

## MOORING INSPECTION REPORT

This certifies that a thorough inspection was conducted on this mooring on the date below. Type of service performed is specified below. Condition of tackle is determined by its actual condition at the time of inspection. Mooring types and weights must be suitable for use as set forth by the Harbor Master.

Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Mooring # \_\_\_\_\_

Service type performed: Pulled \_\_\_\_\_ Underwater \_\_\_\_\_

Service: Inspection \_\_\_\_\_ Shortshank \_\_\_\_\_ Replacement \_\_\_\_\_ New \_\_\_\_\_

Mooring Type: Mushroom: \_\_\_\_\_ Cement \_\_\_\_\_ Granite \_\_\_\_\_

Other(describe) \_\_\_\_\_

Heavy Chain: Length \_\_\_\_\_ Size \_\_\_\_\_ Condition \_\_\_\_\_

Light Chain: Length \_\_\_\_\_ Size \_\_\_\_\_ Condition \_\_\_\_\_

Rope: Length \_\_\_\_\_ Size \_\_\_\_\_ Condition \_\_\_\_\_

Pennant: Length \_\_\_\_\_ Size \_\_\_\_\_ Nonfloating line only

Remarks:

Mooring Inspector Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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