

Vessel Data Form.

Before using this Form, please see **Training Vessels 3.3.1** for guidance and advice.

This Form should be filled-in and uploaded onto the iymcs extranet before using any vessel for iymcs courses. Ideally, if time will allow, the iymcs Operations Office will check the data and confirm the suitability of the vessel for a particular iymcs course/s.

dd/mm/yyyy

Member:	_____	Place & Date:	_____
Town/City:	_____	Member Representative:	_____
Country:	_____	mobile n°:	_____ +country +area +number
		email:	_____

Vessel Details

Name of vessel:	_____	Length overall:	_____ metres
Type of vessel:	_____	Flag of vessel:	_____
Builder:	make _____	Vessel registered as:	private commercial training
	model _____		
Date of build:	_____	Port of registry:	_____
Construction material:	_____	Owners name:	_____
Official crew (load) capacity of vessel:	day cruising _____	Yacht category:	D Sheltered Waters C Near-Coastal Waters B Offshore Seas A Oceanic
	overnight sleeping _____	(if applicable)	
Survey details:	date of last survey _____	Radio Communications:	Call Sign: _____
(for yacht cat A, B & C & commercial v/l's)	type of survey _____		MMSI n°: _____
	dd/mm/yyyy		

Engine & Propulsion

Engine details:	make _____	Fuel type:	_____
	number of engines _____	Propulsion type:	_____
	hP or kW		

Safety Equipment

Liferaft:	yes	no		SOLAS:	EPIRB serial n°		
	capacity				SART serial n°		
	hydrostatic release unit						
PFD's, Lifejackets & safety harnesses:	fixed flotation type		qty	Signalling flares:	hand-held red pinpoint		qty
	inflatable type; -single cylinder		qty		hand-held parachute red		qty
	-twin cylinder		qty		orange smoke cannister		qty
	harness incorporated				expiry date		
	separate harnesses+lines		qty		Very Pistol		
Deck:	jackstays fitted	yes	no	Miscellaneous:	gas on-board	yes	no
Bilge pumping system:	manual		semi-automatic automatic		auxiliary tender	yes	no
Fire detection & fire fighting equipment:	detection sensors; -smoke		qty	MOB equipment:	is there a first aid kit or a medical locker?	kit	locker
	-heat		qty		life horseshoes		qty
	extinguishers; -powder		qty		life rings		qty
	-CO2		qty		life floating lights		qty
	-dry powder		qty		life sling		qty
	fire blankets		qty		dan buoy		qty
Navigation equipment:	chart plotter	yes	no	Navigation equipment:	mag.compass	yes	no
	depth sounder	yes	no		flux.compass	yes	no
	wind direction	yes	no		sat.compass	yes	no
	wind speed	yes	no		radar	yes	no

Sail Section:

Mainsail:	reefing system			Cockpit aft:	open stern config	yes	no
Boom:	support vang	yes	no	Spinnaker:	symmetrical	yes	no
Head-sails:	number				asymmetrical	yes	no
	furling gear	yes	no		sheets/guys	_____	
					sock system	yes	no

Rudder steering type:

Which course/s do you wish to teach on the vessel?

<p>Master 10GT/12m sail</p> <p>Master 20GT/15m sail</p> <p>Master 40GT/20m sail</p> <p>Master 80GT/24m Mate 200GT sail</p> <p>Race Crew / Skipper</p> <p>Ocean 20/40</p>	<p>Master 10GT/12m power</p> <p>Master 40GT/17m power</p> <p>Master 80GT/24m Mate 200GT power</p> <p>Watch-Leader</p> <p>Yacht Tender Crew 15m</p> <p>Open Sportsboat 10m</p>	<p>Master 200GT/Mate 500GT power</p> <p>Master 200GT/Mate 500GT sail</p> <p>Master 300GT/OOW 1000GT</p> <p>OOW 1000GT</p> <p>High Speed Navigation</p> <p>Small Vessel Safety Course</p>
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Please copy and paste photos of vessel into the boxes below as indicated:

Deck exterior 1	Deck exterior 2	Deck aft 1	Deck for'ad 1
Engine compartment 1	Interior 1	Interior 2	Interior 3

Please submit to the Operations Office by the iymcs extranet or by email to members@iymcs.com
Thank you.

Operations Office Internal.

Date of acknowledgement:	Ops. Office person contact:	Member contact person:
Vessel risk assessment check:	Teaching course recommendations:	
Safety recommendations:	Approved or rejected, by whom:	Special conditions of approval:

Controlled Doc
ISO 9001:2015 Compliant