

Department of Tourism
Office of Tourism Standards and Regulation



SELF- ASSESSMENT CHECKLISTS
Tourist Water Transport

TOURIST LAND TRANSPORT OPERATOR: _____
FULL ADDRESS: _____
TELEPHONE NO.: _____ FAX NO: _____
GENERAL MANAGER: _____

TYPE OF VESSEL: _____ DATE & PLACE OF BUILT: _____
REGISTRY NO.: _____ ENGINE MAKE: _____
TOTAL NO. OF PASSENGERS: _____ CRUISING SPEED: _____ (KNOTS)
LOCATION OF DOCKING AREA: _____

WATER VESSEL	YES	NO	REMARK/S
1. Seaworthy and in good condition			
2. Promenade area at upper deck			
3. Company logo at the sides			
4. Adequate communication equipment			
5. Clean and comfortable beds/seats			
6. Printed emergency reminders			
7. With clean beddings/seat cover			
8. Adequate fire fighting facilities			
9. Air conditioned			
10. Adequate life-saving equipment			
11. With clean dining area			
12. Adequate lighting/fixtures			
13. Well-maintained public washrooms			
14. First aid kit			
15. Sufficient baggage/storage space			

SHIP CAPTAIN/CREWS/STAFF	YES	NO	REMARK/S
1. Courteous			
2. In proper uniform			
3. Well-trained			
4. Well-groomed			

This is to signify my intent to apply for DOT Accreditation.

I understand that my Self-Assessment Rating is not yet final and an Audit Team from the DOT shall conduct an actual assessment of my property to validate my rating.

SIGNATURE OVER PRINTED NAME
OWNER/ GENERAL MANAGER

DATE