



# U.S. Coast Guard Auxiliary National Department of Vessel Examination

Serving Vessel Examiners and Program Visitors



## Facility & Operational Facility Review

Prepared by  
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# Operational Facility Decal



# Introduction

- This module will present you with the forms necessary to conduct an Auxiliary facility inspection
- This module will also highlight the important items while doing the inspection

# Topics of Discussion

- The ANSC 7003 & 7008 forms
- Highlight important items within each section on the ANSC forms.
- Potential disciplinary action for “coffee table” inspection!

# Facility & OPFAC Inspections

- Facility Inspections must be performed on the current form(s) by a currently certified USCG Auxiliary Vessel Examiner and accepted by the District Commodore.
- Operational Facility Inspections must be performed by a currently certified USCG Auxiliary Vessel Examiner and accepted by DIRAUX.
- A facility, after being accepted by DCO or DIRAUX is now eligible to fly the blue USCG Ensign

# Facility & OPFAC Inspections

- ANSC form 7003 outlines requirements for facility and OPFAC inspections on motorboats and motor vessels.
- The Coast Guard **MUST** inspect commercial motor vessels **OVER** 65 feet in length
- ANSC form 7008 outlines requirements for PWC OPFAC (PWC's can only be offered for use)

DEPARTMENT OF HOMELAND SECURITY U.S.C.G. AUXILIARY ANSC 7003 (Rev 01-05)		<b>VESSEL FACILITY INSPECTION AND OFFER FOR USE FORM</b> <small>(See instructions and Privacy Act Statement on page 3)</small>				<input type="checkbox"/> INITIAL (NEW) REPORT <input type="checkbox"/> REINSPECTION (REOFFER) <input type="checkbox"/> CHANGE	
<b>SECTION I OWNER DATA - Completed by owner</b>							
OWNER'S MEMBER ID NUMBER		OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL			TYPE OF OWNERSHIP (Check one) <small>All owners must sign Section III</small>		
CO-OWNER'S MEMBER ID NUMBER		CO-OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL			<input type="checkbox"/> SOLE <input type="checkbox"/> AUX UNIT <input type="checkbox"/> GOV'T <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CORPORATE		
<b>SECTION II FACILITY DATA - Completed by owner</b>							
REGISTRATION OR DOC. NO.		HULL IDENTIFICATION NO.		FACILITY'S NAME		FACILITY NO.	
VESSEL LOCATION			ZIP CODE		LATITUDE		LONGITUDE
MANUFACTURER		MODEL	YEAR	TYPE VESSEL	LENGTH	BEAM	DRAFT
TYPE POWER	NO. ENGINES		HP EACH ENG	TYPE FUEL	FUEL CAPACITY	IF THIS FACILITY REPLACES ONE CURRENTLY RECORDED, ENTER OLD FACILITY NUMBER HERE	
CELL PHONE #		DSC NUMBER		<input type="checkbox"/> Night OPS <input type="checkbox"/> Trailerable <input type="checkbox"/> Head <input type="checkbox"/> Range <input type="checkbox"/> Heater			
MANUFACTURER		MODEL	YEAR	SERIAL #	FUEL CONSUMPTION	ECONOMICAL	CRUISE
ENGINE 1:		▼			Speed in Knots		
ENGINE 2:		▼			Gallons per Hour		
GENSET:					K.W. Capacity		
<input type="checkbox"/> Compass <input type="checkbox"/> Radio Direction Finder (RDF Type: _____) <input type="checkbox"/> Depth Finder <input type="checkbox"/> Radar <input type="checkbox"/> Lorán <input type="checkbox"/> GPS/DGPS <input type="checkbox"/> MF/HF SSB Output: _____ Channels: _____ <input type="checkbox"/> VHF-FM Output: _____ Channels: _____ <input type="checkbox"/> VHF-AM Output: _____ Channels: _____ OTHER SPECIAL EQUIPMENT - REMARKS:							
VALUE - HULL		VALUE - MACHINERY		VALUE - ELECTRONICS		VALUE - OTHER EQUIPMENT	TOTAL VALUE OF VESSEL
<b>SECTION III OWNER STATEMENTS, UNIT AND SIGNATURE - Completed by owner</b>							
<input type="checkbox"/> The above facility is offered for use as an operational facility until withdrawn, in accordance with the applicable laws and regulations that are in effect at the time the facility is accepted, used, and released, subject to conditions and limitations determined by the order issuing authority. I (we) agree to notify DIRAUX of any changes to this facility or equipment and state that all of this equipment will be on board the facility when underway under orders.							
<input type="checkbox"/> The above is not offered for use as an operational facility.							
<input type="checkbox"/> I (we) certify all entries in Sections I thru III are correct and current.							
Signature of Owner _____ Date _____				Signature of Co-Owner _____ Date _____			
I understand that trailered Auxiliary facilities (tow vehicle and trailer) must comply with state vehicular laws and the manufacturer's recommendations for vehicle hitch and trailer assembly in regards to the tongue and gross weight of the trailer load. (All facility owners must initial)							
Owner(s) Initials _____							
<b>SECTION IV USCGAUX VE's ENDORSEMENT - Completed by USCGAUX VE</b>							
I have inspected the vessel above as an <input type="checkbox"/> operational <input type="checkbox"/> non-operational facility and certify that it meets all requirements as such. It was inspected for use on <input type="checkbox"/> Inland Protected Waters <input type="checkbox"/> Coastal/Offshore Waters <input type="checkbox"/> All Waters.							
INSP DATE _____		VE's Member ID _____		VE's Unit _____		District Division Flotilla _____	
VE's Name _____				VE's Signature _____			
<b>SECTION V ACCEPTANCE - Completed by DIRAUX for Operational, DCO for Non-Operational</b>							
This facility is accepted at the inspection level indicated above.							
Authorized Signature _____				Date _____			

7003 –Page 1  
 This form used for facility and Operational inspections on Motorboats and Pleasure motor vessels

**SECTION VI REQUIREMENTS FOR AN AUXILIARY FACILITY (Non Operational) - Completed by USCGAUX VE**

OK	N/A	Item	OK	N/A	Item
		1. Numbering			21. MARPOL Trash Placard
		2. Registration / Documentation			22. Pollution Placard
		3. Navigation lights			23. Navigation Rules (boats 12m - 39.4 feet - or longer)
		4. Sound producing device			24. CG Capacity Plate
		5. Bell (boats 12m [39.4 ft.] or longer)			25. Certificate of Compliance
		6. Personal Flotation Device (PFD)			26. Hull Identification Number (HIN)
		7. Fire extinguishers (mounted, minimum)			27. RPM Table (or a means of determining speed)
		8. Visual Distress Signals (VDS) Inland			28. National Ensign
		9. Visual Distress Signals (VDS) International			29. CG Auxiliary Ensign
		10. Ventilation			30. First Aid Kit
		11. Backfire Flame Arrester			31. Charts of operating area
		12. Fuel system			32. Compass
		13. Anchor & Anchor Line			33. Deviation Table
		14. Alternate propulsion			34. Tools for emergency repairs
		15. Dewatering device			35. Lantern - flashlight
		16. Overall vessel condition			36. Spare Navigation light bulbs
		17. Electrical systems			*37. Navigation plotting instruments
		18. Galley / Heating systems			38. Depth sounder, leadline, sounding pole
		19. State requirements			39. Boat hook
		20. Marine Sanitation Device (MSD)			

**SECTION VII REQUIREMENTS FOR AN OPERATIONAL AUXILIARY FACILITY - Completed by USCGAUX VE**

OK	N/A	Item	OK	N/A	Item
		1. Meets all requirements of Section VI			17. Boarding ladder (or other means of boarding)
		2. Comms capability per Operations Policy Manual			*18. Kicker (skiff) hook
		*3. Satisfactory radio check on required frequencies			19. Binoculars
		4. SAR Incident Auxiliary Report (CG-4612) at least 1			20. Blanket
		5. Auxiliary engine (sailboat only)			21. Adequate fenders
		6. PFD (2 over legal requirements)			22. Towline and bridle (appropriate size / length)
		7. Patrol Signboards and Patrol Ensign			23. Heaving lines plus sufficient mooring lines
		*8. Search pattern plotting guide			*24. Extra anchor and anchor line
		9. Stern and bow cleats thru hull w/back plates			25. Search light
		10. Knife (3" blade minimum)			*26. Loud hailer/megaphone
		11. Watch or clock			27. Inspector viewed Reg/Doc papers for ownership
		*12. Portable pump or means of dewatering			28. Attached Assent & Authorization form for multiple owners
		*13. Tide tables (local)			29. Attached info requirements for corp. owned facilities
		*14. Light List for area (current)			30. Attached authorization for corporate offer for use
		15. Navigation Rules, COMDTINST M 16672.2 (series)			31. Additional items required by District Commander
		16. Extra fire extinguisher			

**SECTION VIII OPERATION OF AN AUXILIARY FACILITY BY A NON-OWNER - Completed by Owner**

When I am on board as a crewmember I authorize the following Coxswains to operate my facility under orders.

Name	Member Number	District	Division	Flotilla

When I am not on board I authorize the following Coxswains to operate my facility under orders.

Name	Member Number	District	Division	Flotilla

I choose not to have anyone operate my vessel other than myself.

\_\_\_\_\_  
Owner(s) Initials for Section VIII

Attach additional sheets as necessary if you have more than two persons who may operate your facility. You may designate groups of people ie: all coxswains in a district, division or flotilla. Instead of entering a name, enter ALL, then district, division and/or flotilla numbers, as applicable.

**COPY 1 - MEMBER**

- 7003-Page 2
- This form used to check off items as they are inspected



# Section I- 7003

- Owner's and Co-Owner's Member Number
- Owner's and Co-Owner's Name
- Type of Ownership

# Section II - 7003

Completed by Owner

- Blue wedge, get information from website
- Be sure to enter all information about the facility
- Important items: Registration number, HID, Latitude, Longitude
- Enter the city and state where vessel is located or berthed.

# Section III- 7003

- Owner Statements, Unit & Signature
- Completed by Owner
- Be sure to check if non-op facility or operational facility
- Be sure to sign
- Be sure to initial if trailerable
- Indicate District, Division & Flotilla

# Section IV- 7003

- Completed by VE after the inspection has been done.
- Date, VE member number, VE Unit (District, Division, Flotilla)
- Non-Op facility is mailed to DSO-VE
- Op Facility is mailed to DIRAUX
- Record mission on ANSC-7038  
include member name in COMMENTS section.

# Section V - 7003

- Completed by DCO (DSO-VE) for Non-Operational Facility
- Completed by DIRAUX For Operational Facility

# Section VI - 7003

- Requirements for an Auxiliary facility.
- Same as required for a VSC with some additional items required.
- Mounted fire extinguisher(s), Anchor & Anchor line, RPM table
- National Ensign, items 32-39

# Section VII - 7003

- Complete this section for an Operational facility
- Extra fire extinguisher does not have to be mounted.
- Be sure to check for items required for Operational facility that are not required for a facility.

# Section VIII - 7003

- Fill this section out if the facility is going to be operated by a non-owner of the facility.
- Attach an extra sheet to add to the list of names if necessary.
- Be sure owner initials



# PWC FACILITY INSPECTION

- You will use ANSC 7008 for the inspection on a PWC
- A PWC can only be offered for use. It has to be an Operational facility-there NO non-op!
- Section I thru V on 7008 is the same as I thru V on 7003

DEPARTMENT OF HOMELAND SECURITY U.S.C.G. AUXILIARY ANSC 7008 (Rev 01-05)		<b>PWC FACILITY INSPECTION AND OFFER FOR USE FORM</b> (See instructions and Privacy Act Statement on separate sheet)				<input type="checkbox"/> INITIAL (NEW) REPORT <input type="checkbox"/> REINSPECTION (REOFFER) <input type="checkbox"/> CHANGE	
<b>SECTION I OWNER DATA - Completed by owner</b>							
OWNER'S MEMBER ID NUMBER		OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL				TYPE OF OWNERSHIP (Check one) All owners must sign Section III	
CO-OWNER'S MEMBER ID NUMBER		CO-OWNER'S LAST NAME, FIRST NAME, MIDDLE INITIAL				<input type="checkbox"/> SOLE <input type="checkbox"/> AUX UNIT <input type="checkbox"/> GOVT <input type="checkbox"/> MULTIPLE <input type="checkbox"/> CORPORATE	
<b>SECTION II FACILITY DATA - Completed by owner</b>							
REGISTRATION		HULL IDENTIFICATION NO.		FACILITY'S NAME		FACILITY NO.	
VESSEL LOCATION				ZIP CODE		LATITUDE 00°00. N	LONGITUDE 000°00. W
MANUFACTURER		MODEL	YEAR	LENGTH	BEAM	DRAFT	IF THIS FACILITY REPLACES ONE CURRENTLY RECORDED, ENTER OLD FACILITY NUMBER HERE →
CELL PHONE #		DSC NUMBER		HORSEPOWER	FUEL CAPACITY	PWC TYPE	
ENGINE MANUFACTURER		MODEL	YEAR	SERIAL #	FUEL CONSUMPTION	ECONOMICAL	CRUISE
					Speed in Knots		
					Gallons per Hour		
<input type="checkbox"/> TRAILERABLE <input type="checkbox"/> GPS/DGPS <input type="checkbox"/> VHF-FM Output: _____ Channels: _____ OTHER SPECIAL EQUIPMENT - REMARKS:							
Value - Hull		Value - Machinery		Value - Electronics		Value- Other Equipment	Total Value of Vessel
<b>SECTION III OWNER STATEMENT, UNIT AND SIGNATURE - Completed by owner</b>							
<input type="checkbox"/> The above facility is offered for use as an operational facility until withdrawn, in accordance with the applicable laws and regulations that are in effect at the time the facility is accepted, used, and released, subject to conditions and limitations determined by the order issuing authority. I (we) agree to notify DIRAUX of any changes to this facility or equipment and state that all of this equipment will be on board the facility when underway under orders.							
<input type="checkbox"/> I (we) certify all entries in Sections I thru III are correct and current.							
Signature of Owner _____				Date _____		Signature of Co-Owner _____	
						Date _____	
I understand that trailered Auxiliary facilities (tow vehicle and trailer) must comply with state vehicular laws and the manufacturer's recommendations for vehicle hitch and trailer assembly in regards to the tongue and gross weight of the trailer load. (All facility owners must initial)							
Owner(s) Initials _____							
<b>SECTION IV USCGAUX VE'S ENDORSEMENT - Completed by USCGAUX VE</b>							
I have inspected the vessel above as PWC facility and certify that it meets all requirements as such.							
INSP DATE _____		VE's Member ID _____		VE's UNIT _____		District Division Flotilla	
VE's Name _____				VE's Signature _____			
<b>SECTION V ACCEPTANCE - Completed by DIRAUX</b>							
This facility is accepted as a PWC Facility of the U. S. Coast Guard Auxiliary.							
DIRAUX Signature _____				Date _____			

Previous edition is obsolete

**COPY 1 - MEMBER**

7R7.08RB

- 7008-Page 1
- This form is used to do a facility inspection on a PWC.
- It has to be offered for use

ANSI 7008 (Rev 01-05) Page 2 of 4		CHECK OFF SHEET	
SECTION VI VSC AND ADDITIONAL FEDERAL / STATE REQUIREMENTS - Completed by USCGAUX VE			
OK	N/A	Item	Item
		1. Numbering	8. Backfire Flame Arrester
		2. Registration / Documentation	9. Fuel system
		3. Sound Producing Device	10. Dewatering device
		4. Personal Flotation Device (PFD)	11. Overall vessel condition
		5. Fire Extinguisher (minimum)	12. Electrical systems
		6. Visual Distress Signal (VDS) (if required)	13. State requirements
			14. Certificate of Compliance
		7. Ventilation	15. Hull Identification Number (HIN)
SECTION VII REQUIREMENTS FOR A PWC FACILITY - Completed by USCGAUX VE			
OK	N/A	Item	Item
		1. Meets all requirements of Section VI	17. Hat or Helmet
		2. Portable waterproof VHF-FM radio	18. Gloves with non-slip palms
		3. Satisfactory radio check on required frequencies	19. Foot protection
		4. Safety Lanyard (kill switch) & spare	20. Spare spark plugs
		5. Flashlight	21. Rescue throw bag or rescue heaving line (minimum 50 feet)
		6. PFD, Impact rated for max speed of PWC	22. Towline (minimum 30 feet)
		7. CG Auxiliary or Patrol Ensign (optional)	23. PWC Tool Kit
		8. First Aid Kit	24. Inspector viewed Registration papers for ownership
		9. Visual Distress Signal (VDS) (if required)	25. Attached Assent & Authorization form for multiple owners
		10. Knife (3" blade minimum)	26. Attach info requirements for corp. owned facilities
		11. Watch	27. Attached authorization for corporate offer for use
		12. Throwable PFD (Type IV)	28. Fire extinguisher (mounted)
		13. Sponges (2)	
		14. Emergency Survival Blanket	
		15. Mooring Lines (2)	
		16. Goggles or Sun Glasses	
SECTION VIII OPERATION OF AN AUXILIARY FACILITY BY A NON-OWNER - Completed by Owner			
<input type="checkbox"/> When I am on board as a crewmember I authorize the following PWC Operator(s) to operate my facility under orders.			
Name	Member Number	District	Division Flotilla
<input type="checkbox"/> When I am not on board I authorize the following PWC Operator(s) to operate my facility under orders.			
Name	Member Number	District	Division Flotilla
<input type="checkbox"/> I choose not to have anyone operate my vessel other than myself.			
Owner(s) Initials for Section VIII		Attach additional sheets as necessary if you have more than two persons who may operate your facility. You may designate groups of people ie: all PWC Operators in a district, division or flotilla. Instead of entering a name, enter ALL, then district, division and/or flotilla numbers, as applicable.	

- 7008-Page 2
- This page used to check off items as they are inspected

# Section VI

- This section is almost the same as you would do for a VSC on any vessel.
- Exceptions=Dewatering device and fire extinguisher are required.
- Item 6 – Visual Distress Signals:  
Federal requirement

# Section VII

- Must meet all the requirements of Section VI
- Throw-able PFD, VHF-FM radio, VDS, Sponges, First Aid Kit
- Hat, gloves, foot protection
- Spare spark plug, 50' heaving line,
- Towline (minimum 30')
- Goggles or Sun Glasses

# Section VIII

- Operation of an Auxiliary Facility by a Non-Owner.
- Same as required on ANSC 7003
- Attach an extra sheet to add to the list of names if necessary.
- Be sure owner(s) initial
- Must be a qualified PWC Operator

# Auxiliary Non-Operational Facility, Operational Facility & PWC/Facility

- These facilities must be some of the safest vessels afloat.
- It is up to you, as a Vessel Examiner to be sure to take the extra time necessary to be sure that ALL Auxiliary facilities are the safest they can be.
- Our Auxiliary facilities need to set the example for safety standards on a vessel.