

CRUISING YACHT CLUB of AUSTRALIA

Radio Installation Survey and Inspection Form Australian Sailing Special Regulations 2017-2020 - Category 1 - 3 Yachts

Yacht Name: _____ Sail no: _____ Call Sign: _____

Radio Surveyor Name: _____ Location of Check: _____

Boat Owner / Representative: _____ Date: _____

Radio inspections are valid for 12 months from the date of issue.

CATEGORY 1, 2 or 3

- | | | |
|---------------------------------|---|--------------------------|
| 1. Yachts Batteries | Batteries shall be of a sealed type from which liquid electrolyte cannot escape | <input type="checkbox"/> |
| | Separate Engine & House battery banks | <input type="checkbox"/> |
| | Charging arrangements & switching adequate | <input type="checkbox"/> |
| | Alternator & belts in good working condition | <input type="checkbox"/> |
| 2. On Load Voltage Test | Battery terminal voltage did not fall below 11.4v when On-load Battery Tester applied | <input type="checkbox"/> |
| 3. Battery Terminals | Terminals are tight and well greased | <input type="checkbox"/> |
| | Battery cabling is in good condition | <input type="checkbox"/> |
| 4. VHF Radio | Installed in a position protected from the ingress of moisture | <input type="checkbox"/> |
| | Channels 6, 16, 21, 22, 67, 72, 73, 80, 81 and 82 fitted | <input type="checkbox"/> |
| | 25 Watt transmit power | |
| | NB: if new VHF – DSC Capable | |
| 5. VHF Antenna | Masthead VHF Antenna in sound mechanical condition | <input type="checkbox"/> |
| 6. VHF Aerial | Spare Aerial is on Board for each radio and mountings available for ease of installation | <input type="checkbox"/> |
| 7. Co-axial cable feeder | Feeder is sound and of low loss quality with good connections | <input type="checkbox"/> |
| 8. VHF Hand Held Radio | Channels 6, 16, 21, 22, 67, 72, 73, 80 and 81 | <input type="checkbox"/> |
| | VHF Hand Held Radio is Waterproof | <input type="checkbox"/> |
| | Provision for charge or replacement of batteries adequate | <input type="checkbox"/> |
| 9. Documents | Marine Radio Operators Handbook is kept on board | <input type="checkbox"/> |
| | Distress Procedure; Guide for Operators & Call Sign and MMSI are visible | <input type="checkbox"/> |
| 10. Separate Radio | Capable of receiving weather bulletins (AM/FM Radio) | <input type="checkbox"/> |
| 11. Special Regulations | Yacht complies with Australian Sailing Special Regulations 3.25 Marine Radio | <input type="checkbox"/> |
| 12. Navigation Lights | Yachts navigation lights, working, fitted to conform to Australian Sailing special regulations and IRPCAS | <input type="checkbox"/> |

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If completing form for Category 3, leave the next section blank.

CATEGORY 1 and 2, or if fitted.

13. **HF Radio** Installed in a position protected from the ingress of moisture
Rated 100w output
NB: if new HF – DSC Capable
14. **Frequencies Fitted** 4125 4483 6215 6516 8291
15. **Radio Test** HF & VHF Transmission signal reports are satisfactory on all frequencies
Radio Station used for tests _____
16. **ATU HF** ATU effectively tunes HF antenna on all frequencies fitted
17. **HF Antenna** HF Antenna in sound mechanical condition
18. **Spare HF Antenna** Spare HF Antenna for each radio is kept on board and is easily erected and connected to the ATU
19. **Insulators** Insulators on HF antenna of good quality and free from defects
20. **Co-axial cable feeder** Feeder is sound and of low loss quality with good connections
21. **Radio Earth** Radio Earth system is sound and effective-antenna tunes well
22. **Radio Earth Connection** Connection to ATU and Transceiver
23. **AIS** AIS Transponder fitted and operational
MMSI number: _____

Radio Surveyors Declaration

I have surveyed the radio and electrical equipment on this yacht and have found all equipment to be on board the yacht and in good working order at the time and date of this inspection. I have surveyed the yachts equipment and found it to conform to the requirements of Australian Sailing Special Regulations 2017-2020.

Signed: _____ **Print Name:** _____

Radio Surveyor / Marine Electrician Company & Contact Details and/or Stamp:

Name: _____

Company: _____

Contact Ph: _____