



**SURF LIFE SAVING**  
**INFLATABLE RESCUE BOAT LOG**



AREA OF OPERATION: \_\_\_\_\_ DATE: \_\_\_\_\_

TYPE OF IRB OPERATION: PATROL  TRAINING  WATER SAFETY  DISPLAY

IRB HULL(S): \_\_\_\_\_ IRB MOTOR(S): \_\_\_\_\_

IRB DRIVER(S): \_\_\_\_\_ IRB CREWPERSON(S): \_\_\_\_\_

1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	

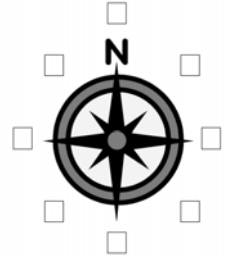
TIME IN: \_\_\_\_\_

TIME OUT: \_\_\_\_\_

ACTUAL ENGINE HOURS: \_\_\_\_\_

WEATHER: FINE  OVERCAST  RAINING   
 SEA CONDITIONS: CALM  CHOP  MODERATE  ROUGH   
 WAVE HEIGHT (m): 0 - 0.5  0.5 - 1.5  1.5 - 2.5  2.5 +   
 TIDE AT NOON: LOW  RISING  HIGH  FALLING   
 WIND CONDITIONS: NIL  SLIGHT  MODERATE  STRONG

WIND DIREC.



**REPORT FOR IRB CAPTAIN**

OPERATION NOTES: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

MAINTENANCE/REPAIRS REQUIRED: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

WAS ANY MEMBER OF THE CREW INJURED DURING OPERATION? <i>If yes, Incident Report Log must be completed.</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>
WAS THE IRB & THE MOTOR INVOLVED IN A ROLL OVER?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
IF YES, WAS THE ROLL OVER PROCEDURE CARRIED OUT AS PER THE TRAINING MANUAL?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
HAS THE INCIDENT BEEN REPORTED TO THE IRB CAPTAIN & INCIDENT REPORT BEEN COMPLETED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<b>NOTE: PATROL ACTIVITY AND/OR RESCUES MUST BE RECORDED IN THE APPROPRIATE LOGS</b>		

Signature \_\_\_\_\_

Print Name \_\_\_\_\_



### PRE OPERATION CHECKLIST

### POST OPERATION CHECKLIST

<ul style="list-style-type: none"> <li><input type="checkbox"/> MOTOR RUNS &amp; IDLES SATISFACTORY</li> <li><input type="checkbox"/> TELLTALE OUT-FLOW OPERATING</li> <li><input type="checkbox"/> STOP SWITCH WORKING</li> <li><input type="checkbox"/> PROPELLOR &amp; GUARD FULLY SECURED</li> <li><input type="checkbox"/> COWLING SECURLY FITTED</li> <li><input type="checkbox"/> MOTOR CORRECTLY SECURED TO TRANSOM</li> <li><input type="checkbox"/> MOTOR SAFETY CABLE ATTACHED</li> <li><input type="checkbox"/> FUEL CELL SECURED AT FOUR POINTS</li> <li><input type="checkbox"/> BAYONET FITTING LOCKED IN PLACE</li> <li><input type="checkbox"/> CHECK FOR FUEL LEAKS FUEL CELL &amp; LINE</li> <li><input type="checkbox"/> GEAR LEVER SET IN NEUTRAL</li> <li><input type="checkbox"/> TILT PIN IN CORRECTLY</li> <li><input type="checkbox"/> FOOT STRAPS SAFELY SECURED</li> <li><input type="checkbox"/> FLOORBOARD FITTED CORRECTLY</li> <li><input type="checkbox"/> HULL INFLATED TO CORRECT PRESSURE</li> <li><input type="checkbox"/> VALVE CAPS SECURELY FITTED</li> <li><input type="checkbox"/> RESCUE TUBE, KNIFE, PADDLES, TOW ROPE, WHISTLE</li> <li><input type="checkbox"/> RADIO CHECKED</li> </ul> <p>_____ Signature</p> <p>_____ Print Name</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> MOTOR RUN &amp; FLUSHED (3-5 MINUTES)</li> <li><input type="checkbox"/> MOTOR HOSED DOWN</li> <li><input type="checkbox"/> SPRAY MOTOR WITH WATER DISPERSANT</li> <li><input type="checkbox"/> TILT BAR CHECKED &amp; TIGHTED IF REQUIRED</li> <li><input type="checkbox"/> CHECK PROPELLOR, GUARD &amp; SPLIT PIN</li> <li><input type="checkbox"/> FLOORBOARD REMOVED (IF APPLICABLE)</li> <li><input type="checkbox"/> HULL WASHED &amp; SAND REMOVED</li> <li><input type="checkbox"/> CRAFT CHECKED FOR DAMAGE</li> <li><input type="checkbox"/> FOOT STRAPS SAFELY SECURED</li> <li><input type="checkbox"/> HULL &amp; ANCILLARY EQUIPMENT STORED</li> <li><input type="checkbox"/> MOTOR STORED &amp; VENTED</li> <li><input type="checkbox"/> RADIO CHECKED &amp; ON CHARGE</li> <li><input type="checkbox"/> FUEL CELL RE-FUELED</li> <li><input type="checkbox"/> LOG REPORTS COMPLETED</li> <li><input type="checkbox"/> IRB STORAGE AREA LEFT CLEAN &amp; TIDY</li> </ul> <p>_____ Signature</p> <p>_____ Print Name</p>
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### TECHNICIANS COMMENTS

SERVICE WORK PERFORMED/PARTS USED:

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name