

RIVER SAFETY INSPECTION FORM

River Outfitter Licensing Program



Business Name _____ License Number _____ Number of Boats _____
 Address _____ Telephone Number _____
 City _____ State _____ Zip _____ Trip Leader _____

1/2 Day Day Overnight Training

Date _____ Time _____ Location _____ Put-in On-River Take-Out Ranger(s) _____

VESSEL CONDITION	NOTES	GUIDES
____ VESSEL MARKING (Min. 4")		
____ VESSEL I.D. (Owner's name, address, etc.)		
____ VESSEL CONSTRUCTION		
REQUIRED PER VESSEL		
____ OARS (2 plus spare)		
____ PADDLES (One spare for each boat)		
____ BAILING DEVICE (Adequate for boat)		
____ BOW OR STERN LINE (Min. 10 feet)		
____ LINES SECURED (To prevent entanglement)		
REQUIRED PER TRIP		
____ FIRST-AID KIT (Clean & dry in suitable container)		
___ Adhesive Bandages ___ First-Aid Tape		
___ Sterile Pads ___ Antiseptic		
___ Roller Gauze ___ Triangle Bandages		
____ THROW-BAG (Min. 50 feet of rope readily available)		
____ AIR PUMP (Inflatables only)		
____ REPAIR KIT (Serviceable condition in durable container)		
___ Patches ___ Glue ___ Patch/Glue Combo		
PERSONAL FLOTATION DEVICES		
____ SUFFICIENT NUMBER (Passengers & Guides)		
____ SPARES AVAILABLE/SERVICEABLE		
____ PROPER TYPE (As defined in Parks and Wildlife Rule #304)		
____ PROPER SIZE FOR INDIVIDUAL FIT		
____ GOOD/SERVICEABLE CONDITION		
____ SECURELY FASTENED		
ON-RIVER PROCEDURES		
____ DRINKING WATER (Clean containers/Purification procedures)		
____ PROPER TRASH DISPOSAL/FIRE PANS		
____ HUMAN WASTE CONTAINERS		
SAFETY PROCEDURES		
____ ADEQUATE PASSENGER ORIENTATION		
____ ONE GUIDE PER VSL/T.L. ASSIGNED		
____ TRIP CONTINUITY MAINTAINED		

Original: Law Enforcement
 Yellow Copy: River Outfitter
 Pink Copy: River Ranger

River Outfitter Representative _____ Date _____

Connecting _____
 Numbers _____