



# COOK ISLANDS SURVEY REPORT VESSEL SAFETY (<24 METRES)

Ship Registration  
Survey Form 2A  
v.9

To meet the regulations of the  
Cook Islands Ship Registration Act, 2007

Renewal Survey
   
  Annual Survey
   
  Intermediate / Periodical Survey

### Particulars of ship same

Name of Ship	Port of Registry	Official Number

Overall Length	Gross Tonnage	Keel Laid

New Vessel 
   
 Existing Vessel

Owners/ Masters

Agents/ Operators

Design / Plans Approved	<input type="checkbox"/>
Stability Booklet Approved / sighted	<input type="checkbox"/>

Place of Survey	<input type="checkbox"/> in dry-dock	<input type="checkbox"/> on slipway	<input type="checkbox"/> afloat
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at

Survey Commenced		Survey Completed	
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### ***I. EQUIPMENT***

		Yes	N/A	Comments (if applicable)
1.	<b>Equipment/Navigation</b>			
1.1	Almanac / tide tables	<input type="checkbox"/>	<input type="checkbox"/>	
1.2	Log Book	<input type="checkbox"/>	<input type="checkbox"/>	
1.3	Corrected charts for area	<input type="checkbox"/>	<input type="checkbox"/>	

1.4	Main compass	<input type="checkbox"/>	<input type="checkbox"/>	
1.5	Deviation card	<input type="checkbox"/>	<input type="checkbox"/>	
1.6	Secondary compass	<input type="checkbox"/>	<input type="checkbox"/>	
1.7	Navigation lights	<input type="checkbox"/>	<input type="checkbox"/>	
1.8	Echo sounder	<input type="checkbox"/>	<input type="checkbox"/>	
1.9	GPS / plotter	<input type="checkbox"/>	<input type="checkbox"/>	
1.10	VHF – main	<input type="checkbox"/>	<input type="checkbox"/>	
1.11	VHF – handhelds	<input type="checkbox"/>	<input type="checkbox"/>	
1.12	SSB – MF/HF radio	<input type="checkbox"/>	<input type="checkbox"/>	
1.13	Satellite telephone	<input type="checkbox"/>	<input type="checkbox"/>	
1.14	EPIRB (406MHZ) / bat. Add EPIRB Hex.ID No(s) and serial no(s). in comments	<input type="checkbox"/>	<input type="checkbox"/>	
1.15	SART	<input type="checkbox"/>	<input type="checkbox"/>	
1.16	Chronometer	<input type="checkbox"/>	<input type="checkbox"/>	
1.17	Binoculars	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<b>Equipment – Life-saving</b>			
2.1	First Aid manual	<input type="checkbox"/>	<input type="checkbox"/>	
2.2	First Aid kit	<input type="checkbox"/>	<input type="checkbox"/>	
2.3	Lifejackets – adult	<input type="checkbox"/>	<input type="checkbox"/>	
2.4	Lifejackets – child	<input type="checkbox"/>	<input type="checkbox"/>	
2.5	Lifebuoys – with lights	<input type="checkbox"/>	<input type="checkbox"/>	
2.6	Lifebuoys – with lines	<input type="checkbox"/>	<input type="checkbox"/>	
2.7	Liferafts	<input type="checkbox"/>	<input type="checkbox"/>	
2.8	Man-overboard recovery	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<b>Equipment – Distress</b>			
3.1	Smoke Floats (2)	<input type="checkbox"/>	<input type="checkbox"/>	
3.2	Flares – red parachute (6)	<input type="checkbox"/>	<input type="checkbox"/>	
3.3.	Hand flares – red (4)	<input type="checkbox"/>	<input type="checkbox"/>	
4	<b>Equipment – Fire</b>			
4.1	Main fire pump	<input type="checkbox"/>	<input type="checkbox"/>	
4.2	Secondary fire pump	<input type="checkbox"/>	<input type="checkbox"/>	
4.3.	Hose / nozzle	<input type="checkbox"/>	<input type="checkbox"/>	
4.4.	Extinguishers – H <sub>2</sub> O	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Extinguishers – CO <sub>2</sub>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Extinguishers – DP	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	Extinguishers – AFFF	<input type="checkbox"/>	<input type="checkbox"/>	
4.8	Fixed system	<input type="checkbox"/>	<input type="checkbox"/>	
4.9	Fire axe	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<b>Equipment – Other</b>			

5.1	Self-steering	<input type="checkbox"/>	<input type="checkbox"/>	
		<b>Yes</b>	<b>N/A</b>	<b>Comments (if applicable)</b>
5.2	Water maker	<input type="checkbox"/>	<input type="checkbox"/>	
5.3	Portable generator	<input type="checkbox"/>	<input type="checkbox"/>	
5.4	Dinghy / outboard	<input type="checkbox"/>	<input type="checkbox"/>	
5.5	Launching davits	<input type="checkbox"/>	<input type="checkbox"/>	
5.6		<input type="checkbox"/>	<input type="checkbox"/>	
5.7		<input type="checkbox"/>	<input type="checkbox"/>	
5.8		<input type="checkbox"/>	<input type="checkbox"/>	
5.9		<input type="checkbox"/>	<input type="checkbox"/>	
5.10		<input type="checkbox"/>	<input type="checkbox"/>	
5.11		<input type="checkbox"/>	<input type="checkbox"/>	
5.12		<input type="checkbox"/>	<input type="checkbox"/>	

## ***II EQUIPMENT/ CONSTRUCTION LIST***

		Condition & Description (if applicable)
6.	<b>System</b>	
6.1	Bilge system	
6.2	Machinery	
6.3	Fuel tanks	
6.4	Hull inlets/discharge	
6.5	Steering gear (incl. emergency arrangement)	
6.6	Electrical system	
6.7	Batteries	
6.8	Domestic	
6.9	Accommodation	
6.10	Radio / Communication	
7.	<b>Hull</b>	
7.1	Bow	
7.2	Port	
7.3	Starboard	
7.4	Stern	
7.5	Deck (1)	
7.6	Coamings	
7.7	Freeing ports	
7.8	Doors	
7.9	Ports / Scuttles	
7.10	Ventilators	

<b>Additional requirements for Sailing Yachts</b>	Yes	N/A
1. Masts and spars Comments:	<input type="checkbox"/>	<input type="checkbox"/>
2. Running and standing rigging Comments:	<input type="checkbox"/>	<input type="checkbox"/>
3. Sails Comments:	<input type="checkbox"/>	<input type="checkbox"/>
4. Copies of all MCI circulars are maintained onboard	<input type="checkbox"/>	<input type="checkbox"/>

### ***III. SURVEYOR'S NOTES***

Describe in detail deficiencies, if any (or use a separate report if necessary)

### ***IV. CERTIFICATE***

4. It is recommended that:

A full term Vessel Safety Certificate be issued	valid until	
be issued by a Deputy Registrar of Ships/ the Registrar of Ships		<input type="checkbox"/>
That the certificate [ <b>Certificate ID number</b> ] was endorsed on [ <b>Date</b> ]		<input type="checkbox"/>
No Full Term Certificate is to be issued before any conditions stipulated are completed		<input type="checkbox"/>

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Signature of authorised Cook Islands Surveyor

Date:

Name of Surveyor

Place: