

FORM 2: COMMUNICATION EQUIPMENT INFORMATION CHECKLIST

VESSEL NAME: _____ CALL SIGN: _____ NORMAL CONTACT #: _____
 OWNER: _____ MMSI #: _____ EMERGENCY CONTACT: _____
 STATION LICENSE #: _____ VESSEL FLAG: _____

#	EQUIPMENT	INSTALLED	MAKE/MODEL/SERIAL	MEASUREMENT	NOTE	OK	N/G
1	VHF #1	<input type="checkbox"/>	/ /	FWD W, Refl W	DSC INCLUDED ALL ITU CHANNELS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	VHF #2	<input type="checkbox"/>	/ /	FWD W, Refl W	DSC INCLUDED ALL ITU CHANNELS <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	VHF HAND HELD #1	<input type="checkbox"/>	/ /	TEST CALL <input type="checkbox"/> ITU CHANNELS <input type="checkbox"/>	CHARGING <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	VHF HAND HELD #2	<input type="checkbox"/>	/ /	TEST CALL <input type="checkbox"/> ITU CHANNELS <input type="checkbox"/>	CHARGING <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	VHF HAND HELD #3	<input type="checkbox"/>	/ /	TEST CALL <input type="checkbox"/> ITU CHANNELS <input type="checkbox"/>	CHARGING <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	EPIRB	<input type="checkbox"/>	/ /	BATTERY EXPIRY:	TX ID:	<input type="checkbox"/>	<input type="checkbox"/>
7	PLB #1	<input type="checkbox"/>	/ /	BATTERY EXPIRY:	TX ID:	<input type="checkbox"/>	<input type="checkbox"/>
8	PLB #2	<input type="checkbox"/>	/ /	BATTERY EXPIRY:	TX ID:	<input type="checkbox"/>	<input type="checkbox"/>
9	MOB AIS #1	<input type="checkbox"/>	/ /	BATTERY EXPIRY:	TX ID:	<input type="checkbox"/>	<input type="checkbox"/>
10	MOB AIS #2	<input type="checkbox"/>	/ /	BATTERY EXPIRY:	TX ID:	<input type="checkbox"/>	<input type="checkbox"/>
11	MOB AIS #3	<input type="checkbox"/>	/ /	BATTERY EXPIRY:	TX ID:	<input type="checkbox"/>	<input type="checkbox"/>
12	MOB AIS #4	<input type="checkbox"/>	/ /	BATTERY EXPIRY:	TX ID:	<input type="checkbox"/>	<input type="checkbox"/>
13	MOB AIS #5	<input type="checkbox"/>	/ /	BATTERY EXPIRY:	TX ID:	<input type="checkbox"/>	<input type="checkbox"/>
14	SART #1	<input type="checkbox"/>	/ /	BATTERY EXPIRY:	TX ID:	<input type="checkbox"/>	<input type="checkbox"/>
15	SART #2	<input type="checkbox"/>	/ /	BATTERY EXPIRY:	TX ID:	<input type="checkbox"/>	<input type="checkbox"/>
16	MF/HF/SSB	<input type="checkbox"/>	/ /	FWD W, Refl W	DSC INCLUDED <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TYPE OF ANTENNA: BACKSTAY WITH ATU <input type="checkbox"/>		WHIP ANTENNA WITH ATU <input type="checkbox"/>		OTHER <input type="checkbox"/>	TUNES ON ALL BANDS <input type="checkbox"/>	EMERGENCY ANTENNA <input type="checkbox"/>	
17	AIS	<input type="checkbox"/>	/ /			<input type="checkbox"/>	<input type="checkbox"/>
18	GPS RECEIVER	<input type="checkbox"/>	/ /			<input type="checkbox"/>	<input type="checkbox"/>
19	RADAR	<input type="checkbox"/>	/ /			<input type="checkbox"/>	<input type="checkbox"/>
20	IRIDIUM #1	<input type="checkbox"/>	/ /	TESTED WITH DEMO SIM <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
21	IRIDIUM #2	<input type="checkbox"/>	/ /	TESTED WITH DEMO SIM <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
22	INMARSAT #1	<input type="checkbox"/>	/ /	TESTED WITH DEMO SIM <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
23	INMARSAT #2	<input type="checkbox"/>	/ /	TESTED WITH DEMO SIM <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
24	EMERGENCY VHF ANTENNA	<input type="checkbox"/>	/ /	DESCRIPTION:	READY FOR USE WITH VHF RADIO <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

#	COMMENTS / DEFICIENCIES / RECOMMENDATIONS	FOLLOW UP REQUIRED
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

MEANS OF EMAIL RECEPTION ON BOARD: HF SSB SATPHONE OTHER

SERVICE PROVIDER: _____

DO YOU WISH TO RECEIVE DAILY RACE POSITIONS BY EMAIL? YES NO

SATPHONE NUMBERS ON BOARD
 _____ / _____ / _____

COMMENTS / NOTES:

SIGNED (SKIPPER): _____ RADIO INSPECTOR: _____

