YACHTING NSW
SPECIAL REGULATIONS EQUIPMENT AUDIT FORM
CATEGORY 7

Sail No: _____ LOA: _____ Boat Name: _____Owner/s_____

Maximum Crew: _____ Club :_____Hull Material: _____ Deck Material: _____ Hull Colour:_____ Deck Colour:_____

Distinguishing Identification Marks: _____YA Membership No_____ NSW Maritime Registration No: _____

COMPLIANCE FORM VALID UNTIL _____200_ . SUBJECT TO SPOT CHECK SR 2.02.1

Rule	Item	Owner	E.A	Rule	Item	Owner	E.A
3.17	Cooking stove if fitted and gas compliant if LPG			4.05	Anchors Chains 5m & Warps 45m		
3.20	Bilge Pump correct discharge			4.06	Water resistant flashlight floating type + spares		
	2 stout buckets with lanyards			4.07	Medical		
3.24	Engine if fitted make HP				Waterproof container		
	Diesel Petrol Outboard			4.10	YA Rule Book		
	Fuel capacity			4.15	Sharp knife capable of cutting high modulous fibre		
				4.16	Name on buoyant equipment		
	No of tanks			4.22	2 Red Handheld Flares (R)		
	Fuel lines Stop cocks				2 Orange smoke Hand Held Flares (R)		
	Paddles or Oars boats under 5.5m if no engine				Waterproof container (R)		
3.28	Hull Identification			5.01	PFD1 or PFD2		
4.04	Fire Extinguishers if fuel carried Date checked				Whistles Retroflective Tape name		
	Fire blanket						

DECLARATION BY OWNER OR REPRESENTATIVE

I have read and understand my obligations as set out in the YA Special Regulations 20o5-2008, in particular 1.02.1,1.02.2 & 1.02.3 Owner's Responsibility. I understand that the audit is carried out only as a guide to Owners and Race Organising Authorities. An auditor cannot limit or reduce the complete and unlimited responsibility of the Owner or the Owner's Representative as defined in 1.02 .1, 1.02.2 & 1.02.3 Owner's Responsibility.

I undertake to maintain the boat and all its equipment in good order and condition as specified in these Regulations.

Signed: _____ Date: _____ Received by: _____ Date: _____

CHECK BY EQUIPMENT AUDITOR

A check of the Special Regulations Equipment aboard this boat has been compared with this equipment compliance list and the items listed found to be on board at the time of the audit.

Audited Date: _____NSW / M / A Compliance Sticker Issued_____ Audited by: _____ Signature: _____

(Please print name) (Accredited Equipment Auditor)

Equipment Outstanding	Correction approved by:	Date