This report is the National Regulator’s preferred method for surveyors to monitor and record the initial construction or alteration – *hull deck and superstructure* survey for a composite vessel construction on 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

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|  |

**Result - In order (Y) / Not In order (N) / Not Applicable (NA)**

| **Item** | **Survey checks** | **Y/N/NA** | **Surveyor Comments/ drawing / document reference** |
| --- | --- | --- | --- |
| Production facilities | Verify workshop is free from contamination and appropriate for the vessel to be built | choose |  |
| Construction process | Verify builder has written procedures for the laminating process  Verify approved plans are displayed in a conspicuous place  Verify laminating schedules are displayed in a conspicuous place  Verify laminating records are being kept  Verify builder has a quality control process to ensure compliance with design documentation through build | choose |  |
| Material storage and handling practices | Inspect material storage location and verify suitability  Verify builder segregates materials  Discuss material handling and prep practices | choose |  |
| Materials type and standard | Review and endorse primary material certification/documentation  Verify Material Safety Data Sheets are readily available  Monitor materials being used in conduction to ensure use is with manufacturer spec | choose |  |
| Mould surfaces | Verify surfaces are kept clean, dry and away from direct sunlight and wind draughts  Verify temperature is uniform over the entire mould surface | choose |  |
| Temperature and humidity control | Verify there are reliable means to monitor temperature and humidity  Verify builder keeps records of temperature and humidity when laminating  Monitor ongoing controls to ensure lamination is conducted within recommended ranges | choose |  |
| Records | Verify builder has in place a system to create and maintain records that may be relied upon for the purpose of survey  Verify the builder has in place a process for drawing and document control | choose |  |

**Design approval compliance**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Survey checks** | **Y/N/NA** | **Surveyor Comments/ drawing / document reference** |
| In accordance with approved plans | The vessel’s structure is constructed in accordance with the approved plans and design documentation. | 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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**Supplement: Daily laminating record**

Note: this supplement is provided to record laminating conditions for a single day.

A new copy should be printed and completed each day by the builder / person responsible for the lamination.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Resin type and batch No.: | | | | | | | | | | | | |
| Resin trade name and Supplier: | | | | | | | | | | | | |
| Reinforcement type and batch No.: | | | | | | | | | | | | |
| Reinforcement trade name and supplier: | | | | | | | | | | | | |
| Catalyst / Hardener type: Methyl ethyl ketone peroxide: Yes  No  Other: | | | | | | | | | | | | |
| Catalyst batch No.: | | | | | | | | | | | | |
| Catalyst trade name and supplier: | | | | | | | | | | | | |
| Area laminate being applied:  Hull WT Boundary  Keel  Chine  Stem  Deck  Transom  Frames / Stringers  Bulkheads  Other Part | | | | | | | | | | | | |
| **Ply / Layer**  **No.** | **Type** | **Orientation** | | **Mass of fibre** | **Time** | | | | **Temperature** | | **Humidity** | |
|  | CSM, WR etc. | 0, 90, +/-45, Random etc. | | g/m2 | Start | | | Finish | Start | Finish | Start | Finish |
| **1** |  |  | |  |  | | |  |  |  |  |  |
| **2** |  |  | |  |  | | |  |  |  |  |  |
| **3** |  |  | |  |  | | |  |  |  |  |  |
| **4** |  |  | |  |  | | |  |  |  |  |  |
| **5** |  |  | |  |  | | |  |  |  |  |  |
| **6** |  |  | |  |  | | |  |  |  |  |  |
| **7** |  |  | |  |  | | |  |  |  |  |  |
| **8** |  |  | |  |  | | |  |  |  |  |  |
| Total lamination time: | | | | | | | | | | | | |
| Total resin used: | | | Iso Polyester | | | Ortho Polyester | | | Vinylester | | Epoxy | |
| Percentage catalyst: | | | | | | | Resin/Fibre Ratio: | | | | | |
| Weight of Reinforcement Per Metre2 at the end of day: | | | | | | | | | | | | |
| Application:  GUN  INFUSION  HAND | | | | | | | | | | Average Gel Time: | | |
| Time from gel coat application to part removal from mould: | | | | | | | | | | | | |

I hereby certify that the information provided above is a correct record.

Name: Position:

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature: |  | Date: |
|  |  |  |