



SURF LIFE SAVING
INFLATABLE RESCUE BOAT LOG



AREA OF OPERATION: _____ DATE: _____

TYPE OF IRB OPERATION: PATROL TRAINING WATER SAFETY DISPLAY

IRB HULL(S): _____ IRB MOTOR(S): _____

IRB DRIVER(S): _____ IRB CREWPERSON(S): _____

1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	

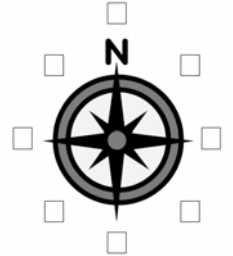
TIME IN: _____

TIME OUT: _____

ACTUAL ENGINE HOURS: _____

WEATHER: FINE OVERCAST RAINING
 SEA CONDITIONS: CALM CHOP MODERATE ROUGH
 WAVE HEIGHT (m): 0 – 0.5 0.5 – 1.5 1.5 – 2.5 2.5 +
 TIDE AT NOON: LOW RISING HIGH FALLING
 WIND CONDITIONS: NIL SLIGHT MODERATE STRONG

WIND DIREC.



REPORT FOR IRB CAPTAIN

OPERATION NOTES: _____

MAINTENANCE/REPAIRS REQUIRED: _____

WAS ANY MEMBER OF THE CREW INJURED DURING OPERATION? <i>If yes, Incident Report Log must be completed.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WAS THE IRB & THE MOTOR INVOLVED IN A ROLL OVER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WAS THE ROLL OVER PROCEDURE CARRIED OUT AS PER THE TRAINING MANUAL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS THE INCIDENT BEEN REPORTED TO THE IRB CAPTAIN & INCIDENT REPORT BEEN COMPLETED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
NOTE: PATROL ACTIVITY AND/OR RESCUES MUST BE RECORDED IN THE APPROPRIATE LOGS		

Signature _____

Print Name _____



PRE OPERATION CHECKLIST

POST OPERATION CHECKLIST

<ul style="list-style-type: none"> <input type="checkbox"/> MOTOR RUNS & IDLES SATISFACTORY <input type="checkbox"/> TELLTALE OUT-FLOW OPERATING <input type="checkbox"/> STOP SWITCH WORKING <input type="checkbox"/> PROPELLOR & GUARD FULLY SECURED <input type="checkbox"/> COWLING SECURLY FITTED <input type="checkbox"/> MOTOR CORRECTLY SECURED TO TRANSOM <input type="checkbox"/> MOTOR SAFETY CABLE ATTACHED <input type="checkbox"/> FUEL CELL SECURED AT FOUR POINTS <input type="checkbox"/> BAYONET FITTING LOCKED IN PLACE <input type="checkbox"/> CHECK FOR FUEL LEAKS FUEL CELL & LINE <input type="checkbox"/> GEAR LEVER SET IN NEUTRAL <input type="checkbox"/> TILT PIN IN CORRECTLY <input type="checkbox"/> FOOT STRAPS SAFELY SECURED <input type="checkbox"/> FLOORBOARD FITTED CORRECTLY <input type="checkbox"/> HULL INFLATED TO CORRECT PRESSURE <input type="checkbox"/> VALVE CAPS SECURELY FITTED <input type="checkbox"/> RESCUE TUBE, KNIFE, PADDLES, TOW ROPE, WHISTLE <input type="checkbox"/> RADIO CHECKED <p>_____ Signature</p> <p>_____ Print Name</p>	<ul style="list-style-type: none"> <input type="checkbox"/> MOTOR RUN & FLUSHED (3-5 MINUTES) <input type="checkbox"/> MOTOR HOSED DOWN <input type="checkbox"/> SPRAY MOTOR WITH WATER DISPERSANT <input type="checkbox"/> TILT BAR CHECKED & TIGHTED IF REQUIRED <input type="checkbox"/> CHECK PROPELLOR, GUARD & SPLIT PIN <input type="checkbox"/> FLOORBOARD REMOVED (IF APPLICABLE) <input type="checkbox"/> HULL WASHED & SAND REMOVED <input type="checkbox"/> CRAFT CHECKED FOR DAMAGE <input type="checkbox"/> FOOT STRAPS SAFELY SECURED <input type="checkbox"/> HULL & ANCILLARY EQUIPMENT STORED <input type="checkbox"/> MOTOR STORED & VENTED <input type="checkbox"/> RADIO CHECKED & ON CHARGE <input type="checkbox"/> FUEL CELL RE-FUELED <input type="checkbox"/> LOG REPORTS COMPLETED <input type="checkbox"/> IRB STORAGE AREA LEFT CLEAN & TIDY <p>_____ Signature</p> <p>_____ Print Name</p>
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TECHNICIANS COMMENTS

SERVICE WORK PERFORMED/PARTS USED:

Signature

Print Name