

START MARINE SOLUTIONS

Maritime Inspection & Maintenance Checklist

Comprehensive Safety Equipment
Inspection & Service Record

2026 Edition

Vessel Information

Vessel Name:	_____	IMO Number:	_____
Flag State:	_____	Call Sign:	_____
Vessel Type:	_____	Gross Tonnage:	_____
Inspection Date:	_____	Next Due:	_____

W = Weekly

M = Monthly

Q = Quarterly

A = Annual

5Y = 5-Yearly

✓ = Satisfactory

✗ = Deficient

N/A = Not Applicable

1. Life Saving Appliances

1.1 Lifeboats & Davits

Inspection Item	Freq	✓/✗	Date	Remarks/Action
Hull condition - no cracks or damage	W	<input type="checkbox"/>		
Drain plugs fitted and secure	W	<input type="checkbox"/>		
Engine starts and runs (test)	W	<input type="checkbox"/>		
Fuel tank level adequate	W	<input type="checkbox"/>		
Davit wires - no corrosion or broken strands	M	<input type="checkbox"/>		
Davit limit switches functional	M	<input type="checkbox"/>		
Release gear - on-load/off-load tested	M	<input type="checkbox"/>		
Emergency provisions within date	M	<input type="checkbox"/>		
Annual thorough examination	A	<input type="checkbox"/>		

5-yearly davit load test	5Y	<input type="checkbox"/>		
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1.2 Life Rafts

Inspection Item	Freq	✓/✗	Date	Remarks/Action
Container condition - no damage	W	<input type="checkbox"/>		
Hydrostatic release unit in date	W	<input type="checkbox"/>		
Painter secured but not tangled	W	<input type="checkbox"/>		
Cradle/rack secure and accessible	M	<input type="checkbox"/>		
Service certificate valid	A	<input type="checkbox"/>		

1.3 Lifejackets & Immersion Suits

Inspection Item	Freq	✓/✗	Date	Remarks/Action
Correct quantity on board	M	<input type="checkbox"/>		
Storage lockers accessible	M	<input type="checkbox"/>		
Inflatable jackets - CO2 cylinders OK	M	<input type="checkbox"/>		
Lights and whistles attached	M	<input type="checkbox"/>		
Immersion suit seams - no deterioration	M	<input type="checkbox"/>		
Immersion suit zippers functional	M	<input type="checkbox"/>		
Annual inflation test (sample)	A	<input type="checkbox"/>		

1.4 Lifebuoys & Line Throwing

Inspection Item	Freq	✓/✗	Date	Remarks/Action
Correct number fitted per side	W	<input type="checkbox"/>		
Quick release brackets functional	W	<input type="checkbox"/>		
Self-igniting lights operational	M	<input type="checkbox"/>		
Smoke signals within date	M	<input type="checkbox"/>		

Buoyant lifelines attached	M	<input type="checkbox"/>		
Line throwing apparatus in date	M	<input type="checkbox"/>		

2. Fire Fighting Equipment

2.1 Portable Fire Extinguishers

Inspection Item	Freq	✓/✗	Date	Remarks/Action
All extinguishers in designated positions	W	<input type="checkbox"/>		
Access unobstructed	W	<input type="checkbox"/>		
Pressure gauges in green zone	M	<input type="checkbox"/>		
Safety pins and seals intact	M	<input type="checkbox"/>		
Hoses and nozzles undamaged	M	<input type="checkbox"/>		
Labels legible, service date visible	M	<input type="checkbox"/>		
Annual service by approved technician	A	<input type="checkbox"/>		
Hydrostatic test (CO2 cylinders)	5Y	<input type="checkbox"/>		

2.2 Fixed Fire Fighting Systems

Inspection Item	Freq	✓/✗	Date	Remarks/Action
CO2 room - cylinders secure	W	<input type="checkbox"/>		
CO2 system - weight check (sample)	Q	<input type="checkbox"/>		
Release mechanisms operational	M	<input type="checkbox"/>		
Pilot cylinders charged	M	<input type="checkbox"/>		
Distribution piping clear	A	<input type="checkbox"/>		
Annual system inspection	A	<input type="checkbox"/>		

2.3 Fire Detection & Alarm

Inspection Item	Freq	✓/✗	Date	Remarks/Action
Main panel - no fault alarms	W	<input type="checkbox"/>		

Detector test (sample each zone)	M	<input type="checkbox"/>		
Manual call points tested	M	<input type="checkbox"/>		
Audible alarms functional	M	<input type="checkbox"/>		
Battery backup tested	Q	<input type="checkbox"/>		

2.4 Fire Hoses, Hydrants & Pumps

Inspection Item	Freq	✓/✗	Date	Remarks/Action
Fire hoses properly stowed	W	<input type="checkbox"/>		
Nozzles attached and operational	M	<input type="checkbox"/>		
Hydrant valves operational	M	<input type="checkbox"/>		
Main fire pump tested	W	<input type="checkbox"/>		
Emergency fire pump tested	W	<input type="checkbox"/>		
Fire hose pressure test	A	<input type="checkbox"/>		

2.5 Fireman's Outfit

Inspection Item	Freq	✓/✗	Date	Remarks/Action
Protective clothing complete	M	<input type="checkbox"/>		
Boots and gloves serviceable	M	<input type="checkbox"/>		
Safety helmet with visor	M	<input type="checkbox"/>		
Safety lamp/torch operational	M	<input type="checkbox"/>		
Fire axe present	M	<input type="checkbox"/>		
Fireproof lifeline - 30m minimum	M	<input type="checkbox"/>		

3. Breathing Apparatus

3.1 SCBA (Self-Contained Breathing Apparatus)

Inspection Item	Freq	✓/✗	Date	Remarks/Action
Cylinder pressure adequate (min 90%)	W	<input type="checkbox"/>		
Face mask - seal and lens condition	M	<input type="checkbox"/>		
Demand valve function test	M	<input type="checkbox"/>		
Warning whistle operates	M	<input type="checkbox"/>		
Harness straps and buckles	M	<input type="checkbox"/>		
Annual service by approved agent	A	<input type="checkbox"/>		
Cylinder hydrostatic test	5Y	<input type="checkbox"/>		

3.2 EEBD (Emergency Escape Breathing Device)

Inspection Item	Freq	✓/✗	Date	Remarks/Action
Correct quantity per SOLAS	M	<input type="checkbox"/>		
Located in designated positions	M	<input type="checkbox"/>		
Seals intact (not activated)	M	<input type="checkbox"/>		
Service date current	M	<input type="checkbox"/>		
Instructions visible on unit	M	<input type="checkbox"/>		

4. Inspection Sign-Off

Inspection Completed By:

Inspector Name (Print)

Signature

Date

Verified By (Master/Chief Officer):

Name (Print)

Signature

Date

Deficiencies Noted:

Corrective Actions Required:

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Al Jerf Industrial 1, Ajman, UAE | +971 54 427 6580 | info@startmarinesolutions.com

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