

# Swing Mooring Inspection Form

**PLEASE PRINT ALL DETAILS**

## Mooring Owners Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

## Details of Vessel Using Mooring

Boat Name: \_\_\_\_\_

Type:       Launch                       Yacht                       Other: \_\_\_\_\_

Length: \_\_\_\_\_ m              Beam: \_\_\_\_\_ m              Draft: \_\_\_\_\_ m

Vessel Colour(s)/description: \_\_\_\_\_

## Mooring and inspection details

Mooring Area and mooring ID number: \_\_\_\_\_

GPS Position (WGS84 deg, min, dec min):    \_ \_ ° \_ \_ . \_ \_ \_ ' S                      \_ \_ ° \_ \_ . \_ \_ \_ ' E

Inspection Date: \_\_\_\_\_                      Inspection Time: \_\_\_\_\_

Water Depth at time of Inspection: \_\_\_\_\_ m

Inspection type:       Lifted               Dived               In-situ when dry               Initial installation

*(Note: If diver is paid then they must meet all requirements of Department of Labour as an occupational diver)*

Qualifications/Experience of inspector *(if not pre-approved by Tasman District Council Harbourmaster):* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Inspection date: _____	Permit number: RM/NN _____
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## Specifications of Mooring (As-new details of components)

Type of block / weight / anchor: \_\_\_\_\_

Description (incl. air-weight): \_\_\_\_\_

Eye:  Black  Stainless Bar Ø: \_\_\_\_\_ mm Eye Ø: \_\_\_\_\_ mm

Ground Chain: Length: \_\_\_\_\_ m Link length: \_\_\_\_\_ mm Steel Ø: \_\_\_\_\_ mm

Intermediate Chain: Length: \_\_\_\_\_ m Link length: \_\_\_\_\_ mm Steel Ø: \_\_\_\_\_ mm

Floatline: Type: \_\_\_\_\_ Length: \_\_\_\_\_ m Ø: \_\_\_\_\_ mm

Mooring Buoy (size, type, colour): \_\_\_\_\_

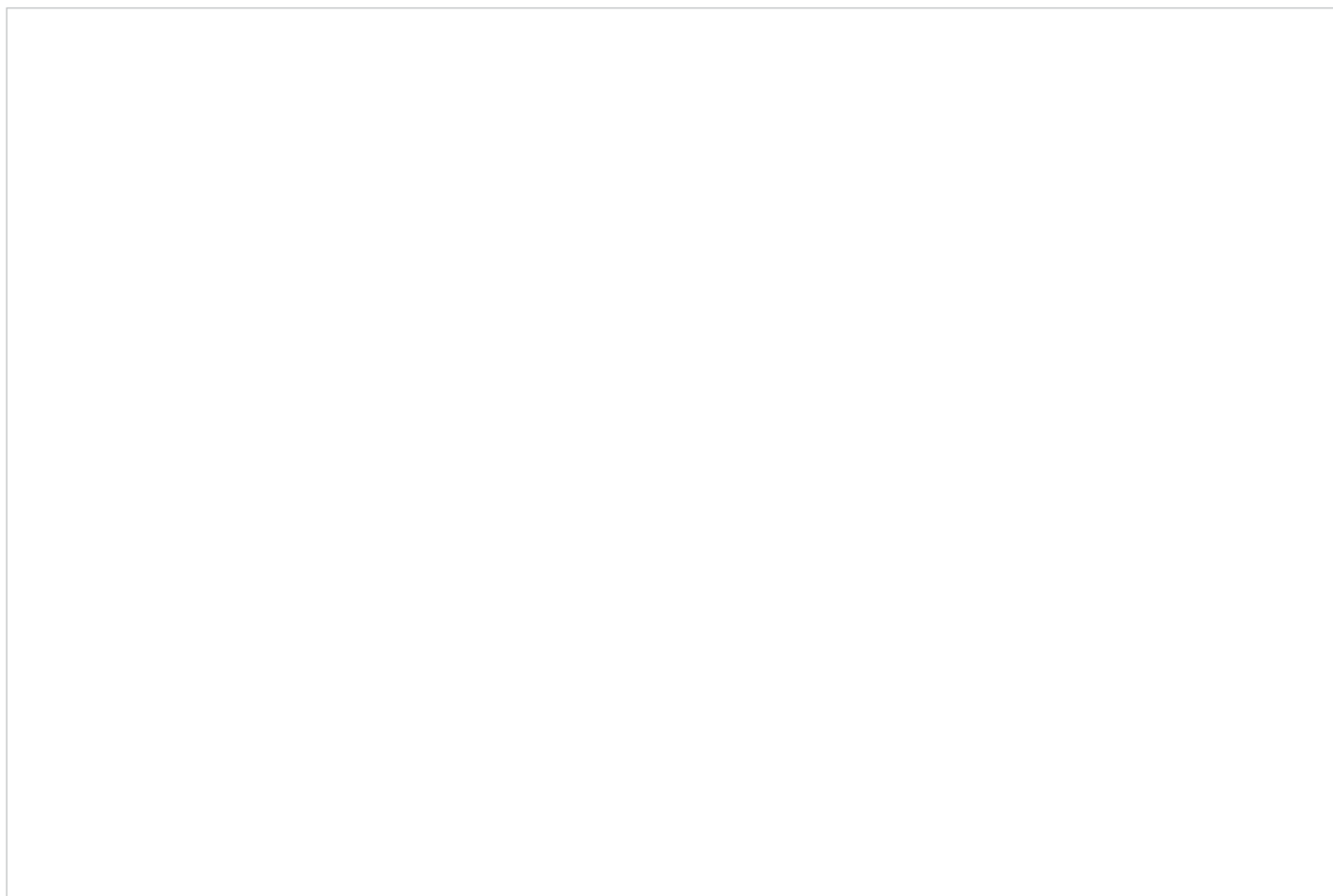
Pick-up buoy (opt.) description: \_\_\_\_\_

Swivel size: \_\_\_\_\_ mm Swivel Location in system: \_\_\_\_\_

Headline Chafe Protection Type: \_\_\_\_\_

Swing radius (MLWS): \_\_\_\_\_ m

## Diagram of Mooring



Inspection date: \_\_\_\_\_

Permit number: RM/NN \_\_\_\_\_

	Checked?	Replaced?	Comments
Block / weight / anchor:	<input type="checkbox"/>	<input type="checkbox"/>	Buried/Keyed-in? <input type="checkbox"/> Yes <input type="checkbox"/> No
Eye:	<input type="checkbox"/>	<input type="checkbox"/>	Least diameter ( <i>thickness</i> ): _____ mm
Bottom Shackle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Welded? <input type="checkbox"/> Moused? <input type="checkbox"/> Greased?
Bottom Chain:	<input type="checkbox"/>	<input type="checkbox"/>	Average Ø _____ mm    Minimum Ø _____ mm
2nd Shackle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Welded? <input type="checkbox"/> Moused? <input type="checkbox"/> Greased?
Middle Chain:	<input type="checkbox"/>	<input type="checkbox"/>	Average Ø _____ mm    Minimum Ø _____ mm
3rd Shackle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Welded? <input type="checkbox"/> Moused? <input type="checkbox"/> Greased?
Top Chain:	<input type="checkbox"/>	<input type="checkbox"/>	Average Ø _____ mm    Minimum Ø _____ mm
Swivel:	<input type="checkbox"/>	<input type="checkbox"/>	Location: _____
4th Shackle:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Welded? <input type="checkbox"/> Moused? <input type="checkbox"/> Greased?
Headline:	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mooring Buoy:	<input type="checkbox"/>	<input type="checkbox"/>	Markings/condition: _____
Pick-up buoy ( <i>opt.</i> ):	<input type="checkbox"/>	<input type="checkbox"/>	_____
Photo(s) provided?	<input type="checkbox"/>		Next service due by (date): _____

This is to certify that I have inspected and serviced this mooring, the information noted above is true and correct, and it is fit for purpose.

Name of Inspector: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_

Company (if contractor): \_\_\_\_\_

Inspection date: _____	Permit number: RM/NN _____
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