

YP SAFETY SURVEY, Naval Station, Annapolis, MD

YP # _____ CRAFTMASTER: _____

| 1. SAFETY ADMINISTRATION | | YES | NO |
|--|----|-----|----|
| a. 5100.19series on board | a. | 9 | 9 |
| b. Mishap Reporting Procedures posted/understood | b. | 9 | 9 |
| c. Safety/DC Training held monthly | c. | 9 | 9 |
| d. Tag-Out Procedures implemented | d. | 9 | 9 |
| e. PMS Safety Precaution adhered to as indicated on card | e. | 9 | 9 |
| f. Crew Damage Control PQS completed | f. | 9 | 9 |
| g. Abandon Ship Procedures promulgated | g. | 9 | 9 |
| h. Man Overboard Procedures promulgated | h. | 9 | 9 |

Remarks: _____

| 2. PROPULSION | | YES | NO |
|--|----|-----|----|
| a. All hot surfaces insulated/lagging in good condition | a. | 9 | 9 |
| b. Deck Plates secured - no protrusions | b. | 9 | 9 |
| c. Escape Ladder - not blocked | c. | 9 | 9 |
| d. SOPs developed/posted | d. | 9 | 9 |
| e. Hearing Protection provided/used/properly maintained | e. | 9 | 9 |
| f. Flex Hoses in good condition | f. | 9 | 9 |
| g. Press/Temperature Equipment operational/calibrated | g. | 9 | 9 |
| h. No Fuel Leaks | h. | 9 | 9 |
| i. Machinery/Shft Guarding in place | i. | 9 | 9 |
| j. Bilges clean | j. | 9 | 9 |
| k. Refueling Procedures: Spill Prevention, Internal Communications | k. | 9 | 9 |
| l. All piping systems identified as to contents | l. | 9 | 9 |

Remarks: _____

| 3. AUXILIARY | | YES | NO |
|--|----|-----|----|
| a. Aqua-Stats/Relief Valves operational | a. | 9 | 9 |
| b. Portable Tools/Extension Cords inspected at least quarterly | b. | 9 | 9 |
| c. All Breakers/Switches labeled | c. | 9 | 9 |
| d. Vapor proof Panels properly closed | d. | 9 | 9 |
| e. Power Cables in good condition | e. | 9 | 9 |
| f. No Exposed Live Parts | f. | 9 | 9 |
| g. Emergency Lighting/Battle Lanterns operational | g. | 9 | 9 |
| h. No Interlocks Bypassed | h. | 9 | 9 |
| i. Radio Frequency Hazards Posted next to radar access | i. | 9 | 9 |

Remarks: _____

| 4. ELECTRICAL | | YES | NO |
|--|----|-----|----|
| a. SOPs posted | a. | 9 | 9 |
| b. Portable Tools/Extension Cords inspected at least quarterly | b. | 9 | 9 |
| c. All Breakers/Switches labeled | c. | 9 | 9 |
| d. Vapor proof Panels properly closed | d. | 9 | 9 |
| e. Power Cables in good condition | e. | 9 | 9 |
| f. No Exposed Live Parts | f. | 9 | 9 |
| g. Emergency Lighting/Battle Lanterns operational | g. | 9 | 9 |
| h. No Interlocks Bypassed | h. | 9 | 9 |
| i. Radio Frequency Hazards Posted next to radar access | i. | 9 | 9 |

Remarks: _____

| 5. DAMAGE CONTROL/LIFE SAFETY | YES | NO |
|---|------------|-----------|
| a. Fire Suppression Systems operational | a. 9 | 9 |
| b. Evacuation Routes painted with photo luminescent paint | b. 9 | 9 |
| c. Escape Trunks not obstructed | c. 9 | 9 |
| d. Scuttles and Hatches not blocked from outside and <u>open easily</u> | d. 9 | 9 |
| e. D.C. Lockers stocked IAW Authorized Equipment List (AEL) | e. 9 | 9 |
| f. Fire Fighting Equipment operational; good condition | f. 9 | 9 |
| g. Drills/Training routinely conducted | g. 9 | 9 |
| h. OBAs: Adequate quantity/canister | h. 9 | 9 |
| i. First Aid/CPR - personnel qualified | i. 9 | 9 |
| j. Gas Free Engineering (GFE) Requirements posted at MSD tanks | j. 9 | 9 |

Remarks: _____

| 6. DECK/Ships Force Maintenance | YES | NO |
|--|------|----|
| a. Life rings in good condition | a. 9 | 9 |
| b. Lifejacket Lockers posted - Quantity/Type | b. 9 | 9 |
| c. Lifejackets worn in high risk conditions | c. 9 | 9 |
| d. PMLs not expired | d. 9 | 9 |
| e. Inflatable Lifejacket CO ₂ set screws tight | e. 9 | 9 |
| f. Smoking Prohibited during fuel and HAZMAT handling | f. 9 | 9 |
| g. Working Aloft Procedures implemented/used | g. 9 | 9 |
| h. Hazardous Materials labeled and stored properly | h. 9 | 9 |
| i. Safe Lines/Line Handling Procedures | i. 9 | 9 |
| j. Safe Anchor Handling Stowage | j. 9 | 9 |
| k. Safe Deck Condition no protrusions, debris, etc. | k. 9 | 9 |
| l. Ladders secured, safe | l. 9 | 9 |
| m. Hatches - toggle bolts used when open | m. 9 | 9 |
| n. Life Boats in place/SOPs posted | n. 9 | 9 |
| o. Lifelines/Handrails in place | o. 9 | 9 |
| p. Boarding Steps in use, in good condition | p. 9 | 9 |
| q. Eye Protection provided, used, properly maintained | q. 9 | 9 |
| r. Protective Gloves used with power tools/chemicals | r. 9 | 9 |
| s. Deck Non-Skid installed on each side of doorways | s. 9 | 9 |
| t. Deck Personnel issued respirators | t. 9 | 9 |
| u. Respirators Stored Correctly (clean, in sealed bags w/owner ID) | u. 9 | 9 |

Remarks: _____

7. OVERALL COMPLIANCE

9 Excellent

9 Marginal

9 Satisfactory

9 Unsatisfactory

8. ADDITIONAL ITEMS/GENERAL REMARKS

INSPECTOR: _____ **DATE:** _____