AUSTRALIAN SAILING MEDICAL KIT INSPECTION FORM



	INSHORE MED		For all b BOAT NAM	oats and accessible to ፰	all the crew	
Inspecti	// ion form valid until		(one year from da	te of inspection)		
	R DETAILS					
Owner(s)	Name(s):					
Owner(s)	Club(s):					
	RATION BY PER					
particular understar and unlim on board	SRs 1.02.1, 1.02.2, 1.0 nd that this audit is carri	2.3 (Responsibility o ied out only as a guid ndertake that I will ma	f the person in charge de to person in charge	ecial Regulations (https://www.sailin b, SR 2.03.1 (Function of equipment) e and race organising authorities an lical kit as specified in the current A Date:) and Appendix D (AS Medica ad it does not limit or reduce m	I Kits). I ny complete
			valid until the ou	tstanding items have been re	e-inspected.	
	ding item numbers			Re-inspected by	AS auditor no.	Date
Inshore	Medical Kit:					
	MENT AUDITOR I					
	ecked the abovementic pecial Regulations at the			s summarised in the following list, ar	nd the items listed were compl	liant as per
Audited	by AS			Signed by AS NEA:		
	rint name)			Defe		
AS Num	iber:			Date:		
		T 1 :				
		This section to be c	completed and ticked	or initialled by person in charge (F	P) and auditor(A).	
	hore Medical Kit		completed and ticked			PA
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