



### **Captains Sign Off Form**

|                            |  |
|----------------------------|--|
| Owner/Operator Name:       |  |
| Policy Number:             |  |
| Vessel Make/Model:         |  |
| Training Conducted By:     |  |
| Credentials Of Trainer:    |  |
| Navigational Area Covered: |  |
| Total Hours Of Training:   |  |
| Dates Of Training:         |  |

On a scale of 0-5 (0 being low and 5 being high) please score the operator on the below items trained;

**A:** Preparing vessel before departure.....0 1 2 3 4 5

- Owner knowledgeable of local hazards and conditions including preparation for weather
- Using proper fueling procedures
- Opening and closing thru hulls

**B:** Docking, undocking anchor/Pick up a mooring.....0 1 2 3 4 5

- Tie/untie basic knots
- Adjust for wind and current
- Maintain control when approaching and departing

**C:** Navigate and understand rules of the road.....0 1 2 3 4 5

- Use whistle signals
- Read navigation signs and buoys

**D:** Respond to safety issues.....0 1 2 3 4 5

- Adjust to wind waves and current
- Avoid carbon monoxide poisoning and hyperthermia
- Reacting to overboard persons/fires/collisions and grounding

Comments/Additional training completed:

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In My opinion as an experienced operator, the above is competent to safely operate their vessel

|                                     |  |
|-------------------------------------|--|
| Examiners Signature:                |  |
| Examiners Name and Contact Details: |  |
| Date                                |  |

**It is agreed that this information is the opinion of the examiner only**

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