



Illinois High School State Tournament Boat Safety Check

School Name _____

Boat (Please circle) 1 or 2

Vessel Registration No. _____

Tournament Date: _____

Number of Occupants _____

Inspector: _____

Vessel Owner: _____

Boat Dismissal # _____

Name of adult boat captain: _____

Cell Phone # _____

Safety Inspection:

(Teams should have everything ready and out in the boat)

PFDs (1 per occupant) _____

Throwable PFD device (boats 16 feet and over) _____

Fire Extinguisher _____

Sounding Device _____

Battery cover _____

Anchor _____

First Aid Kit _____

Flash Light _____

Protective eye cover for each occupant _____

Visually check all boat compartments/livewells _____

Confirmation that the participants have insurance coverage _____

Navigation lights (if after dark) _____ NA all tournaments end at 3:00 pm

Please give to tournament manager when completed.