

Swing Mooring Inspection Report

Chatham Islands Navigation Safety Bylaws, Part 5, clauses 5.6(1) & (2).

To:Regional Harbourmaster
Chatham Islands Council
P0 Box 24Ph:(03)305 0033
0044Chatham Islands 8942Fax:(03)305 0044

If you need help in filling out this form please contact our Council Staff on (03) 305 0033. They will be able to provide some general assistance.

Inspection Report Details			
Swing Mooring Number:	Vessel name (if change	d):	
Length:	Draft: Bea	am: Di	splacement:
Bay or Mooring Area: (Please tick the appropriate box)			
Waitangi Harbour	Owenga Harbour Po	ort Hutt Harbour Kainga	roa Harbour
Mooring owner's name:			
Comments on mooring inspection:			
1	(Full name), owner of mooring		(mooring number) have
inspected and maintained my mooring to a safe working condition.			
Owner's Signature		Date of inspection:	