

CATEGORY 7	MONOHULLS & MULTIHULLS	Short races in sheltered waters in daylight hours only with effective rescue availability	
DATE OF AUDIT ____ / ____ / ____	SAIL NO:	BOAT NAME:	

Compliance Form valid until 30th June next from the date of this form, or ____ / ____ / ____ whichever is the earlier.
 Subject to spot checks Regulation 2.02.2

OWNER DETAILS

OWNER/S NAME:			
OWNER/S YA NO:		OWNER/S CLUB	

BOAT DETAILS

LOA:		DISPL (tonnes):	
HULL MATERIAL:		HULL COLOUR:	
DECK MATERIAL:		DECK COLOUR:	
MAX CREW:		DISTINGUISHING MARKS:	
RMS (MARITIME) HULL REGISTRATION NO:			
RMS (MARITIME) STICKER ISSUED	YES NO		

DECLARATION BY OWNER/PERSON IN CHARGE

I have read and understand my obligations as Owner/Person in Charge set out in the YA Special Regulations 2013-2017 in particular 1.02.1,1.02.2, 1.02.3- Owners Responsibility and 2.03.1(a)- Function of equipment. I understand that this audit is carried out only as a guide to Owners/Persons in Charge and Race Organising Authorities. An Auditor/Inspector does not limit or reduce the complete and unlimited responsibility of the Owner or Person in Charge as defined in regulations 1.02.1, 1.02.2 and 1.02.3- Owner's Responsibility and 2.03.1.

I undertake that all of the boat's equipment as specified in the YA Special Regulations 2013-2017 will remain on the boat and continue to be in good working order and repair for the duration of each and every race.

Items designated with a shaded box are for Owner/Person in Charge to ensure compliance when racing and must also be initialled by the Owner/Person in Charge.

Signed by Owner/Person in Charge

Date

EQUIPMENT AUDITOR DECLARATION

I have checked the equipment in accordance with 2.02.2 summarised in the following list for the above mentioned boat and the equipment listed was found to be on board at the time and date of this Audit.

Audited by (print name):	Signed by Equipment Auditor:
YA No:	Date:

OUTSTANDING ITEMS - The Equipment listed over the page was complete except for the following items

Equipment Outstanding	Re-Inspected by	YA Auditor No.	Date

CATEGORY 7	MONOHULLS & MULTIHULLS	Short races in sheltered waters in daylight hours only with effective rescue availability
DATE OF AUDIT ____ / ____ / ____	SAIL NO:	BOAT NAME:

This Section to be completed and initialled by Owner/Person in Charge (O) and Auditor/Inspector (EA)

Reg	Equipment	O	EA	
2.03.1	Equipment functions and adequate for intended use			(d) Bitter end strong point available
2.03.2	Ballast & heavy equipment secured			4.06.3 1 x flashlight water resistant, floating type,
3.06.1 (b)	If carrying fuel or gas below decks then 2 exits 1 forward of mast;			4.07.4 Medical Kit, at least items in 4.07.9 and NoR
3.08.8	Multihull minimum drain sizes after allowance for screen 20cm ² per m ³			4.07.9 Medical Kit waterproof container; contents listed; Alternative brands permitted CONTENT LIST SEE END OF FORM
3.12.6	Lifelines if fitted			4.10.3 YA Racing Rules of Sailing 2013-2016 except for open boats
	(a) Lifelines uncoated stainless steel wire			4.15.3 Sharp knife sheathed, restrained in or near cockpit
	(b) Lifeline coating not moulded to wire			4.16.1 Name on all buoyant equipment & items
	(d) Gap secured by taut lanyard 100mm or less Lanyard replaced annually			4.16.2 Personal PFD marked to identify owner
	(e) Strength lifeline system, wire size comply			4.17.1 Retro-reflective tape lifebuoys, lifeslings,
3.14.2	Toe rail not required on multihulls			5.01.1 (a) Number PFDs..... (f) all level 50N or higher Number PFD Type 1 AS1512-1996..... Number PFD Type 2 AS1499-1996.....
3.17.2	Cooking stove or heating appliance if installed; securely fastened, accessible shut-off			5.01.2 Number PFD AS 4758..... (iv) or equivalent or more stringent overseas standard. Number..... (v) Branded with respective standard mark of approval
3.17.3	Gas only permitted for cooking Methylated spirits acceptable for cooking			5.01.5 If inflatable, compressed gas system
3.17.4	(a) REMEMBER to turn off Gas sign if gas installed			5.01.6 Inflatable PFDs earliest exp date/...../.....
	(b) Gas detection system if appliance uses a pilot light			5.01.7 Each non inflatable PFD annual check
3.17.5	Disposable gas canister to be 225 gms or less if carried			
3.17.6	Gas bottle, spare canisters in separate, ventilated, self draining locker, vapour can escape overboard			
3.20.6	Bilge pump not to discharge into closed cockpit or Bilge pump not connected to cockpit drains			
3.20.7	a) Bilge pump minimum suction bore 25mm			
	b) Bilge pump & strum boxes accessible			
3.20.9	2 x 8ltr buckets stout construction with lanyard			
3.24.6	If motor installed, separate starter battery if no hand crank			
3.24.7	Separate generators, if carried & permanently installed; covered, exhaust, fuel supply & tank also permanently installed			
3.24.8	If motor installed/carried; fuel tank shut off valve/cocks(s) if fuel can escape or siphoning possible			
3.24.9 If Motor	(a) Inboard petrol tanks permanently installed, metal, vented to open air, electrically grounded, filler position prevents fuel/vapour entering boat			
	(b) Diesel tanks metal or other certified material			
	(c) Fuel lines comply			
	(d) Outboard motor remote fuel tank & lines comply			
	(e) No petrol in portable containers below deck			
	(f) No flexible diesel tank unless incorporating a liner			
3.24.10	If no motor & 5.5m or less oars OR paddle x 2; blade area 0.04m ²			
3.28.1	Hull identification, minimum 50mm; name, club & sail number OR name & State Marine Authority rego			
4.01.1	Sail numbers complying with RRS Appendix G			
4.04.1	(a) Fire extinguishers to AS1841.5 / AS1841.6, readily accessible, inspection Date/...../.....			
	(b) If naked flame, auxiliary engine then 1 x 10BE			
	(c) If LPG or petrol below deck additional 1 x 10BE			
	(d) Fire blanket if cooking facilities			
4.05.1	(a) Anchor & ground tackle as per Table 1			
	(b) Anchor & warp size as per Table 2 OR Table 3 Type.....kgs.....			

4.07.9 FIRST AID KIT CONTENTS LIST

Soluble Aspirin (eg Disprin) x 20	Saline solution 30ml x 2
Disposable gloves x 10	Sunscreen 30+SPF 250ml x 1
Crepe bandages 75mm x 1.5m x 2	S/S scissors x 1
Low absorbency non-adherent dressings (eg Melolin) x 2	1 x CPR mask or 6 x face shields
Band-aids x 20 or roll of band-aids	

ADDITIONAL EQUIPMENT REQUIRED by NoR, if any

END OF LIST