

Fishing Vessel Loading Conditions by Master \ Authorized Representative

As required by Transport Canada, the Master or Authorized Representative of the Vessel must describe how the vessel being assessed will be loaded.

Please fill out the table below as completely as possible. Include a sketch if necessary to clarify locations. If there are any questions, please contact EYE Marine for assistance. In some cases, we are not able to have the vessel pass maximum loading conditions. In this case a lower limit that meets all of the criteria will be identified. Additional loading options can be calculated at additional cost, if desired.

	Fishery #1	Fishery #2	Fishery #3 (extra \$1200)	Fishery #4 (extra \$1200)
Type of fishery				
Is this a winter fishery (potential for freezing spray)?				
Fishing District?				
Life raft capacity				
Number of Crew, limit given on certificate.				
Dumping Day (Lobster and Crab only):				
Weight and dimensions of traps				
Maximum number of traps carried				
Number of traps in each location (above and below deck, for example)				

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	Fishery #1	Fishery #2	Fishery #3 (extra)	Fishery #4 (extra)
Bait carried during dumping day & storage location				
Moving Traps other than on Dumping Day (Lobster and Crab only):				
Maximum number of traps carried				
Number of traps in each location (above and below deck, for example)				
Bait carried when moving traps & storage location				
Are live-wells potentially full during the move, and potentially full catch?				
Fishing gear (not everything here will apply to all fisheries, fill out only applicable fields):				
Number of buoys, weight, & location				
Number, weight & location of trawl anchors or trap stones				
Number, weight (or diameter) & location of trawl lines				

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	Fishery #1	Fishery #2	Fishery #3 (extra)	Fishery #4 (extra)
Forward Roller weight, height, & location				
Aft Roller weight, height, & location				
Shaker weight, height, & location				
A-Frame weight, height, & location				
Winches weight, height, & location				
Drag nets weight (empty and full) & location				
Dumping table (or baiting or sorting table) weight, height and location				
Additional gear for each fishery. Provide weight, description, and location of each item & during what part of the trip it is potentially onboard. (removable shucking house, fish pumps, spare gear, etc.)				

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	Fishery #1	Fishery #2	Fishery #3 (extra)	Fishery #4 (extra)
Max. number of crates or fish tubs aboard at one time, weight, & location				
Total bait carried other than on dumping day & location				
Ice weight & storage location (if catch is stored in ice)				
Catch (fill in applicable fields for each fishery) :				
Max. catch weight				
Are all live-wells used to store catch? Dry or with water?				
Max. catch weight stored in fish-hold				
Max catch in other locations (weight & location)				
Are penboards or tubs used, or catch stored loose?				

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	Fishery #1	Fishery #2	Fishery #3 (extra)	Fishery #4 (extra)
How much bait is left over on the return trip home				
Lifting (fill out for each lifting device, in each fishery each device is used for):				
Crane max rated load and reach (send spec sheet)				
Crane max load required to be lifted (if less than max rating)				
Wheelhouse boom length and diameter				
Max boom weight to be lifted, and to which side (port, stbd or both)				
Max A-frame weight to be lifted (if applicable) & location				
Max pot hauler weight to be lifted & location				

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By signing below, you attest that all the information provided in the form above is accurate and not subject to change within the timeframe required to complete the stability book stated above.

If at any time the use of the vessel changes, please contact us about updating your stability book with the current loading information. In the majority of cases this can be done entirely by computer, without needing another trip to the vessel for a new stability test.

Owner/Master signature: _____

Owner/Master name (please print): _____

Owner/Master email address: _____

Owner/Master Phone number: _____

Date of signature: _____