

Cushendall Sailing and Boating Club

Rescue Boat

Weekly Check List



Rescue Boat No.

Person Completing Checklist :

Date:

| Equipment | Comment | If Answered No Give Reason |
|------------------------------------------------------------|----------|----------------------------|
| Have Daily Check Lists Been Completed | Yes / No | |
| Have All Issues Raised on Daily Check Lists Been Rectified | Yes / No | |
| Has The Rescue Boat Been Cleaned and Left Ready For Use | Yes / No | |
| Is the Rescue Boat in Satisfactory Condition | Yes / No | |

Please fill in below if you have any other comments on the condition of the Rescue Boat