

# ATLANTIC PILOTAGE AUTHORITY OHS SYSTEM

## DAILY PILOT BOAT REPORT

Date/time completed: \_\_\_\_\_ / \_\_\_\_\_ hrs  
MM/DD/YY

Pilot Boat #: \_\_\_\_\_

**CHECK EACH ITEM BELOW AT START OF EVERY SHIFT (DAILY FOR NB CREWS).  
 INDICATE WITH A CHECKMARK IF CONDITION IS ACCEPTABLE.  
 IF UNACCEPTABLE, MARK WITH AN "X". OPEN A SERVICE REQUEST, AS REQUIRED.  
 IF SAFETY AND/OR SEAWORTHINESS IS AFFECTED, CONTACT DIRECTOR OF OPERATIONS IMMEDIATELY!**

<b>ENGINES</b>					
CHECK	PORT	STBD	CHECK	PORT	STBD
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Belts & Linkage	<input type="checkbox"/>	<input type="checkbox"/>
Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Lines & Hoses	<input type="checkbox"/>	<input type="checkbox"/>
Coolant Level	<input type="checkbox"/>	<input type="checkbox"/>	Water & Coolant Lines	<input type="checkbox"/>	<input type="checkbox"/>
Marine Gearbox	<input type="checkbox"/>	<input type="checkbox"/>	Electrical/Alarm	<input type="checkbox"/>	<input type="checkbox"/>
Block Heater	<input type="checkbox"/>	<input type="checkbox"/>	Gauges & Tachometer	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>	Voltage	<input type="checkbox"/>	<input type="checkbox"/>

<b>GENERATORS</b>					
CHECK	PORT	STBD	CHECK	PORT	STBD
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Belts & Linkage	<input type="checkbox"/>	<input type="checkbox"/>
Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Lines & Hoses	<input type="checkbox"/>	<input type="checkbox"/>
Coolant Level	<input type="checkbox"/>	<input type="checkbox"/>	Water & Coolant Lines	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>	Electrical/Alarm	<input type="checkbox"/>	<input type="checkbox"/>
Voltage	<input type="checkbox"/>	<input type="checkbox"/>	Gauges & Tachometer	<input type="checkbox"/>	<input type="checkbox"/>

<b>ELECTRICAL - COMMUNICATIONS - NAVIGATION</b>			
CHECK	CONDITION	CHECK	CONDITION
Loud Hailer		Cellular Phone	
Fog Horn		Navigation Equipment	
Navigation/External Lights		VHF Radio	
Emergency Lighting		Antennae	
Engine Room Monitor			

<b>SAFETY - HULL - OTHER</b>			
CHECK	CONDITION	CHECK	CONDITION
PFD/Harness & Tether		Fuel Level	
Bilges: forepeak to lazarette		Steering Gear	

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## DAILY ROUTINE MAINTENANCE

1. All bilges must be kept clean, dry and free of oil and foreign materials (rags, plastic, nuts, bolts, etc). Bilge booms and socks must be replaced as needed and properly disposed of. **Do not discharge oily bilge water overboard!**
2. Reduction gear bearing requires **two shots of grease every 250 hours of operation. Do not over-grease.**
3. Engines and other machinery must be kept clean and free of flammables.
4. Ensure that aerosol cans and other flammables are **not** stored in the engine room.
5. All spaces must be kept clean, organized and secured for sea.
6. All machinery air vents must be opened and closed as appropriate.
7. Ensure shore power switch is in **OFF** position before connecting or disconnecting power cable.
8. Check that battery cables are properly secured and are not chafed or otherwise damaged.
9. Ensure that all scheduled drills are completed and logs are updated.
10. Record main & auxiliary engine hour meter readings at the **end of each shift** (end of each day for NB crews).

Fuel in reserve tank should be burned-off & replaced at least once every three months (suggest Jan, April, July & Oct). When fuel is burned-off, record below & in your deck log.

**Note: If you have to replenish oil or other fluids, or pump bilges more than normal, check for defects. Record all maintenance performed (including service calls) in the space below:**

<b>STEAMING TIME:</b>	<b>NUMBER OF TRIPS:</b>	
<b>MAIN ENGINE HOUR METER READINGS</b> →	PORT	STBD
<b>GENERATOR HOUR METER READINGS</b> →	PORT	STBD
<b>MAINTENANCE CARRIED OUT/SERVICE CALLS:</b>		
<b>IF A SERVICE REQUEST FORM HAS BEEN GENERATED, RECORD NUMBER HERE:</b>		
<b>RESERVE FUEL BURNED-OFF &amp; REPLACED?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>		

\_\_\_\_\_  
Launchmaster Signature

\_\_\_\_\_  
Deckhand Signature