

INSPECTION REPORT FOR NEW REGISTRATION OF INLAND VESSEL

1.	Date & Time of Inspection	
2.	Purpose of Inspection	New Registration
3.	Name of the Vessel	
CONSTITUTION OF VESSEL		
4.	Owner's Name	
5.	Name of the Vessel	
6.	Passenger Capacity	
7.	Date of Manufacture	
8.	Date of Registration	
MANDATORY SIGNAGE		
9.	Name of the vessel	Yes / No
10.	Information Board	Yes / No
11.	Passenger Capacity	Yes / No
12.	Wearing Life Jacket is compulsory	Yes / No
13.	Certificate of Survey Form 12	Yes / No
OBSERVATIONS		
14.	Life Jackets	Yes/ No / NA (As per Form 12)
15.	First Aid Kit	Yes/ No / NA (As per Form 12)
16.	Fire Extinguishers	Yes/ No / NA (As per Form 12)
17.	DCP (Dry Chemical Powder)	Yes/ No / NA (As per Form 12)
18.	Life Buoys	Yes/ No / NA (As per Form 12)
19.	Fire Pumps (Mechanical)	Yes/ No / NA (As per Form 12)
20.	Fire Buckets	Yes/ No / NA (As per Form 12)
21.	Sand Box	Yes/ No / NA (As per Form 12)
22.	Hydrants	Yes/ No / NA (As per Form 12)
23.	Hoses, Fittings and Nozzle	Yes/ No / NA (As per Form 12)
24.	Flotation device	Yes/ No / NA (As per Form 12)
25.	Flare-Parachute	Yes/ No / NA (As per Form 12)
26.	Flare- Hand held	Yes/ No / NA (As per Form 12)
27.	Smoke Signals	Yes/ No / NA (As per Form 12)
28.	Master/Operator Certificate	Yes/ No / NA (As per Form 12)
29.	Recommendation: Yes/ No	The vessel owner has completed all the formalities and procedures prescribed for registration of the vessel under IV Act.1917 and A&N IV Rules,2016
30.	Remarks, if any	

- The Mandatory signage are properly installed
- The OBM operator & GP Rating found qualified persons

Signature -
Name of the OBM Operator

Signature -
Name of the GP Rating