

***THE UNIVERSITY  
OF  
NORTH CAROLINA AT WILMINGTON***

***Guide For Safe Boating Operations***

***For Small Vessels (Under 26')***

*Revised May 2022*

# INTRODUCTION

## **Purpose and Scope**

The following rules, regulations and requirements apply to all persons operating boats under the auspices of the University of North Carolina at Wilmington. They apply to such persons who may use, for any purpose, vessels owned by or in the custody of the University, and to those who use vessels regardless of ownership, on tasks or projects of the University, or from property under the control of the University

Boat Operator's certification will normally be restricted to faculty, staff, and graduate students of UNCW. Other than trainees, no individual may participate as a boat operator in a UNCW program without UNCW Boat Operator's Certification or joint consent of the Chancellor of the University and the UNCW/CMS Small Boat Committee.

Center for Marine Science Boat Operator's certification will be administered by the CMS Diving and Boating Safety Officer. All other University vessel operators will be certified through the Department Head responsible for the vessel.

# CERTIFICATION

## **Requirements for Certification**

Boating certification is issued by the CMS Diving and Boating Safety Office for CMS vessels or by the Department Head responsible for the vessel. The certification program is intended to ensure the safety of persons involved in vessel activities.

### **Applicants must:**

1. Be a **minimum** age of 18
2. Sign a statement of medical fitness or, at the discretion of the CMS Boating Safety Officer or appropriate Department Head, obtain a physician's signature of fitness to safely operate a vessel
3. Sign a UNCW Boating Activities Waiver and Release Agreement form (Students only)
4. Submit proof of an approved course on boating safety (UNCW, Coast Guard Auxiliary, Power Squadron, or online at [www.boat-ed.com/northcarolina/](http://www.boat-ed.com/northcarolina/))
5. Submit a resume of boating experience
6. Submit proof of certification in Cardio-Pulmonary Resuscitation and First Aid.
7. Successfully complete, with a grade of 75% or better, a written exam on University rules for safety and safe boat handling practices
8. Successfully demonstrate, to the satisfaction of the CMS Dockmaster, safe trailering, boat handling skills, and systems familiarization in the craft to be utilized by the operator
9. At the discretion of the CMS Boating Safety Officer, complete an orientation check-out of the area to be used by the operator

It is important for the applicant to complete all requirements for certification well in advance of any planned operation. **DO NOT WAIT UNTIL THE LAST MOMENT BEFORE THE VESSEL IS NEEDED.** Activities should be planned to allow sufficient time for the certification process before the operation begins. The boat handling skills checkout is considered the most important part of the certification process and may take considerable time depending on past experience of the operator, vessel size, complication of the vessel systems, and the location in which the operation is to take place.

## **Certification Levels**

Certification is for the class of boat and the skill level.

### **Vessel Classes**

- Class A - vessels under 16 feet
- Class I - vessels 16 feet to under 26 feet

### **Skill Levels**

- **Trainee** - May operate vessel only in the presence of a qualified operator
- **Operator** – Skill Levels

**Inshore:** Protected Waters, Lakes, Rivers, Sounds

**Offshore:** Near shore, Ocean: requires distance and location

### **Sailboats and Powerless Craft**

Certification is by the size and type of vessel.

## BOAT OPERATING REQUIREMENTS

1. Ultimate responsibility for safe operation rests with the Boat Operator.
2. Boat Operators are responsible for understanding and abiding by Federal, State, Local and UNCW regulations concerning safety, rules of the road, vessel usage, certification and required equipment on board. A Boat Operator's certification may be revoked or suspended by the CMS Boating Safety Officer, appropriate Department Head or the Assistant Director of Marine Operations for violations.
3. In emergencies or in other cases where it is prudent to deviate from accepted procedures, Boat Operators may use their own discretion, but should justify their actions in a written report as directed by the CMS Boating Safety Officer or appropriate Department Head.
4. Boat Operators must assure that boats used on UNCW operations meet or exceed all Federal, State, Local and UNCW requirements for safety, be in good repair, be well maintained and seaworthy beyond doubt.
5. Boat Operators must report accidents to the CMS Boating Safety Officer and appropriate Department Head as soon as possible after occurrence. An accident form must be filed within 24 hours of the accident.
6. Programs requiring operations outside the parameters of this guide require notification to the CMS Boating Safety Officer and appropriate Department Head. Sufficient lead time prior to the operations must be allowed for processing notifications for adherence to safety.
7. Boat Operators are required to file a written float plan prior to boating operations. The plan shall include location of operations with possible deviations, names and phone numbers of participants, time of departure, expected return, vessel make, vessel description and registration number. ***FLOAT PLANS MUST BE CLOSED IMMEDIATELY UPON RETURNING TO THE LANDING.***
8. All operations require that an Accident Procedures Plan addressing local evacuation and medical facilities be on board the vessel during operations. Boat Operator must assure that each participant be aware of its presence.
9. Boat Operators are required to check the NOAA weather forecast before beginning operations. During periods of small craft warnings or advisories, no UNCW operation is to carry on activities except in protected waters. No vessel operations shall take place during periods of obscured visibility. ***In cases where conditions change while underway or while on station, Coast Guard, State or Local rules and common sense for safety apply.***

10. At least two persons need to be onboard a UNCW/CMS vessel during any research trip, with one person being authorized as operator.
11. Ocean operations require a functional VHF radio, a compass, a GPS, EPIRB, and a cellular telephone. All operations require either a VHF radio or a cellular phone for emergency as well as normal communications.
12. No Boat Operator shall exceed the limit of their certification without prior approval of the CMS Boating Safety Officer.
13. All UNCW students, faculty, staff and persons on UNCW sponsored programs are required to wear Coast Guard approved personal flotation devices (life jackets) while on board.
14. Boat Operators must hold a passenger briefing/information meeting prior to leaving the landing. The briefing is to include:
  - Location of safety equipment
  - Use of safety equipment
  - Wearing safety equipment
  - Safety underway
  - Location of accident procedures plan
  - Fire procedures
  - Abandoning ship
  - Any information relative to safety and the vessel mission
15. Prior to boarding, Boat Operators must be certain that all passengers have been informed of the dangers of boat operations and have signed a required waiver of liability/indemnity agreement form and a medical history form. In cases where a medical consideration exists, the Boat Operator must assure that the proper precautions be taken to avoid injury or illness. If, in the Boat Operator's judgment, seasickness, illness or injury may result, the Operator must refuse boarding or request approval from a physician. The Operator must make every effort, within the limits of safety, to allow access to physically disabled persons.
16. Smoking is not allowed on UNCW vessels.
17. All passengers must be securely seated while the vessel is underway.

18. Alcoholic beverages are not allowed on UNCW vessels or vessels used under the auspices of UNCW.
19. The CMS Boating Safety Officer or the appropriate Department Head has the authority to suspend or disapprove of vessel activities that may be unsafe. Appeals may be made to the Assistant Director of Marine Operations.
20. Offshore operations conducted where the water temperatures are below 60 degrees Fahrenheit require that an approved exposure suit be available for each passenger on board. Boat Operators are responsible for ensuring that all passengers are familiar with the proper donning procedures for the suit prior to departure. It is imperative that special precautions be observed on operations where cold water and hypothermia are safety considerations. Even if the shoreline is close at hand, use of a wet suit, wet suit vest, float coat and/or a personal flotation device may determine whether or not an individual will reach the shoreline safely before incapacitation or death occur.
21. Vessels shall be operated at a safe speed at all times. A safe speed shall be maintained to avoid collision and/or property damage and to ensure passenger safety. In determining safe speed, all factors: weather, vessel maneuverability, visibility, traffic, sea state, current, navigation hazards, draft, depth of water, the possibility of floating objects and all other factors relative to safety, including common sense, must be considered.
22. It is the responsibility of the Boat Operator to use every reasonable means to become familiar with their intended areas of operation. This should include review of charts, Coast Guard NOTAMS, Coast Guard radio advisories, word of mouth from local inhabitants and any other means available.
23. It is the Operator's responsibility to assure, as far as possible, that there are no illegal drugs on board and that all passengers and crew are free of the effects of any drugs that may cause impairment in judgment critical to the safe operation of a UNCW vessel or vessel used on UNCW operations.
24. Operation of vessels 26 feet or over requires at least a US Coast Guard Uninspected Passenger (six passenger) license to operate.
25. On vessels equipped with kill switches, the Boat Operator is required to keep the kill switch on his person at all times while underway.
26. In the event of mechanical breakdown or other circumstance where non-emergency assistance is needed, contact the CMS Dockmaster, Boat Mechanic, Boating Safety Officer or Assistant Director of Marine Operations (in that order) for assistance. Contact information can be found on page 29 of this manual. In the event that CMS personnel can not be contacted, call Sea-Tow Services at 910-452-3798.

# EMERGENCIES

## **Communications:**

Failure to properly follow emergency procedures can result in property damage, injury or even death. It is imperative that the Boat Operator not only understand the procedures for declaring an emergency, but when to enact them as well.

Experience has shown that the great majority of people are reluctant to call attention to themselves, even in the face of an emergency. In some cases, this reluctance has resulted in death. **The following situations require IMMEDIATE NOTIFICATION OF THE COAST GUARD:**

- When there is serious injury
- When the vessel is likely to sink
- When it becomes necessary to abandon ship

## **Radio Procedure:**

If an emergency situation occurs the Coast Guard must be notified on VHF Channel 16.

## **Ask the Coast Guard to:**

- Please monitor your radio and the situation

## **Relate to the Coast Guard:**

- Location
- Nature of the problem
- Name of the vessel
- Degree of assistance needed

### **Upon Reply from the Coast Guard:**

- **Follow their orders**

#### Example:

*Wrightsville Beach Coast Guard, this is the vessel "Tomtate." I am three miles east of Rich's Inlet on GPS coordinates 77000.00 and 350000W. I have a problem with my bilge pump, and I am taking on water. Please monitor my situation. Over.*

In cases where the vessel is likely to sink or it becomes necessary to abandon ship, the international distress call, "**MAYDAY**," should be broadcast over VHF Channel 16, three times, followed by the location, name of the vessel, and nature of the problem. Upon reply, follow Coast Guard Orders.

#### Example:

*MAYDAY, MAYDAY, MAYDAY. This is the vessel "Tomtate." I am three miles east of Rich's Inlet on GPS coordinates 0000000N and 0000000W. I am abandoning ship.*

Repeat message two more times and wait for a reply.

# ACCIDENT PROCEDURES CHECKLIST

## Local Waters

- \_\_\_\_\_ Administer proper First Aid, i.e. CPR, O<sub>2</sub>, etc.
- \_\_\_\_\_ Notify Coast Guard (Channel 16 VHF) or Rescue (Cellular Phone 911)
- \_\_\_\_\_ Pass on all information relative to the accident. (See Call-In Data Requirements.)
- \_\_\_\_\_ Ensure that transportation will be available.
- \_\_\_\_\_ Stay with the victim.
- \_\_\_\_\_ Notify the CMS Diving and Boating Safety Officer, appropriate Department Head, or Campus Police.
- \_\_\_\_\_ In case of a diving accident, notify Diver's Alert Network (919) 684-9111 and relate all relative information. Coast Guard and Rescue will do this for you.

## Remote Operations

It is the responsibility of the Boat Operator to assure that all operations performed outside local waters have an Accident Procedures Plan on board prior to beginning operations (UNCW Rule #8.)

## **CALL-IN DATA REQUIREMENTS**

Have the following emergency information available **BEFORE** calling USCG for assistance:

### ***VESSEL INFORMATION (Required in all cases)***

Name of Vessel \_\_\_\_\_ Call sign \_\_\_\_\_

Description of Vessel \_\_\_\_\_

Position (LL or Loran) \_\_\_\_\_

No. of Persons on Board \_\_\_\_\_ Vessel Speed \_\_\_\_\_

Type of Distress and Assistance Requested \_\_\_\_\_

### ***MEDICAL INFORMATION***

Patient Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Pertinent Medical History \_\_\_\_\_

Symptoms \_\_\_\_\_

Vital Signs: Conscious \_\_\_\_\_ Breathing \_\_\_\_\_ Pulse \_\_\_\_\_

Medical Equipment You Have on Board \_\_\_\_\_

Treatment in Progress \_\_\_\_\_

### ***DIVING INFORMATION***

Dive Profile:

Depth \_\_\_\_\_ Bottom Time \_\_\_\_\_ Breathing Mix \_\_\_\_\_

Repeat Dive? \_\_\_\_\_ If so, depths, bottom times and surface intervals of previous  
dives \_\_\_\_\_

How long after dive before symptoms occurred? \_\_\_\_\_

Has Buddy experienced any symptoms? \_\_\_\_\_

### **CALL LIST**

USCG Wrightsville Beach . . . . .	VHF CH 16
New Hanover Fire and Rescue . . . . .	911
New Hanover Regional Medical Center . . . . .	(910) 343-7000
Diving Alert Network (Duke University) . . . . .	(919) 684-9111
UNCW Police . . . . .	(910) 962-4911
CMS Diving and Boating Safety Officer . . . . .	(910) 962-2578
	Cell (910) 471-7779

## GROUP FIELD TRIPS BY BOAT TO REMOTE AREAS

**Remote areas are defined as any area not accessible by emergency vehicle or that would require removal by boat or aircraft. Example: Masonboro Island is considered a remote area.**

### **SAFETY RULES:**

1. Vessels carrying passengers for hire are required to adhere to Coast Guard Regulations. *Students and others paying a fee as part of their tuition for the activity are considered passengers for hire by the US Coast Guard.*
2. In case of emergency or weather evacuation, a vessel capable of removing all participants in no more than two trips must remain on site. *Example: Use of a jon boat allows no more than 8 persons in the group.*
3. Communications with the Boat Operator by way of VHF radio or cell phone is required while in a remote location.
4. A passenger and trip briefing must be completed by the Boat Operator and the trip leader prior to the trip. Information should include: emergency procedures and potential dangers that may be encountered on the trip. A first aid kit capable of servicing the total number of participants must be available at the location.
5. The trip leader or a leader's assistant must be currently certified to administer first aid and CPR.
6. Waiver/Release forms for all participants must be properly completed prior to departure.
7. A medical history form must be completed by every participant and reviewed by the Operator and the trip leader for possible complications prior to trip. *Example: It may be necessary to have available medications for epileptics, diabetics or persons extremely sensitive to bee stings.*  
**If a medical problem exists that may jeopardize the safety of a participant, that participant must seek written and signed confirmation from a physician stating that the individual may safely accomplish the trip.**
8. **Absolutely no swimming allowed at any time without the prior approval of the CMS Diving and Boating Safety Officer.**
9. All other UNCW, local, state and federal rules apply.

# **REQUIRED EQUIPMENT CHECKLIST**

## **For UNCW Small Vessels (under 26 feet)**

### **Machine Powered Vessels**

#### **Inshore:**

- ☐ One Type I, II, or III CG approved PFD for each person on board (worn).
- ☐ One Type IV throwable PFD
- ☐ One CG approved sound signaling device
- ☐ One CG approved fire extinguisher (Class B-1)
- ☐ CG approved flare kit
- ☐ VHF radio or cell phone
- ☐ Registration certificate
- ☐ First Aid kit

#### **Offshore:**

- ☐ One Type I CG approved PFD for each person on board (worn)
- ☐ One Type IV throwable PFD
- ☐ One CG approved fire extinguisher (Class B-1)
- ☐ One CG approved sound signaling device
- ☐ One CG approved flare kit
- ☐ First Aid kit
- ☐ VHF radio
- ☐ Compass
- ☐ Drinking water
- ☐ GPS and EPIRB (required beyond 3-miles)

### **Sail Powered Vessels**

- ☐ One CG approved PFD for each person on board (worn)
- ☐ One CG approved sound signaling device
- ☐ VHF radio or cell phone

### **Manually Powered Vessels**

- ☐ One CG approved PFD for all passengers (worn)
- ☐ One CG approved sound signaling device
- ☐ VHF radio or cell phone

## **SMALL SAILING CRAFT** **(not powered by machinery)**

**Maximum Capacity:** As per the manufacturer's recommendation

**Flotation Requirements:** Non-sinking material or flotation tanks sufficient to maintain buoyancy of hull and all passengers sitting inside swamped vessel

**Type of Use:** Inland and near shore only

**Required Procedures:** Float plans are required

**Required Equipment:** Coast Guard Approved Type I, II, III or IV PFD's to be worn by each person on board

### **CERTIFICATION REQUIREMENTS:**

#### **Swim Test:**

All passengers are required to wear PFD's.

#### **Vessel familiarization & required demonstration to include:**

- Vessel components and function
- Maneuvering
- Recovery from capsizing and self rescue
- Rescue of overboard victims
- Safety procedures and winter operations
- Familiarization with Personal Flotation Device

# CANOES AND KAYAKS

**Maximum Capacity:** As per manufacturer's recommendation

**Flotation Requirements:** Non-sinking material or flotation tanks sufficient to maintain buoyancy of hull and all passengers sitting inside swamped vessel

**Type of Use:** Flat water, inland only

**Required Procedures:** Float plans are required

**Required Equipment:** Coast Guard Approved Type I, II, III or IV PFD's to be worn by each person on board

## CERTIFICATION REQUIREMENTS:

### **Swim Test:**

All paddlers and passengers are required to wear PFD's.

### **Vessel familiarization & required demonstration to include:**

- Vessel components and function
- Paddle strokes and maneuvering
- Recovery from capsizing and self rescue
- Rescue of overboard victims
- Safety procedures and winter operations
- Familiarization with Personal Flotation Device

# UNCW Vessel Operations – FLOAT PLAN

Date of Operations \_\_\_\_\_

BOAT OPERATOR NAME \_\_\_\_\_ Home Phone \_\_\_\_\_  
(PRINT)

## BOAT DESCRIPTION

Make \_\_\_\_\_ Name \_\_\_\_\_ Registration # NC \_\_\_\_\_ P

Color Hull \_\_\_\_\_ Color Trim \_\_\_\_\_ Length \_\_\_\_\_ ft.

Engine Make \_\_\_\_\_ Engine Size \_\_\_\_\_ Onboard Fuel \_\_\_\_\_ gal.

## PERSONS ABOARD ( in addition to operator)

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

## EQUIPMENT CHECKLIST

- |                                       |                                       |   |   |
|---------------------------------------|---------------------------------------|---|---|
| <input type="checkbox"/> Type I PFDs  | <input type="checkbox"/> Paddle       | <input type="checkbox"/> Strobe         | <input type="checkbox"/> Radar Reflector              |
| <input type="checkbox"/> Type II PFDs | <input type="checkbox"/> VHF Radio    | <input type="checkbox"/> Survival Suits | <input type="checkbox"/> Manual Bilge Pump            |
| <input type="checkbox"/> Type IV PFDs | <input type="checkbox"/> GPS Receiver | <input type="checkbox"/> Wet Suits      | <input type="checkbox"/> Passenger Briefing Completed |
| <input type="checkbox"/> Flares       | <input type="checkbox"/> Depth Finder | <input type="checkbox"/> Food           |   |
| <input type="checkbox"/> Anchor       | <input type="checkbox"/> EPIRB (B)    | <input type="checkbox"/> Water          | Cell Tel # _____                                      |

## TRIP EXPECTATIONS

Departing at \_\_\_\_\_ am/pm from \_\_\_\_\_

Destination \_\_\_\_\_

Expected to return by \_\_\_\_\_ am/pm and **IN ANY CASE NOT LATER**

**THAN** \_\_\_\_\_ am/pm

## VEHICLE DESCRIPTION

Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_

License # \_\_\_\_\_ Parked at \_\_\_\_\_

Name of Professor Working Under \_\_\_\_\_

Department \_\_\_\_\_ Account # \_\_\_\_\_

# INSTRUCTIONS FOR PREPARATION OF FLOAT PLAN

## **Name of Form: UNCW Motorboat Operations Float Plan**

### **A. Purpose**

This form serves as an official record of intended boat use and for purposes of emergency notification in the event of a boating accident.

### **B. Where to Obtain Forms**

Forms are available below the float plan bulletin board mounted at the entrance to the Machine Shop at the CMS Operations facility or the fillable blank form on the previous page.

### **C. Where to Submit Completed Forms**

All completed float plans are to be posted on the float plan bulletin board next to the CMS Machine Shop entrance. Travel originating and/or terminating after the close of regular business hours (8:00 am – 5:00 pm) requires that the white copy be faxed to the CMS Guardhouse (962-2938).

### **D. Instructions**

1. List date the operation will take place.
2. Enter the name and home phone number of the intended Boat Operator.
3. Fill out boat description information for the vessel to be used.
4. List FULL NAMES of the persons who will be on board.
5. Complete the equipment checklist. Include a cell phone number where Boat Operator can be reached.
6. Complete trip expectations information. Remember to include all stops on the proposed route. "Expected time of return" should reflect the time that CMS personnel or CMS Police can expect you back. The time given as "No later than" is the time at which, should you fail to return, CMS or the appropriate Department Head shall notify the Coast Guard and initiate a full search. Failure to close a float plan by this time is a serious infraction that can result in suspension or termination of Operator's certification. Additionally, the Boat Operator, by law, can be held personally liable for any monetary charges levied by the US Coast Guard.
7. Under "Vehicle description," enter all information for the vehicle that will be used to transport the Boat Operator to and from the point of departure.
8. Enter the appropriate account number to be charged for fuel and oil. No Float Plans will be accepted without a proper account number.

9. Submit the White Copy along with any fuel receipts to CMS Accounting by placing them in the marked in-box directly below the float plan bulletin board.

## ACCIDENT REPORT FORM

**DIRECTIONS:** All accidents --*whether or not injury is involved*-- must be reported as soon as possible after the event. A report form shall be filed with the Diving and Boating Safety Officer and the appropriate Department Head.

NAME \_\_\_\_\_ DATE \_\_\_\_\_

LOCATION \_\_\_\_\_

ACTIVITY \_\_\_\_\_

CAUSE OF  
ACCIDENT \_\_\_\_\_

CORRECTIVE  
MEASURES \_\_\_\_\_

INJURIES  
(detail) \_\_\_\_\_

FIRST AID \_\_\_\_\_

DISPOSITION  
OF VICTIM \_\_\_\_\_

# MARINE RADIO PROCEDURES

## **OPERATION**

Boating has become a popular sport. Boats are affordable, and the price of marine electronics has matched that affordability. It seems that everyone operating a boat also operates a VHF Radio. In order to minimize confusion and to maximize operational efficiency of marine radios, it is necessary that a standard set of radio procedures be observed. The United States Coast Guard monitors the marine VHF system for boating safety and for misuse of marine frequencies.

### **Basic Rules**

1. All vessels must monitor channel 16 for radio contact, Coast guard information, traffic and emergency situations.
2. Initial contact between vessels or the Marine Lab can be made through channel 16, but must continue through a channel designated for communication and agreed upon by the two Boat Operators. (See list of channels and their designated uses.)
3. Communication on channel 16 must be kept to a minimum and must include the name of the vessel and its call sign. To end transmission, the word, “over” must be spoken.  
Example: *“Wrightsville Beach Coast Guard, this is the research vessel ‘Tomtate,’ WA4BVT, over;”* or *“‘Mudpuppy,’ this is the RV ‘Tomtate,’ WA4BVT, over.”*
4. If an emergency appeal is declared, all radio traffic must cease. If you are located at the site of the emergency, you must do everything possible, with consideration of your own safety, to assist the stricken vessel.

# VESSEL LEASING REQUIREMENTS

## **Full Charter** (Boat and Crew)

In addition to any other requirements specified in the UNCW Guide for Safe Boating Operations, the following rules apply:

1. The chartered vessel must currently meet and be certified to all requirements as set forth by the US Coast Guard.
2. The vessel Captain and the crew must be currently licensed by the US Coast Guard to the level of operation and intended use by the UNCW program.
3. All UNCW students, faculty, staff and persons on UNCW sponsored programs are required to wear Coast Guard approved personal flotation devices while aboard. Exemption appeals should be sought through the CMS Boating Safety Officer or the UNCW/CMS Small Boat Committee.
4. A program plan of operation, documentation of licenses and certifications, and dates of operation must be sent to the CMS Boating Safety Officer or the UNCW Small Boat Committee for approval.
5. Liability responsibility of the program must be reviewed by University Counsel prior to implementation.

## **Bare Boat** (Boat Only)

In addition to any other requirements set forth by the “UNCW Guide for Safe Boating Operations”, the following rule applies:

The chartered vessel must currently meet and be certified to all requirements as set forth by the US Coast Guard, State of North Carolina and applicable Local Rules. A **Chartered Small Vessel Checklist**, located on the following page, is required to be completed and returned to the CMS Boating Safety Officer.

# CHARTERED SMALL VESSEL CHECKLIST

Vessels under 26 feet not belonging to UNCW but used on UNCW sanctioned programs require a complete safety inspection by the UNCW representative.

## Machine Powered Vessels

Inshore:

- ☐ One Type I, II, or III CG approved PFD for each person on board (worn).
- ☐ One Type IV throwable PFD
- ☐ One CG approved sound signaling device
- ☐ One CG approved fire extinguisher (Class B-1)
- ☐ CG approved flare kit
- ☐ VHF radio or cell phone
- ☐ Registration certificate

Offshore:

- ☐ One Type I CG approved PFD for each person on board (worn)
- ☐ One Type IV throwable PFD
- ☐ One CG approved fire extinguisher (Class B-1)
- ☐ One CG approved sound signaling device
- ☐ One CG approved flare kit
- ☐ First Aid kit
- ☐ VHF radio
- ☐ Compass
- ☐ Drinking water
- ☐ GPS and EPIRB (required beyond 3-miles)

## Sail Powered Vessels

- ☐ One CG approved PFD for each person on board (worn)
- ☐ One CG approved sound signaling device
- ☐ VHF radio or cell phone

## Manually Powered Vessels

- ☐ One CG approved PFD for all passengers (worn)
- ☐ One CG approved sound signaling device
- ☐ VHF radio or cell phone

---

UNCW Representative

Date

**UNIVERSITY OF NORTH CAROLINA AT WILMINGTON (UNCW)  
CONTRACTUAL RELEASE AND LIMITATION OF LIABILITY, LIMITED WAIVER OF  
CLAIMS, ASSUMPTION OF RISK FOR BOATING AND RELATED ACTIVITIES**

PLEASE READ CAREFULLY BEFORE SIGNING

I, \_\_\_\_\_, do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with the boating and boating related activities. I fully understand that these risks can lead to personal injury, illness, paralysis, permanent disability, and death or damage to me or my property. I understand that there are risks associated with boating, including, but not limited to, the possible injury or loss of life as a result of a dive boat accident; drowning, shark bites, capsizing, rough water conditions, water hazards, diving in unfamiliar water; the use or malfunction of equipment; injuries inflicted by animals, insects, reptiles or plants; my state of physical conditioning and the physical exertion associated with boating; accidents or illness in remote places without medical facilities; forces of nature including, but not limited to, lightning, weather changes, ocean level changes and others occurrences not named herein; and/or man-made objects in the ocean including, but not limited to, ropes, bridge pilings, and metal junk or debris. Despite the potential hazards and inherent risks and dangers associated with boating related activities, I agree to participate and expressly accept and assume all such risks, known and unknown, and further expressly assume responsibility for resulting injuries, damages, losses, or costs *not caused directly by and due to the acts or omissions of UNCW or its employees and authorized agents*. The foregoing shall not release UNCW of its obligations under applicable law, rules, or regulations, including the Occupational Safety and Health Act, as applicable. Further, nothing contained herein shall limit, erode, or obviate UNCW's election and entitlement to utilize Scientific Diving protocols pursuant to 29 C.F.R. §1901. et seq.

I understand the nature of the boating and related activities I will be undertaking. I agree no one has a better understanding of my experience, capabilities, and/or limitations. I hereby represent and affirm that I am qualified and able to participate in boating and boating related activities. I affirm that I can swim and if I cannot, I agree to wear a life preserver while participating in boating and boating related activities. I understand that I may inspect the premises, facilities, and equipment to be used or for which I come in contact. If I believe anything is unsafe, I understand I can and will immediately decline to participate further in the boating and boating related activities. I understand there is no penalty or forfeiture of any sort if I withdraw from participation. I further understand, agree, and acknowledge that UNCW shall neither assume nor be responsible in any way for damages or injuries of any kind related to or arising from my utilization, loan of, or use of either my own or third party equipment.

In direct consideration of being allowed to participate in the boating and related activities, as well as the use of any of the facilities and the use of the related equipment, and expressly excepting the negligent acts or omissions of UNCW, I hereby agree as follows:

- 1) TO WAIVE AND RELEASE ANY AND ALL CLAIMS that I may have in the future against UNCW any of the following named persons or entities, and UNCW's officers, directors, employees, representatives, agents and volunteers.

Facility: Center for Marine Science Research  
Others: University of North Carolina at Wilmington  
Lead Diver:

- 2) To release and hold harmless UNCW, their officers, directors, employees, representatives, agents and volunteers, from liability and responsibility, whatsoever, for any claim of action that I, my estate, heirs, executors or assigns may have for any personal injury, property

damage, or wrongful death arising from boating and related activities *not* proximately caused by the negligent acts or omissions of UNCW.

- 3) By entering into this agreement, I am not relying on any oral or written representation or statements made by UNCW, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of North Carolina, United States of America. I expressly agree that any liability of UNCW for bodily injury, property damage or any other matter sounding in tort is determined solely in accordance with the provisions, procedures and limits of the North Carolina Tort Claims Act, N.C.G.S. 143-291, et seq.
- 4) If any provision of this release is found to be unenforceable or invalid, that provision shall be severed from this contract. The remainder of this contract will then be construed as though the unenforceable provision had never been contained in this document.

The activities have been fully explained to me and all questions answered to my satisfaction, I agree to participate in the boating and related activities, and I am fully aware of the risks that may be involved. I also understand that this is a legal document which is binding on me, my heirs, executors and/or assigns, or those who may claim by or through me. I am eighteen years of age or older, have full capacity to enter into this Agreement, and affirm that I understand and agree to the terms and conditions of this release.

**I HAVE READ THIS AGREEMENT, I UNDERSTAND IT AND  
I AGREE TO BE BOUND BY IT.**

---

Participant's Signature

Printed Name

Date

---

Witness Signature

Printed Name

Date

---

If participant is a minor (under 18 years of age), a parent or guardian must also sign this form.

---

Parent or Guardian's Signature

## Procedure No. CMS 1.10

Effective 5/6/13

Subject: Motorboat Operations

Responsible Office: Center for Marine Science

A. Purpose

Explains the procedures and responsibilities associated with the use of UNCW motorboats.

B. Scope

Applies to all University departments and activities requesting the use of motorboats maintained by the Center for Marine Science.

C. Policy

1. Boats will be checked out only to UNCW Certified Boat Operators, (CBO) who are charged with the responsibility of ensuring compliance with this procedure as well as the UNCW Guide to Safe Boating Operations.
2. CMS boats are intended primarily as tools to facilitate research and academic instruction. Accordingly, these uses will have priority over all others.
3. **ILLEGAL SUSTANCES** – UNCW boats are **DRUG FREE VESSELS**. Illegal substances are not permitted or tolerated aboard. Any person found to be in possession of such substances aboard a UNCW boat will be permanently denied access to the boats in any capacity. Any person suspected of having an illegal substance on board will be suspended from boating operations until the completion of a formal investigation.

D. Procedures

1. Reserving a boat. Reservations may be made up to ninety days in advance, on a first-come, first-served basis, and should be for specific dates. Requests for extension of reserved time because of weather or mechanical conditions will be considered on a case-by-case basis.
  - a. Boats may be reserved for up to five consecutive days by contacting the CMS Dockmaster, Steve Hall, at [halls@uncw.edu](mailto:halls@uncw.edu), or (910) 200-4050. In order to preclude potential processing delays, any UNCW researcher who will require significant boat time in order to fulfill the requirements of a grant proposal is **required** to coordinate that need with the Director – CMS before the proposal is forwarded to the Office of Sponsored Programs.
  - b. The intent of the five day reservation restriction is to provide the necessary maintenance time dictated by safety considerations and

expense reduction. **UNCW boats will not be operated more than five consecutive days without going down for at least one day of general maintenance.**

## 2. Check-Out Procedures

- a. A boat shall be considered to be checked out when the Certified Boat Operator takes possession of the boat box. Boat boxes, which contain all necessary keys and documentation, may be picked up at the CMS Boat Shop anytime during regular business hours.
- b. Transfer of the boat box from one Operator to another is NOT permitted without the prior approval of the CMS Dockmaster.

Under no circumstances will a boat be checked out until the CBO has completed a Motorboat Operations Float Plan Form (Form CMSR 1.10-1) and placed it on the float plan bulletin board. If the vessel is to be checked out during non-working hours, a float plan must be on file with the CMS Guardhouse. It can be faxed to their location at 962-2938.

**Alternative arrangements for filing float plans must be made with the CMS Boating Safety Officer or appropriate Department Head for vessel operations taking place outside the local area.**

A new Float Plan will be filed with the CMS Dockmaster or CMS Guardhouse for each day of operations. Float Plans may be updated/amended during regular business hours by contacting the CMS Dockmaster at 910-200-4050, and after business hours by calling the CMS Guardhouse.

Float Plans may be closed during regular business hours by notifying the CMS Dockmaster at (910) 200-4050, or by coming to the CMS facility. To close a Float Plans after regular business hours, contact the CMS Guardhouse. **Failure to properly close a Float Plan and/or deliberate deviation from an approved plan will be considered grounds for suspension and/or revocation of UNCW Motorboat Operator's Certification.**

3. Check-In Procedure. A boat is considered to be checked in when the Float Plan has been closed, the motorboat has been returned to the CMS compound or marina, and the boat box and all related equipment has been turned in.
4. Financial Responsibilities. Financial responsibility for loss or damage of equipment due to Operator negligence shall be assumed by the appropriate grant or department directing the operation.

5. Maintenance Responsibilities. Boat Operators are responsible for ensuring that the boat and trailer are thoroughly washed with fresh water after each use. Hoses are available for this purpose at the marina and at the CMS boat shop.
6. Failure to adhere to this procedure may result in suspension or revocation of Boat Operator's Certification.

## Procedure No. CMS 1.10

Effective: 5/6/13

Subject: Notification procedures in the possible event of a disaster involving vessels operating under the auspices of UNCW. Disasters include death, serious injury, serious accident, missing vessel, and/or person missing from a vessel.

A. Purpose

To provide guidance on the notification process for faculty, staff and students.

B. Scope

Applies to all students, faculty and staff using vessels operating under the auspices of UNCW.

C. Policy

It is the policy of the University to expedite notification of any disaster involving UNCW sanctioned boating operations to the proper authority for processing as soon as possible after the event.

D. Procedures

As soon as possible after a disaster occurs, the following persons must be notified. Notification shall include identification of and disposition of any victims, mission objectives when the accident occurred, number of vessels involved, location of the accident, all information relative to the event and the disposition of the case at the present time.

- Director, Center for Marine Science
- CMS Assistant Director for Marine Operations
- UNCW Campus Police
- Provost

If a student is involved, the following should also be contacted:

- Dean of Students
- Department Chairman

## **Procedure No. CMS 1.10**

### **CONTACT INFORMATION**

CMS Director, Dr. Lynn Leonard

- CMS..... 910-962-2408

UNCW Provost

- Office..... 910-962-3389

UNCW Dean of Students

- Office..... 910-962-3119

CMS Assistant Director for Marine Operations, Jay Styron

- CMS ..... 910-962-2404
- Cell Phone ..... 910-279-4686

CMS Diving and Boating Safety Officer, Landis Bullock

- CMS ..... 910-962-2578
- Cell Phone ..... 910-471-7779

CMS Dockmaster, Steve Hall

- CMS ..... 910-962-2558
- Cell Phone ..... 910-200-4050

Campus Police ..... 910-962-3184

CMS Guardhouse..... 910-962-2499

**UNIVERSITY OF NORTH CAROLINA AT WILMINGTON**  
**BOATING ACTIVITIES MEDICAL HISTORY FORM FOR PASSENGERS**

(must be completed prior to departure)

**NAME** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Phone** \_\_\_\_\_

**MEDICAL HISTORY STATEMENT:** I understand that boating activities can be strenuous activities, involving motions and stresses that require stamina and excellent health for my safety and well being. I hereby confirm that I have no emotional or health problems incompatible with boating activities. I understand that I must seek approval from a licensed physician if I am uncertain as to my physical fitness for the rigors of boating activities. I further understand that the Boat Operator may require me to seek approval from a physician if there is a health or safety question relative to my condition.

**Place a check beside each item that applies to your past or present medical history, and explain as necessary in the space provided for remarks.**

- \_\_\_\_\_ I have read the medical history statement
- \_\_\_\_\_ Mental or emotional problems
- \_\_\_\_\_ Physical disability
- \_\_\_\_\_ Regular medication
- \_\_\_\_\_ Allergies, including drugs
- \_\_\_\_\_ Rejected from any activity for medical reasons
- \_\_\_\_\_ Motion sickness
- \_\_\_\_\_ Claustrophobia
- \_\_\_\_\_ Contact lenses or glasses
- \_\_\_\_\_ Ear or hearing problems
- \_\_\_\_\_ Dizziness or fainting
- \_\_\_\_\_ Epilepsy
- \_\_\_\_\_ Heart condition
- \_\_\_\_\_ Diabetes
- \_\_\_\_\_ Chest pain
- \_\_\_\_\_ Use of street drugs
- \_\_\_\_\_ Current pregnancy
- \_\_\_\_\_ High blood pressure
- \_\_\_\_\_ Any medical problems not listed

**PRINT OR TYPE REMARKS** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is complete and correct to the best of my knowledge.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT:**

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_