✓	No ✓	N/A ✓	Checklist {Section of Special Purpose Vessel Regulation}	Yes ✓	No ✓	N/A ✓
Each vessel suitable number of:				Safety briefing content: {12., 18.}			
Small Vessel lifejackets {7. (1) (2), 13. (1)}	—	—	—	Potential hazards described {12.(a)}	—	—	—
White Water Vests {7. (1) (2), 13. (1)}	—	—	—	General safety precautions {12.(b)}	—	—	—
PFD (until 01/08) {7.(1), 13.(1)}	—	—	—	Use of equipment {12.(c)}	—	—	—
Helmets {7.(3), 13.(2)}	—	—	—	Emergency procedures {12.(d)}	—	—	—
Thermal Protection {7.(4)}	—	—	—	Rescue Plan {10.(1) (c), 17., 18.(d)}	—	—	—
First Aid Kit {8.(1)}	—	—	—	Rescue plan content:			
15 m throw bag {8.(2)}	—	—	—	Means of communications {17.(a)}	—	—	—
Additional equipment secured {14.}	—	—	—	Emergency telephone numbers {17.(b)}	—	—	—
Cache:				Location of emergency pull out {17.(c)}	—	—	—
Repair kit for inflatable vessel {9.}	—	—	—	Medical emergency procedures {17(d)}	—	—	—
Air pump {9.}	—	—	—	Remarks (Description of infractions, corrective action)			
Engine repair kit {9.}	—	—	—				
Spare motor {9.}	—	—	—				
Spare oar/oarlock/clip {9.}	—	—	—				
Guide aware of current conditions/hazards {10.(4)}	—	—	—				

Signature of Trip Leader

Signature of Inspector



Date of inspection: _____

Time: _____

Rdims 368714

SPECIAL PURPOSE VESSEL AUDIT CHECKLIST

Inspector: _____ TC Office _____ Telephone # _____

Company Inspected _____ Address of Inspection _____

Name of Operator: _____ Telephone # _____

OPERATOR RECORDS

Compliance:	Yes ✓	No ✓	N/A ✓	Remarks (Description of infractions, corrective action)
Records maintained for each excursion: {18.}	—	—	—	
Name of guide(s) {18.(a)}	—	—	—	
Date of trip(s) {18.(a)}	—	—	—	
Number of passengers {18.(a)}	—	—	—	
Class of waters {18.(a)}	—	—	—	
Geographical description of trip(s) {18.(a)}	—	—	—	
Guide Certificate: {18.}	—	—	—	
Name of all guides {18.(b)}	—	—	—	
Date certificate issued {18.(b)}	—	—	—	
Recognized training institution {18.(b)}	—	—	—	
Appropriate propulsion endorsement {10.(3),18.(b)}	—	—	—	
Valid First Aid certificate(s) {10.(1) (b)}	—	—	—	
Valid Swift Water certificate(s) {11.}	—	—	—	
Content of safety briefing {12., 18.(c)}	—	—	—	
Copy of rescue plan {10.(c), 17., 18.(c)}	—	—	—	

Owner attests that the inflatable vessels comply with section 4., 5. and 6 of the **“Special Purpose Vessel Regulations”**:

4. (1) Every vessel must be of sound construction and in good condition so as to be capable of withstanding the weather and water conditions that may reasonably be expected on the excursion.

(2) Every vessel must have a line that is becketed to the gunwale around the outside of the vessel or safety straps that are suitable to use as handgrips.

5. Every vessel must be able to maintain buoyancy if any of its buoyancy chambers deflates.

6. Every vessel must have sufficient seating so that every person on board can be seated.

Signature of Operator

Signature of Inspector
