

Idaho Boat Inspection Report

Kootenai County, Idaho

DATE: _____ TIME: _____ Body of Water/Location _____

TYPE CONTACT: Observed/Reported Violation Random Ramp/Shore Request

VESSEL INFO

REGISTRATION# _____ HIN: / / / / / / / / / / / / / / / /

Make _____ **Model** _____ **Color** _____ **Length** _____

INB I/O OB Jet Sail Electric Manual

CONTACT INFO

FIRST NAME: _____ LAST NAME: _____ owner operator

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ DOB: _____ DL/SSN: _____

YES	NO	N/A	
			Registration Numbers (Properly Displayed)
			Registration Stickers (Valid/Properly Displayed)
			Certificate of Registration Valid/Onboard
			Required Lights (Night Only)
			Personal Flotation Devices (Wearable)
			Personal Flotation Device (Type IV)
			Personal Flotation Device (Mandatory Wear)
			Fire extinguisher(s)
			Flame arrestor USCG approved/properly installed
			Ventilation (Engine and Fuel Tank Compartments)
			Sound Producing Device
			Ski Warning Flag
			Noise Testing
			Idaho Invasive Species Sticker
			Engine Cut Off Switch Used
			Boat Safety Course Taken

Other Safety Equipment Onboard: _____

Persons on Board: Adult _____ Children _____ Alcohol Observed Onboard Yes No

COMMENTS: _____

Sticker Issued: Yes No Warning: Yes No Citation: Yes No

Cited For: _____ Citation # _____

Deputy Name: _____ ID # _____

NO