



Life Rafts Annual Inspection Check List

This form must be completed at least once every 12 months. Confirm that the requirements of Resolution A.761 (18) adopted on 4th November 1993 are adhered.

Makers Name:		Serial Number:	Date of Manufacture:		
Date of Survey:		Place of Survey:	Time of Survey:		
Age of Life Raft:		Type of Test/ Inspection required:			
		WP <input type="checkbox"/>	GI <input type="checkbox"/>	NAP <input type="checkbox"/>	FS <input type="checkbox"/>
S. No.	ITEM	YES	NO	Remarks	
1	Authorization for Service Certificate available				
2	Is Servicing Manual available				
3	Working pressure as per servicing manual				
4	Necessary additional pressure as per servicing manual				
5	Life Raft inflated to required working pressure				
6	Has the Life Raft subjected to Pressure holding test? (Pressure drop should not exceed 5% of the Working Pressure after one hour).				
7	Has Life Raft inflated to Necessary additional pressure (NAP).				
8	Has the Life raft subjected to NAP holding test? (Pressure drop should not exceed 5% of the Working Pressure after one hour).				
9	Has the Life Raft subject to Gas Inflation (GI)?				
10	Has the Life Raft subjected to GI pressure holding test? (Pressure drop should not exceed 5% of the Working Pressure after one hour).				
11	Has the Floor Seam test of the Life Raft performed in accordance with the manufacturer's guidelines?				
12	Life Raft thoroughly inspected inside and out, while inflated, in accordance with the manufacturer's instructions				



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13	Has the Floor been inflated and tested for broken reeds in accordance with the manufacturer's instructions?			
14	Has the seams between floor and buoyancy tube checked for slippage or edge lifting?			
15	Has arch roots checked after deflation in accordance with the manufacturer's instructions?			
16	Has the required marking updated?			
17	Has the life raft atmosphere checked to ensure its dryness before repacking?			
18	Has the Container inspected for any sign of damage?			
19	Has the Life Raft inspected in folded condition for sign of dampness?			
20	Small gear and ration checked as per Appendix			

Inspected by
(Print Name)

Official Stamp & Signature



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Appendix – List of Small Gears & Ration

S.No.	Item	Required	Yes	No	Remarks
1	Buoyant Rescue Quoit	01			
2	Jack knife	01 and 02 if more than 13 Persons			
3	Bailer	01 and 02 if more than 13 Persons			
4	Sponge	02			
5	Sea Anchor (drogue)	02			
6	Buoyant Paddles	02			
7	Tin Opener	03			
8	Pair of Scissor	01			
9	First aid water proof Kit	01			
10	Whistle	01			
11	Water Proof torch with spare batteries	01			
12	Signaling mirror/Heliograph	01			
13	Radar Reflector	01			
14	Life Saving Signals water proof card	01			
15	Fishing Tackles	01			
16	Food Ration	Totaling not less than 10000 KJ for each person			
17	Water Ration	1.5 Liters of Fresh Water for each person			
18	Rust Proof Graduated drinking vessel	01			



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19	Anti seasickness medicine	Sufficient for at least 48 hours			
20	Seasickness bag	01 for each person			
21	Survival Booklet	01			
22	Thermal Protective Aid	Sufficient for 10% of the total number of Persons or 2 whichever is greater			
23	Hand Flares	06			
24	Rocket Parachute flares	04			
25	Buoyant smoke signals	02			

Inspected by
(Print Name)

Official Stamp & Signature