

Rigging Checklist



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, Dyfrom, Composite, etc):

Rigging Source/Brand:

Standing Rigging: Declared Age, (by Owner): Estimated Remaining Life:

Sailing Category: Blue-Water Racing Sailing Cruising Inshore Racing Charter

Mariner acknowledge there may be hidden defects that cannot 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 used, carrying out a visual inspection of the spars on behalf of the owner of the boat concerned, Mariner undertakes both to investigate any legal proceedings or action against the person or company. Mariner acknowledge that the inspection document is to be used solely by Mariner 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 unserviceable item.

A. VERTICALS

No. V1

Serviceable Unserviceable Rectified

	Serviceable	Unserviceable	Rectified
1. Turnbuckle:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Top End Link:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

No. V2

1. Bottom End Link:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Top End Link:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

No. V3

1. Bottom End Link:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Top End Link:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

No. V4

1. Bottom End Link:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Top End Link:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

B. DIAGONALS

No. D1

	Serviceable	Unserviceable	Rectified
1. Turnbuckle:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Top End Tang:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

No. D2

1. Turnbuckle/Bend:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Top End Tang:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

No. D3

1. Turnbuckle/Bend:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Top End Tang:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

No. D4

1. Turnbuckle/Bend:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Top End Tang:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

No. D5

1. Turnbuckle/Bend:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Top End Tang:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

C. HEAD STAY

1. Turnbuckle:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Link Plate:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Top End Tang Nose:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
5. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

D. BACK STAY

No. D1	Serviceable	Unserviceable	Rectified
1. Turnbuckle:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Ram/Purchase:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Top End Tang/Pin:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
6. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

E. RUNNERS

1. Whips:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Blocks:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Lower Fitting:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
5. Upper Fitting:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
6. Top End Tang:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
7. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

F. CHECK STAYS

1. Purchase:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Lower Fitting:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Deflectors:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
5. Upper Fitting:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
6. Top End Tang:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
7. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

G. BABY STAYS

1. Lower Fitting:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Upper Fitting:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Top End Tang:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
5. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

H. INNER FORESTAY

	Serviceable	Unserviceable	Rectified
1. Lower Fitting:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Upper Fitting:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Top End Tang:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
5. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

I. JUMPERS

1. Lower Tang:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Turnbuckle:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Rod/Wire/Composite:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Bend/Tip:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
5. Top End Tang:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
7. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

J. JUMPER STRUT

1. Root:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Structure:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Tip Link/Bend:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

K. SPREADERS

	Serviceable	Unserviceable	Rectified
Spr. I			
a. Root:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
b. Structure:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
c. Tip Link/Bend:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
d. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
Spr. II			
a. Root:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
b. Structure:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
c. Tip Link/Bend:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
d. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
Spr. III			
a. Root:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
b. Structure:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
c. Tip Link/Bend:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
d. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
Spr. IV			
a. Root:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
b. Structure:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
c. Tip Link/Bend:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
d. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

L. MAST COMPONENTS

1. Mast Head Unit:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Hounds Box:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Head Stay Nose:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Back Stay Take-Off:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
5. External Stiffening:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
6. Fastenings:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
7. Goose Neck:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
8. Vang Take-Off:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
9. Condition at Partners:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
10. Mast Tie-Down:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
11. Heel Plug:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

L. MAST COMPONENTS CONTINUED

	Serviceable	Unserviceable	Rectified
12. Heel:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
13. Step:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
14. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
15. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

M. BOOM COMPONENTS

1. Inboard End:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Vang Take-Off:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Outboard End:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Main Sheet Take-Off:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
5. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
7. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

N. CHAIN PLATES

1. Plates/Links:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
2. Tie Rods:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
3. Under-Deck Spans:	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
4. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>
5. Other: <input type="text"/>	Y <input type="checkbox"/>	N <input type="checkbox"/>	<input type="text"/>

MODIFICATIONS

Has rig been modified from original design? Y N If Yes, please give details of the work carried out and by whom:

COMMENTS

Name of Proposer: Signature: Date: