

1/2 Day Day Overnight Training

Business Name _____ License Number _____

Address _____ Telephone Number _____ Number of Boats _____

City _____ State _____ Zip _____ Trip Leader _____

Date _____ Time _____ Location _____ Put-in On-River Take-out Ranger(s) _____

VESSEL CONDITION	NOTES	GUIDES
____ VESSEL MARKING (min. 4")		
____ VESSEL I.D. (owner's name, address etc.)		
____ VESSEL CONSTRUCTION		
REQUIRED PER VESSEL		
____ OARS (2 plus spare)		
____ PADDLES (one spare for each boat)		
____ BAILING DEVICE (adequate for boat)		
____ BOW & STERN LINE (min. 10 feet)		
____ LINES SECURED (to prevent entanglement)		
REQUIRED PER TRIP		
____ FIRST-AID KIT (clean & dry in suitable container)		
___ Adhesive Bandages ___ First-Aid Tape		
___ Sterile Pads ___ Antiseptic		
___ Roller Gauze ___ Triangle Bandages		
____ THROW-BAG (min. 50 feet of 3/8" rope readily available)		
____ AIR PUMP (inflatables only)		
____ REPAIR KIT (serviceable condition in durable container)		
___ Patches ___ Glue		
PERSONAL FLOTATION DEVICES		
____ SUFFICIENT NUMBER (passengers & guides)		
____ SPARES AVAILABLE/SERVICEABLE (Type I or Type V Whitewater or		
____ PROPER TYPE Type II with crotch-strap & collar for children 50 Lbs and below.)		
____ PROPER SIZE FOR INDIVIDUAL FIT		
____ GOOD / SERVICEABLE CONDITION		
____ SECURELY FASTENED		
ON-RIVER PROCEDURES		
____ DRINKING WATER (clean containers/ purification procedures)		
____ PROPER TRASH DISPOSAL/FIRE PANS		
____ HUMAN WASTE CONTAINERS		
SAFETY PROCEDURES		
____ ADEQUATE PASSENGER ORIENTATION		
____ ONE GUIDE PER VSL./T.L. ASSIGNED		
____ TRIP CONTINUITY MAINTAINED		

**COPY: #1 Law Enforcement
Office #2 River Ranger
#3 River Ranger
#4 River Outfitter**

River Outfitter Representative _____ Date _____

Connecting _____
Number _____