



# GUARDIAN BUREAU OF SHIPPING

## SURVEY REPORT FOR RE-ACTIVATION AFTER LAID-UP

NAME OF SHIP	FLAG	PORT OF REGISTRY	CALL SIGN
IMO NUMBER	NO. OF REGISTRY	G.R.T/N.R.T	N.R.T

### 1. NAVIGATION EQUIPMENT

Did the below tested working in good order?		
	Yes	No
Whistle	<input type="checkbox"/>	<input type="checkbox"/>
Telegraph	<input type="checkbox"/>	<input type="checkbox"/>
Gen. Alarm	<input type="checkbox"/>	<input type="checkbox"/>
Fire detection / indication panel	<input type="checkbox"/>	<input type="checkbox"/>
Fire doors operation / indication panel	<input type="checkbox"/>	<input type="checkbox"/>
Radio telephone	<input type="checkbox"/>	<input type="checkbox"/>
VHF radio telephone	<input type="checkbox"/>	<input type="checkbox"/>
Gyro Compass	<input type="checkbox"/>	<input type="checkbox"/>
Magnetic Compass	<input type="checkbox"/>	<input type="checkbox"/>
Radar	<input type="checkbox"/>	<input type="checkbox"/>
Echo sounder	<input type="checkbox"/>	<input type="checkbox"/>
Direction finder	<input type="checkbox"/>	<input type="checkbox"/>
Navigation lights main source	<input type="checkbox"/>	<input type="checkbox"/>
Navigation lights emergency source	<input type="checkbox"/>	<input type="checkbox"/>
Not under command lights / shapes	<input type="checkbox"/>	<input type="checkbox"/>
Anchor's lights	<input type="checkbox"/>	<input type="checkbox"/>
Rudder's angle indicator	<input type="checkbox"/>	<input type="checkbox"/>
Propeller's pitch or PPM indicator	<input type="checkbox"/>	<input type="checkbox"/>
Telephones bridge engine steering room.	<input type="checkbox"/>	<input type="checkbox"/>

### 2. DECK OPENINGS

Did below listed tested and found satisfactory as for the water tightness concerns:		
	Yes	No
Hatch covers & closing devices	<input type="checkbox"/>	<input type="checkbox"/>
Trunk ways & closing devices	<input type="checkbox"/>	<input type="checkbox"/>
W/T doors in main decks & closing devices	<input type="checkbox"/>	<input type="checkbox"/>
W/T doors in open decks & closing devices	<input type="checkbox"/>	<input type="checkbox"/>
Air vent and air pipes & closing devices	<input type="checkbox"/>	<input type="checkbox"/>
Shell openings, closing devices and indicator	<input type="checkbox"/>	<input type="checkbox"/>
Ramps, closing devices and indicator	<input type="checkbox"/>	<input type="checkbox"/>

### 3. MANNING

	Yes	No
Are the crew in accordance with the "Safe Manning"	<input type="checkbox"/>	<input type="checkbox"/>
Are the officers holding the appropriate Certificates of competency	<input type="checkbox"/>	<input type="checkbox"/>
Are the officers/crew familiar with vessel	<input type="checkbox"/>	<input type="checkbox"/>
Are Muster lists, fire and safety plan posted	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate instruction for emergency cases provided	<input type="checkbox"/>	<input type="checkbox"/>

4. MACHINERY AND EQUIPMENT

The below to be tested in operation and to verify that it was found in "good working order"		Yes	No
Main Engine (s) dock trial		<input type="checkbox"/>	<input type="checkbox"/>
Auxiliary Engines (Generators) 50% load		<input type="checkbox"/>	<input type="checkbox"/>
Paralism of auxiliary engines		<input type="checkbox"/>	<input type="checkbox"/>
Emergency generator/batteries		<input type="checkbox"/>	<input type="checkbox"/>
Steering gear emergency source		<input type="checkbox"/>	<input type="checkbox"/>
Emergency lighting (engine, bridge, accommodation emergency station)		<input type="checkbox"/>	<input type="checkbox"/>
Bilges pumps (main / emergency)		<input type="checkbox"/>	<input type="checkbox"/>
Fire pumps		<input type="checkbox"/>	<input type="checkbox"/>
Ballast pumps		<input type="checkbox"/>	<input type="checkbox"/>
Transfer pumps		<input type="checkbox"/>	<input type="checkbox"/>
Purifier		<input type="checkbox"/>	<input type="checkbox"/>
Air compressors		<input type="checkbox"/>	<input type="checkbox"/>
Remote stop control for fans		<input type="checkbox"/>	<input type="checkbox"/>
Remote stop control for F.O. pump		<input type="checkbox"/>	<input type="checkbox"/>
Remote stop control for F.O. valves		<input type="checkbox"/>	<input type="checkbox"/>
Sea valves		<input type="checkbox"/>	<input type="checkbox"/>

5. LIFE SAVINGS

5.1 Life Rafts

Manufacturers	Type
Serial Number	Date of Last Inspection

5.2 Life Boats

Manufacturers		Type / Serial Number	
Boat/drill performed		Date of Last Inspection	
Yes	No		
Motor	Hand prop.	Oar	Stores/provisions
			Good    Moderate    Poor

5.3 Life buoys

Smoke/Light	Lights	Line	Condition

5.4 Life Jackets

Light	Whistle	Pieces

5.5 EPIRB

Manufacturers	Batteries validity:

5.6 Radar Transponders

Manufacturers	Batteries validity:

5.7 Fire Extinguishers

Condition	Date of Last Inspection

5.8 Fire Hoses with Muzzles

Deck	Engine	Accommodation

5.9 Fire Man Suit

Position(s) (Deck/Frame):	Number:

5.10 Breathing Apparatus

Position(s) (Deck/Frame):	No.	Date of Last Inspection

5.11 Line Throwing Apparatus

Manufacturers	Date	Number

5.12 Distress Signals

	Manufacturer Date	Number
Parachute rockets		
Hand flares		
Smoke signals		
Aldis lamp:	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5.13 Certification

Certificate	Issued	Expiring
Class Hull		
Class Machinery		
Class Boiler		
Class Reefer		
Class Bottom		
Cargo Gear		
Cargo Ship Safety Equipment		
Cargo Ship Safety Construction		
Cargo Ship Safety Radio		
Passenger Ship Safety		
I.O.P.P.		
Load Line		
ITL-69		
Crew accommodation		
Registry		
Radio License		
Safe Manning		

4. REMARKS

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PLACE:	DATE:
MASTER	THE SURVEYOR: