

SAN FERNANDO RACE 09

SCRUTINEERING/SAFETY COMPLIANCE FORM

Part I: To be completed as soon as possible or on submission of entry and prior to Friday 27th March 09 by the Owner/Person in Charge (P.I.C).

Name of Boat: _____ Sail Number: _____

Type/Designer: _____ Rig type: _____

Year/Place of Manufacture: _____ Builder: _____

Total number of crew for the SFR Race 09: _____ (*full crew list to be supplied separately*)

Usual mooring location / place available for scrutineering: _____

406 EPIRB Type and Model: _____ ID (MMSI) Number: _____

Life raft Types and Models: _____ Max capacity: _____

Boat Representatives – Owner/Person-in-Charge (P.I.C)

Name (**Owner**): _____ Position: _____

Contact Tel No: _____ Mobile: _____

Fax No: _____ e-mail: _____

Name (**P.I.C.**): _____ Position: _____

Contact Tel No: _____ Mobile: _____

Fax No: _____ e-mail: _____

Yacht Sat Com E-mail: _____

Yacht Sat Phone Number
(Mandatory): _____

Declaration

"I, _____ (Person-in-charge) have completed a safety check of my boat in compliance with the requirements of the San Fernando Race 09 Notice of Race and Sailing Instructions. I have read and understood the ISAF Offshore Special Regulations 2009-2010, in particular 1.02 (Person in Charge's Responsibility). I acknowledge that I am responsible for any liability in respect of the seaworthiness, insurance and all other matters pertaining to my boat and I shall not hold the Organising Authority, the RHKYC, the Race Committee, or the Chief Scrutineer and his inspectors subject to any liability. I declare that, to the best of my knowledge, my boat has been designed and constructed to meet the sea and weather conditions that might be expected during the San Fernando Race 09 and that her fittings and equipment are in sound and seaworthy condition. I undertake to ensure that my crew are advised of the conditions pertaining to the San Fernando Race 09, that they are familiar with the operation and position of all safety equipment and that they comply with the Sailing Instruction for at least 30% of the crew, including skipper/designated Person-in-charge to have had offshore experience and have undertaken training as outlined in Appendix G of the ISAF Offshore Special Regulations".

Signature _____ Date _____

I, _____ (One other Crew member or person who has completed at least one prior Category I race) declare that the above named boat complies with the ISAF Offshore Special Regulations for a Category 1 Race, including the RORC prescriptions.

Name and Signature _____ Date _____

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Part II: To be completed by Official Scrutineer

Special comments

Any non compliance with ISAF Offshore Special Regulations

(List details of all items, reason and date of expected compliance)

General

Total life raft capacity: _____ Copy of life raft certificate(s) sighted? _____

Expiry dates of current certificate(s) _____

Number and type/model/make of radios: _____

Training

Dates of last practice/trial of: _____ Man Overboard: _____

Emergency steering: _____ Life raft practice: _____

Radio check/emergencies: _____ First aid review: _____

Storm/trysails usage: _____ Fire drills: _____

Confirmation

Name of Official Scrutineer: _____

Date of Official Safety Check: _____ Place safety check took place: _____

Names of Crew Present: _____

Name of Person in Charge: _____

Name of Navigator: _____

Signatures: _____
Official Scrutineer Person – in – charge

Date: _____