



Safety Boat Defect Report Form

Date.....

Time.....

Boat Identification.....

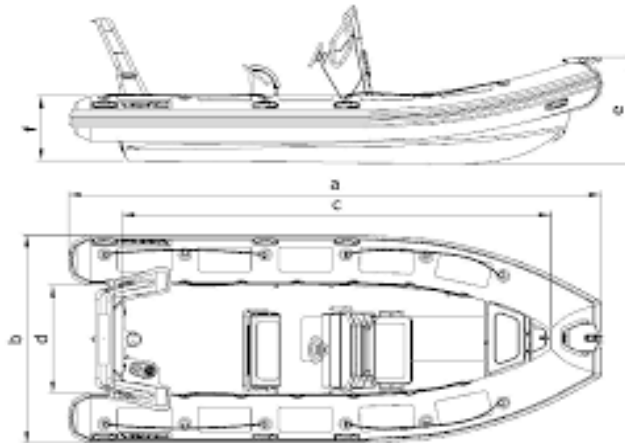
Boat Helm name.....

Contact phone number.....

Contact email address.....

Defect or Damage.....

Action taken by Helm.....



Work carried out by KYC

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Signed..... Date.....

Note: This form is used in a just culture environment as no blame is cast on any person reporting a defect /damage. It is in the interest of everyone to keep the KYC boats safe and well maintained.