



# OUTFITTING COMPANY RESPONSIBILITY SITE VISIT CHECKLIST



COMPANY NAME: \_\_\_\_\_

COMPANY REP: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

YES	NO	FIX	CHECKLIST ITEMS
			Outfitting registration display in prominent location
			Written policy of drug free workplace
			Training log for each vessel operator
			Voyage plan for specific date(s) _____
			Passenger manifest for specific date(s) _____
			Daily operation or trip log for each vessel
			Vessel inspection, if applicable and attach

RANGER \_\_\_\_\_

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_