

**SMALL COMMERCIAL VESSELS - CODES OF PRACTICE
DECLARATION OF ANNUAL EXAMINATION
BY OWNER or MANAGING AGENT**

Name of Vessel	
Unique No.	

I have conducted an examination of the above vessel and I confirm that:

1. The safety related equipment as described in the SCV2 are in date & serviceable
2. As far as I am aware no significant alterations have been made to the vessel, relevant to stability or safety related equipment & systems, unless recorded overleaf
3. Any defects identified for action at the last survey have been corrected
4. All documentation relevant to the vessel stability and certification is on board
5. I have entered a record of this examination on the vessel's SCV2
6. Any damages/repairs are detailed overleaf

Note: The maximum load of persons & equipment should not exceed that for which the stability has been approved.

Check List/Confirmation of Compliance with the SCV2 (please use page 2 for any comments)	Tick*
Hull & Structure	
Deck & Openings	
Water Freeing	
Superstructure	
Sea Valves, Through-Hull Fittings & Pipework	
Hatches/Windows/Portlights/Vents/Breathers/Dampers secure & weathertight	
Steering (main & emergency)	
Machinery & Systems (Propulsion/Hydraulic/Start Systems/Electrical/Instruments)	
Machinery Space Condition (to minimise fire & pollution risk)	
Fuel Systems, Pipework & Shut-offs	
Bilge Pumping & Alarms	
Anchoring & Mooring	
Navigation Equipment & Publications	
Navigation Lights / Shapes / Sound Signals	
Radio Equipment	
LSA (Liferafts, HRU's, Lifejackets, Harnesses, Lights, Lifebuoys/lights, TPA's, Flares)	
MOB Recovery	
Medical Kit	
Fire Fighting Appliances	
Gas Systems & detection/alarm	
Fire alarms	
Masts & Gantries	
Guard rails/Wires/Stanchions/Jackstays	
Spars & Rigging (sailing vessels)	
Lifting/towing/cargo gear (WORKBOATS)	
Means to prevent pollution & to collect & dispose oil & solid waste to shore facility	
Manning qualifications as required by MGN280	

* **Please enter N/A if Not Applicable**

LOCATION OF VESSEL	
DATE OF EXAMINATION	
AFLOAT/ ASHORE	

PLEASE ADD ANY COMMENTS ON VESSEL MAINTENANCE, DAMAGES, ALTERATIONS OR REPAIRS HERE

PLEASE RECORD ANY CHANGES TO THE VESSEL & SAFETY RELATED EQUIPMENT HERE

SIGNATURE	PRINT NAME	DATE
EMAIL	TEL:	

*To receive your annual license disc, please return the completed form with the annual certificate fee to **MECAL***



Certifying Authority authorised by the MCA

