



NOAA Program Small Boat Hoisting Weight Test and Visual Inspection Record



Rev.4/2021

Date: _____

Boat Name and Hull Numbers: _____

Hull Identification Number: _____

Boat Year/Make/Model: _____

NOAA Facility or Vessel: _____

Test and Inspection Location: _____

Hull Material: Aluminum: Fiberglass: Fabric:

Type of Test: Initial Baseline Weight: Annual Weight Test:

Condition-A (Placard Dry Weight + propulsion) Total weight of boat and <u>does not</u> include required equipment, fuel, or the equivalent weight of persons.	Condition-B (<i>B^{weight}</i>) (Condition A weight + Placard Max. Capacity) <input type="checkbox"/> OMAO Interim Condition B @ 185lbs. per person. <i>Modified-Condition B</i> ; includes required Safety equipment, fuel, and minimum persons @ 185lbs.		Initial Final Test Weight (TW) Condition-B or Modified X 1.5=TW Annual Final Test Weight (ATW) Condition B or Modified X 1.1=ATW	
	Number of Pick Point: Single <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/>			
Bridle/Wire	Make/Model:	Weight Rating:	Date Tested:	
Attachment Components:	Make/Material/Size:	Working Load Rating: (<i>verify safety factor</i>)		
Testing Load Cell:	Make/Serial Number:	Annual Certification Date:		
Boat Pick Point:	Welded Eye <input type="checkbox"/> Eye or U-Bolt Fastened <input type="checkbox"/> Ring w/Fabric Patch <input type="checkbox"/> Cleats <input type="checkbox"/>			
Test Weight Type Used:	Water <input type="checkbox"/> Sand <input type="checkbox"/> Metal <input type="checkbox"/> Concrete <input type="checkbox"/> Miscellaneous <input type="checkbox"/> <i>Verify actual weight of test weights prior to conducting boats test.</i>			

Weight Test Visual Inspection Results: (include each component associated with hoisting the boat)

Item (s)	Accepted	Rejected	Proof Test Weight	Comments
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
Max. Boat/Cargo Rated Hoisting weight:			Max Persons & Cargo Capacity:	

Line or Ship Representative: _____

Test/Inspection Witnessed by: _____

OMAO Representative:(as required) *Posted label indicating Max. Designated Hoisting and Test Weights with date must be onboard prior to operations.*