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| This report is the National Regulator’s preferred method for surveyors to monitor and record the shaft survey for a domestic commercial vessel. It is a minimum set of information expected by the National Regulator, it is not intended to be an exhaustive list. |

**Survey Details**

 Vessel name Unique identifier

|  |  |  |
| --- | --- | --- |
|       |  |       |

 Name of surveyor

|  |
| --- |
|       |

**Shaft fabricator**

Fabricators name (N/A if unknown)

|  |
| --- |
|  |

**Shaft details**

|  |  |  |  |
| --- | --- | --- | --- |
|  Material (new shafts or if known) |  |  Diameter |  |
|       |  |       |
|  Propeller taper |  |  Coupling & coupling taper |
|  |  |  |
| Gland packing area |  | Bearing area |
|  |  |  |
| Key and keyway |  | Straightness |
|  |  |  |
| Bearings (Type, Material) |  | Propeller (Type, Diameter) |
|  |  |  |

**Shaft Measurements**



|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Survey checks** | **Y/N/NA** | **Surveyor Comments/ drawing / document reference** |
| Shaft Inspection | Visual inspection of shaft, tapers and keywaysVisual inspection of couplings and keys | choose |  |
| Dimensional check | choose |
| Bluing of tapers | choose |
| In accordance with the approved plans (initial only) | choose |

**Surveyor’s declaration**

I declare that:

* I have conducted survey(s) as indicated, of the above mentioned vessel, in accordance with the applicable standards as set out in Marine Order 503 Certificates of Survey, and that to the extent evident from the inspection/s carried out I am satisfied that the vessel meets the standards.
* I consent to the Australian Maritime Safety Authority using and disclosing the information provided in this form for purposes associated with the administration of the Marine Safety (Domestic Commercial Vessel) National Law Act 2012.
* I understand and acknowledge that the Australian Maritime Safety Authority, as the National Regulator, may ask that I provide any information or document that the National Regulator reasonably considers necessary in relation to this recommendation.

Signature of surveyor Date

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