



Place of Inspection _____ Date _____

Surveyor Name _____

Company _____

Owner's Name _____ Boat Name _____

Mast Material _____ Boom Material _____

Boat Type (Sloop, Fractional/Masthead, etc.) _____

Rigging Type (Rod, Wire, Dyform, Composite, etc.) _____

Rigging Source/Brand _____

Declared age of standing rigging (By owner) _____

Estimated remaining life of standing rigging _____

Sailing category (Circle relevant letter)

- A. Blue-Water Racing (AYF Safety Cat, 1)
- B. Offshore (AYF Safety Cat's. 2, 3 & 4)
- C. Inshore racing
- D. Cruising
- E. Charter

Club Marine acknowledge there may be hidden defects that can not be discovered during this inspection without destruction of components or removal of the spars from the yacht for inspection. In consideration of the person or company to whom this form has been issued, carrying out a visual inspection of the spars on behalf of the owner of the boat concerned, Club Marine undertakes not to investigate any legal proceedings or action against the person or company. Club Marine acknowledge that the inspection document is to be used solely by Club Marine to evaluate the insurance risk of the boat concerned and for no other purpose.

INSTRUCTIONS

- Tick the appropriate column after examining each item.
- Strike through any non-applicable items.
- Sign off in the last column with initial and date **only after** rectifying an **un**-serviceable item.

A. VERTICALS	Serviceable	Un-serviceable	Rectified
#V1			
1) Turnbuckle	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2) Rod/Wire/Composite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3) Top End Link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4) Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
#V2			
1) Bottom End Link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2) Rod/Wire/Composite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3) Top End Link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4) Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
#V3			
1) Bottom End Link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2) Rod/Wire/Composite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3) Top End Link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4) Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
#V4			
1) Bottom End Link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2) Rod/Wire/Composite	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3) Top End Link	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4) Other _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

B. DIAGONALS**Serviceable****Un-serviceable****Rectified****#D1**

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Turnbuckle | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

#D2

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Turnbuckle/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

#D3

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Turnbuckle/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

#D4

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Turnbuckle/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

#D5

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Turnbuckle/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

C. HEAD STAY

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Turnbuckle | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Link Plate | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Top End Tang Nose | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

D. BACK STAY

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Turnbuckle | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Ram/Purchase | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Top End Tang/Pin | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Insulators | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 6) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

E. RUNNERS

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Whips | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Blocks | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Lower Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Upper Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 6) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 7) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

F. CHECK STAYS**Serviceable****Un-serviceable****Rectified**

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Purchase | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Lower Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Deflectors | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Upper Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 6) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 7) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

G. BABY STAY

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Lower Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Upper Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

H. INNER FORESTAY

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Lower Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Upper Fitting | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

I. JUMPERS

- | | | | |
|-----------------------|------------------------------|-----------------------------|-------|
| 1) Lower Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Turnbuckle | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Rod/Wire/Composite | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Bend/Tip | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Top End Tang | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 6) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

J. JUMPER STRUT

- | | | | |
|------------------|------------------------------|-----------------------------|-------|
| 1) Root | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Structure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Tip Link/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

K. SPREADERS**Spr. I**

- | | | | |
|------------------|------------------------------|-----------------------------|-------|
| a) Root | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| b) Structure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| c) Tip Link/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| d) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

Spr. II

- | | | | |
|------------------|------------------------------|-----------------------------|-------|
| a) Root | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| b) Structure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| c) Tip Link/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| d) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

Spr. III

- | | | | |
|------------------|------------------------------|-----------------------------|-------|
| a) Root | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| b) Structure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| c) Tip Link/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| d) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

K. SPREADERS (cont'd)**Serviceable****Un-serviceable****Rectified****Spr. IV**

- | | | | |
|------------------|------------------------------|-----------------------------|-------|
| a) Root | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| b) Structure | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| c) Tip Link/Bend | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| d) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

L. MAST COMPONENTS

- | | | | |
|--------------------------|------------------------------|-----------------------------|-------|
| 1) Mast Head Unit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Hounds Box | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Head Stay Nose | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Back Stay Take-Off | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) External Stiffening | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 6) Fastenings | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 7) Goose Neck | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 8) Vang Take-Off | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 9) Condition at Partners | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 10) Mast Tie-Down | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 11) Heel Plug | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 12) Heel | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 13) Step | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 14) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 15) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

M. BOOM COMPONENTS

- | | | | |
|------------------------|------------------------------|-----------------------------|-------|
| 1) Inboard End | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Vang Take-Off | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Outboard End | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Main Sheet Take-Off | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 6) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

N. CHAIN PLATES

- | | | | |
|---------------------|------------------------------|-----------------------------|-------|
| 1) Plates/Links | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 2) Tie rods | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 3) Under-Deck Spans | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 4) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |
| 5) Other _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No | _____ |

HAS RIG BEEN MODIFIED FROM ORIGINAL DESIGN Yes No

If YES, please give details of the work carried out and by whom? _____

COMMENTS: _____

Signed: _____ Date Inspected: ____ / ____ / ____