

Botany Bay Yacht Club Ltd
YACHTING EQUIPMENT AUDIT FORM



CATEGORY 7	MONOHULLS AND MULTIHULLS	Short races in sheltered waters in daylight hours only with effective rescue availability
DATE OF AUDIT ____/____/____	SAIL NO:	BOAT NAME:

Compliance Form valid until 31 August next from the date of this form, or ____/____/____, whichever is the earlier. The BBYC audit is guided by the Australia Sailing Special Regulations 2017-2012 standards and is subject to Regn. 2.02.2 spot checks.

OWNER DETAILS

OWNER/S NAME:			
OWNER/S SA NO: <i>(If Applicable)</i>		OWNER/S CLUB	

BOAT DETAILS

LOA:		DISPL (tonnes):	
HULL MATERIAL:		HULL COLOUR:	
DECK MATERIAL:		DECK COLOUR:	
MAX CREW:		DISTINGUISHING MARKS:	
RMS (MARITIME) HULL REGISTRATION NO:			

DECLARATION BY OWNER/PERSON IN CHARGE

I have read and understand my obligations as Owner / Person in Charge, guided by AS Special Regulations 2017-2020 (the Regulations), in particular 1.02.1, 1.02.2, 1.02.3 - Owners Responsibility and 2.03.1(a) - Function of equipment. I understand that this audit is carried out by Botany Bay Yacht Club as a guide to Owners / Persons in Charge and Race Organisers. An Auditor / Inspector does not limit or reduce the complete and unlimited responsibility of the Owner or Person in Charge as defined in the Regulations.

I undertake that all of the boat's equipment, as specified in and guided by the Regulations, will remain on the boat and continue to be in good working order and repair for the duration of each and every race.

Items designated with a shaded box are for Owner / Person in Charge to ensure compliance when racing and must also be initialled by the Owner / Person in Charge.

Signed by Owner / Person in Charge Date / /

EQUIPMENT AUDITOR DECLARATION

I have been guided by and checked the equipment in accordance with 2.02.2 of the Regulations for the above mentioned boat, which is summarised in the following list and the equipment listed was found to be on board at the time and date of this Audit.

Audited by: <i>(Print name)</i>	Signed by Auditor:
SA No: <i>(If Applicable)</i>	Date:

OUTSTANDING ITEMS - The Equipment listed on the next page was complete, except for the following items:

Equipment Outstanding	Re-Inspected by:	Auditor No. <i>(if applicable)</i>	Date



CATEGORY 7 GUIDE	MONOHULLS & MULTIHULLS	Short races in sheltered waters in daylight hours only with effective rescue availability
DATE OF AUDIT ____/____/____	SAIL NO:	BOAT NAME:

This Section to be completed and initialled by Owner / Person in Charge (O) and Equipment Auditor (EA)

Reg	Equipment	O	EA
2.03.1	Equipment functions and adequate for intended use		
2.03.2	Ballast & heavy equipment secured		
3.06.1	If carrying fuel or gas below decks then 2 exits 1 forward of mast;		
(b)			
3.08.8	Multihull minimum drain sizes after allowance for screen 20cm ² per m ³		
	Lifelines if fitted		
	(a) Lifelines uncoated stainless steel wire		
3.12.6	(b) Lifeline coating not moulded to wire		
	(d) Gap secured by taut lanyard 100mm or less Lanyard replaced annually		
	(e) Strength lifeline system, wire size comply		
3.14.2	Toe rail not required on multihulls		
3.17.2	Cooking stove or heating appliance if installed; securely fastened, accessible shut-off		
3.17.3	Gas only permitted for cooking Methylated spirits acceptable for cooking		
	(a) REMEMBER to turn off Gas sign if gas installed		
3.17.4	(b) Gas detection system if appliance uses a pilot light		
3.17.5	Disposable gas canister to be 225 gms or less if carried		
3.17.6	Gas bottle, spare canisters in separate, ventilated, self-draining locker, vapour can escape overboard		
3.20.6	Bilge pump not to discharge into closed cockpit or Bilge pump not connected to cockpit drains		
3.20.7	a) Bilge pump minimum suction bore 25mm b) Bilge pump & strum boxes accessible		
3.20.9	2 x 8ltr buckets stout construction with lanyard		
3.24.6	If motor installed, separate starter battery if no hand crank		
3.24.7	Separate generators, if carried & permanently installed; covered, exhaust, fuel supply & tank also permanently installed		
3.24.8	If motor installed/carried; fuel tank shut off valve/cocks(s) if fuel can escape or siphoning possible		
3.24.9	(a) Inboard petrol tanks permanently installed, metal, vented to open air, electrically grounded, filler position prevents fuel/vapour entering boat		
If Motor	(b) Diesel tanks metal or other certified material		
	(c) Fuel lines comply		
	(d) Outboard motor remote fuel tank & lines comply		
	(e) No petrol in portable containers below deck		
	(f) No flexible diesel tank unless incorporating a liner		
3.24.10	If no motor & 5.5m or less oars OR paddle x 2; blade area 0.04m ²		
3.28.1	Hull identification, minimum 50mm; name, club & sail number OR name & State Marine Authority Regn.		
4.01.1	Sail numbers complying with RRS Appendix G		
4.04.1	(a) Fire extinguishers to AS1841.5 / AS1841.6, readily accessible, inspection Date/...../.....		
	(b) If naked flame, auxiliary engine then 1 x 10BE		
	(c) If LPG or petrol below deck additional 1 x 10BE		
	(d) Fire blanket if cooking facilities		
4.05.1	(a) Anchor & ground tackle as per Table 1		
	(b) Anchor & warp size as per Table 2 OR Table 3		
	Type.....kgs.....		

	(d) Bitter end strong point available		
4.06.3	1 x flashlight water resistant, floating type,		
4.07.4	Medical Kit, at least items in 4.07.9 and NoR		
4.07.9	Medical Kit waterproof container; contents listed; Alternative brands permitted SEE CONTENT LIST AT END OF FORM		
4.10.3	A copy of YA Racing Rules of Sailing 2013-2016, except for open boats		
4.15.3	Sharp knife sheathed, restrained in or near cockpit		
4.16.1	Name on all buoyant equipment & items		
4.16.2	Personal PFD marked to identify owner		
4.17.1	Retro-reflective tape lifebuoys, life slings,		
	(a) Number PFDs.....		
	(f) all level 50N or higher		
5.01.1	Number PFD Type 1 AS1512-1996.....		
	Number PFD Type 2 AS1499-1996.....		
5.01.2	Number PFD AS 4758.....		
	(iv) or equivalent or more stringent overseas standard. Number.....		
	(v) Branded with respective standard mark of approval		
5.01.5	If inflatable, compressed gas system		
5.01.6	Inflatable PFDs earliest expiry date/...../.....		
5.01.7	Each non inflatable PFD annual check		

FIRST AID KIT MINIMUM CONTENTS LIST

Soluble Aspirin (e.g. Disprin) x 20	Saline solution 30ml x 2
Disposable gloves x 10	Sunscreen 30+SPF 250ml x 1
Crepe bandages 75mmx1.5m x 2	S/S scissors x 1
Low absorbency non-adherent dressings (e.g. Melolin) x 2	1 x CPR mask or 6 x face shields
Band-Aids x 20 or roll of band aids	

ADDITIONAL EQUIPMENT REQUIRED by NoR, if any

	VHF Radio (installed or handheld)		
RRS 1.2	Lifebuoy		
RRS 48.1	Navigation Lights (Emergency type acceptable)		
RRS 48.1	Sound Signal		

END OF LIST