

| 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

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|--|--|-----------------------|--|
| 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 initialised 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 |
|-----------------------|-----------------|----------------|------|
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| 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 of PFDs..... (f) all level 50N or higher, total number of: PFD Type 1 AS1512-1996..... PFD Type 2 AS1499-1996..... |
| 3.17.2 | Cooking stove or heating appliance if installed; securely fastened, accessible shut-off | | | |
| 3.17.3 | Gas only permitted for cooking Methylated spirits acceptable for cooking | | | 5.01.2 PFD AS 4758..... |
| 3.17.4 | (a) REMEMBER to turn off Gas sign if gas installed | | | (iv) or equivalent or more stringent overseas standard. Number..... |
| | (b) Gas detection system if appliance uses a pilot light | | | (v) Branded with respective standard mark of approval |
| 3.17.5 | Disposable gas canister to be 225 gms or less if carried | | | 5.01.5 If inflatable, compressed gas system |
| 3.17.6 | Gas bottle, spare canisters in separate, ventilated, self draining locker, vapour can escape overboard | | | 5.01.6 Inflatable PFDs earliest exp date/...../..... |
| 3.20.6 | Bilge pump not to discharge into closed cockpit or Bilge pump not connected to cockpit drains | | | 5.01.7 Each non inflatable PFD annual check |
| 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 | | | |
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