



**UNITED STATES COAST GUARD AUXILIARY  
AND  
UNITED STATES POWER SQUADRONS**



**Fellow Boater,**

**Thank you for taking time to have a Vessel Safety Check.** To make this program more responsive to your needs, we need your help! This survey will help us better understand what you like about the program and what you would like changed. With this information, we can effectively address our problem areas. This survey is anonymous however, you may include your name & address if you would like to be contacted. Please return this survey and help make this program a success. **Thank you.**

Please  the appropriate answer.

1. Was this your first Safety Check? Yes  No 
  - a) If No, how did it compare to your last Safety Check (CME)?
  - b) Is there anything that you would recommend be changed?
2. Did the examiner clearly inform you why your boat failed to meet one or more of the State or Federal Requirements? Yes  No
3. If your vessel did not receive a decal, what was your reaction: Upset  Appreciative 
  - a) If your vessel did not receive a decal, did the Examiner clearly inform you why? Yes  No
  - b) Did the Examiner explain the importance of the items that were being checked and why they are required for safe boating? Yes  No
4. Have you corrected the deficiencies identified? Yes  No 
  - a) If Yes, how long did it take you to make the corrections? \_\_\_\_\_
  - b) If No, Why? \_\_\_\_\_
  - c) Did the Examiner identify how & when you could have your vessel re-examined? Yes  No
5. Where was the examination performed: Public Launching Ramp  Marina Dock  Private Dock  Home  Other  City \_\_\_\_\_ State \_\_\_\_\_
6. Was the examination conducted in a competent and professional manner? Yes  No  Was the examiner courteous? Yes  No
7. Based upon your experience with this Vessel Safety Check, would you volunteer for another safety check next year? Yes  No  Would you encourage friends & relatives, who are boat owners, to obtain an examination? Yes  No  If No, please explain why below.
8. Your overall impression of value to you as a boat owner of the new Vessel Check program based on a scale from 1 to 10 with 1 being the lowest and 10 the highest. 1  2  3  4  5  6  7  8  9  10

COMMENTS:

(Optional) Name \_\_\_\_\_ Address \_\_\_\_\_

(Please use other side if additional space if required)

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Of Transportation

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**United States  
Coast Guard**

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