

	K/	<u>AYAK/</u>	CANOE INS	PECTI	ON F	ORM		
Nam	e of Organisation							
Con	tact Person							
Con	tact Number							
Vessel Classification (Please circle accordingly)		REC: Re	ecreational		SOT: Sit On Top Kayaks			
		CSP: Ca	anoe Sprint		CSL: C	Canoe SI	alom	
		CAP: Ca	anoe Polo		OC: Outrigger Canoe			
Vessel Type (Please circle accordingly)		K1 K2		K4		C1	C2	
		C4	SOT1	SOT2		OC1	OC2	
		JK1	JK2	JK4	,	JC1	JC2	
Voca	sel Material Type	Others please specify: Fibreglass / Non-Fibreglass						
	se circle accordingly)	ribiegia	155 / NOII-LIDIG	yıass				
Vess	sel ID		CA					
S/N	Description			Pass	Fail	Comn	nents (if any)	
1	External Hull (Pleas	e <b>√</b> the app	propriate column)	•	I	<u> </u>		
а	Cracks / Holes spotted on Hull / Deck							
b	Cracks / Holes spotted on Bow / Stern							
С	Buoyancy check (vessel on water for at least 5 mins)							
d	Seepage (if any)							
2	•	nternal Hull (Please ✓ the appropriate column)						
а	Cracks / Holes spotted on the Joint of vessel / Gunwale							
b	Cracks / Holes spotted on the cockpit area							
С	Drain plug							
d	Buoyancy compartment							
3	Vessel ID (Please ✓	ssel ID (Please ✓ the appropriate column)						
а	Vessel ID – Size (not less than 65mm by height)							
b	Vessel ID – Affix on both side of vessel of Bow or Aft Deck							
	ervations/Comments able observations/inform		t the defects foun	d and the	repair re	equired.)		

Please use one checklist for each vessel. Inspection can be conducted 2 months before vessel permit expiry date.

Name, Signature and Company Stamp of Inspector