



Owner: _____ Phone Number: _____ Email: _____
 Vessel Name: _____ Length: _____
 Year, Make, Model: _____
 Type: P, S _____ Fuel: G, D _____ Propulsion: I, I/O, O _____
 Shore Power: None, 30, 30x2, 50 _____
 Inspector: _____ Signed Hold Harmless Agreement
 Location: _____

Boat System Check

| # | Inspection Item | ABYC Standard | Good | Comment |
|-------------------|--|---------------|------|---------|
| Electrical | | | | |
| 1 | AC Shore Power Leakage | E-11 | | |
| 2 | GFCI's installed in appropriate areas | E-11 | | |
| 3 | AC Overcurrent Protection Installed | E-11 | | |
| 4 | DC Overcurrent Protection Installed | E-11 | | |
| 5 | Wiring Installation | E-11 | | |
| 6 | Inverter installation | A-31 | | |
| Fuel | | | | |
| 7 | Fuel hose type & condition incl. fill/vent | H-24/H-33 | | |
| 8 | Blower(s) installed & working | H-2 | | |
| 9 | Filter(s) meets H-24/H-33 | H-24/H-33 | | |
| 10 | Inboard tank(s) vented properly | H-24/H-33 | | |
| 11 | Grounding of tanks & fill deck plates | H-24/H-33 | | |
| Exhaust | | | | |
| 12 | Correct type & condition of hose | P-1 | | |
| 13 | Double-clamped hose connections | P-1 | | |
| 14 | Separate exhaust for engine/generator | P-1 | | |
| Equipment | | | | |
| 15 | Navigation lights appropriate & working | A-16 | | |
| 16 | Bilge pump installed & working | H-22 | | |
| 17 | Horn/Sound Signaling device | A-23 | | |
| 18 | CO Detectors installation & operation | A-24 | | |
| 19 | Engine Cut-off Device | A-33 | | |
| 20 | Seacocks – type & condition | H-27 | | |
| 21 | Seat Locker Lid restraints/ supports | H-3 | | |
| 22 | LPG system- install & vapor tight test | A-1 | | |
| Labels | | | | |
| 23 | Capacity Labels (less than 26') | H-5 | | |
| 24 | CO Labels (Gasoline boats) | TH-22 | | |

Additional Comments _____

Disclaimer: The inspection provided is a cursory inspection and limited in scope, time and accessibility. The inspection is not a substitute for a full survey by a qualified marine professional. No recommended repairs were completed.

Boat owner's signature: _____ Date: _____ ABYC Rep _____