

Captain Sign-Off Sheet

Owner/Operator Name:	
Policy Number:	
Watercraft Make/Year:	
Training Conducted by:	
Credentials of trainer:	
Training Navigation area:	
Total hours of training:	
Dates of training:	

Please score the trainee on their knowledge of the location and proper usage of the following categories:
 Scoring: 0 = Does not comprehend, 5 = very knowledgeable, N/A = not applicable

Owner/Insured knows how to:

A: Prepare before departure 0 1 2 3 4 5 N/A (circle one)

- Use pre-departure checklist and File a float plan
- Gather knowledge of local hazards and conditions including preparation for weather
- Use proper fuelling procedures
- Open or close appropriate thru hulls

B: Dock, Undock, Anchor, Pick up a mooring..... 0 1 2 3 4 5 N/A (circle one)

- Tie and untie basic knots and the use of spring lines and hitches
- Adjust for wind and current
- Maintain control on approach and departure
- Properly instruct crew and line handlers ashore

C: Navigate and understand the Rules of the Road..... 0 1 2 3 4 5 N/A (circle one)

- Read a chart, plot and steer, Read buoys, daymarks and other aids to navigation
- Read navigation lights on other boats and determine stand on and give way vessels a course
- Use whistle signals and fog signals
- Navigate at night in low visibility and through locks and bridges

D: Respond to Safety Issues..... 0 1 2 3 4 5 N/A (circle one)

- Adjust to wind, waves and currents
- Avoid carbon monoxide poisoning and hypothermia
- React to a man overboard, engine problems, fire, collision and grounding

Comments and additional training suggested?

In my opinion as an experienced vessel operator the trainee above is competent to safely operate their vessel.

Examiners signature:		Date:	
Examiners name & contact details:			

It is agreed that this information is the opinion of the examiner only and the provision of this does not imply any contractual or other relationship between the examiner and any party that may make use of this information.