

# Swing Mooring Inspection Form

**PLEASE PRINT ALL DETAILS**

## Mooring Owners Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Email: \_\_\_\_\_

## Details of Vessel Using Mooring

Boat Name: \_\_\_\_\_

Type:       Launch                       Yacht                       Other: \_\_\_\_\_

Length: \_\_\_\_\_ m              Beam: \_\_\_\_\_ m              Draft: \_\_\_\_\_ m

Vessel Colour(s)/description: \_\_\_\_\_

## Mooring and inspection details

Mooring Area and mooring ID number: \_\_\_\_\_

GPS Position (WGS84 deg, min, dec min):    \_\_ ° \_\_ ' \_\_ " S                      \_\_ ° \_\_ ' \_\_ " E

Inspection Date: \_\_\_\_\_                      Inspection Time: \_\_\_\_\_

Water Depth at time of Inspection: \_\_\_\_\_ m

Inspection type:       Lifted               Dived               In-situ when dry               Initial installation

*(Note: If diver is paid then they must meet all requirements of Department of Labour as an occupational diver)*

Qualifications/Experience of inspector (if not pre-approved by Tasman District Council Harbourmaster): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

|                        |                            |
|------------------------|----------------------------|
| Inspection date: _____ | Permit number: RM/NN _____ |
|------------------------|----------------------------|

## Specifications of Mooring (As-new details of components)

Type of block / weight / anchor: \_\_\_\_\_

Description (incl. air-weight): \_\_\_\_\_

Eye:  Black  Stainless Bar Ø: \_\_\_\_\_ mm Eye Ø: \_\_\_\_\_ mm

Ground Chain: Length: \_\_\_\_\_ m Link length: \_\_\_\_\_ mm Steel Ø: \_\_\_\_\_ mm

Intermediate Chain: Length: \_\_\_\_\_ m Link length: \_\_\_\_\_ mm Steel Ø: \_\_\_\_\_ mm

Floatline: Type: \_\_\_\_\_ Length: \_\_\_\_\_ m Ø: \_\_\_\_\_ mm

Mooring Buoy (size, type, colour): \_\_\_\_\_

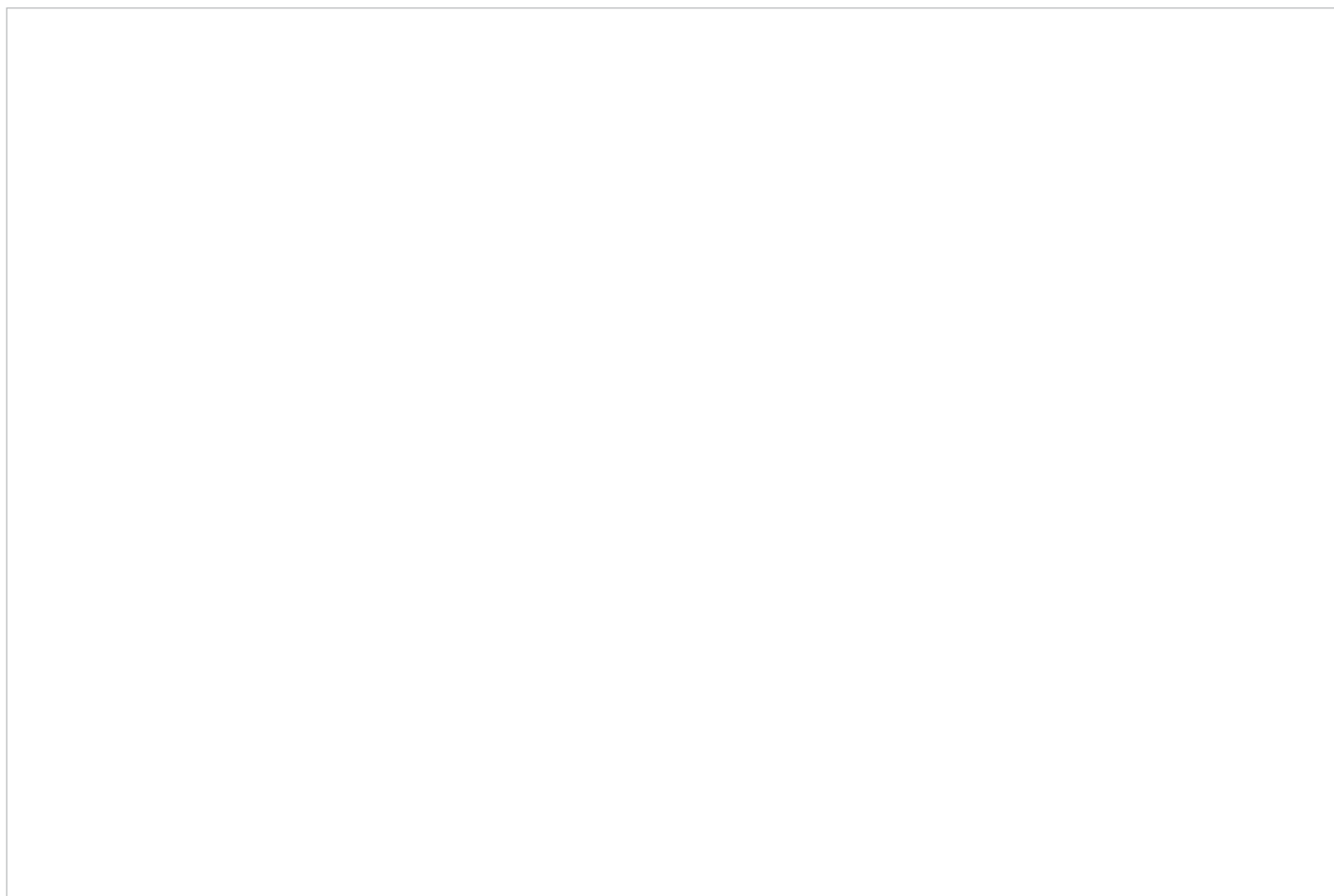
Pick-up buoy (opt.) description: \_\_\_\_\_

Swivel size: \_\_\_\_\_ mm Swivel Location in system: \_\_\_\_\_

Headline Chafe Protection Type: \_\_\_\_\_

Swing radius (MLWS): \_\_\_\_\_ m

## Diagram of Mooring



Inspection date: \_\_\_\_\_

Permit number: RM/NN \_\_\_\_\_

|                               | Checked?                 | Replaced?                | Comments  |
|-------------------------------|--------------------------|--------------------------|---|
| Block / weight / anchor:      | <input type="checkbox"/> | <input type="checkbox"/> | Buried/Keyed-in? <input type="checkbox"/> Yes <input type="checkbox"/> No                           |
| Eye:                          | <input type="checkbox"/> | <input type="checkbox"/> | Least diameter ( <i>thickness</i> ): _____ mm   |
| Bottom Shackle:               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Welded? <input type="checkbox"/> Moused? <input type="checkbox"/> Greased? |
| Bottom Chain:                 | <input type="checkbox"/> | <input type="checkbox"/> | Average Ø _____ mm Minimum Ø _____ mm   |
| 2nd Shackle:                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Welded? <input type="checkbox"/> Moused? <input type="checkbox"/> Greased? |
| Middle Chain:                 | <input type="checkbox"/> | <input type="checkbox"/> | Average Ø _____ mm Minimum Ø _____ mm   |
| 3rd Shackle:                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Welded? <input type="checkbox"/> Moused? <input type="checkbox"/> Greased? |
| Top Chain:                    | <input type="checkbox"/> | <input type="checkbox"/> | Average Ø _____ mm Minimum Ø _____ mm   |
| Swivel:                       | <input type="checkbox"/> | <input type="checkbox"/> | Location: _____   |
| 4th Shackle:                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Welded? <input type="checkbox"/> Moused? <input type="checkbox"/> Greased? |
| Headline:                     | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| Mooring Buoy:                 | <input type="checkbox"/> | <input type="checkbox"/> | Markings/condition: _____   |
| Pick-up buoy ( <i>opt.</i> ): | <input type="checkbox"/> | <input type="checkbox"/> | _____   |
| Photo(s) provided?            | <input type="checkbox"/> |                          | Next service due by (date): _____   |

This is to certify that I have inspected and serviced this mooring, the information noted above is true and correct, and it is fit for purpose.

Name of Inspector: \_\_\_\_\_

Signature of Inspector: \_\_\_\_\_

Company (if contractor): \_\_\_\_\_

|                        |                            |
|------------------------|----------------------------|
| Inspection date: _____ | Permit number: RM/NN _____ |
|------------------------|----------------------------|



**Tasman District Council**  
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