

**U.S. ARMY CORPS OF ENGINEERS, FORT WORTH DISTRICT
BOATHOUSE OR BOAT DOCK INSPECTION CHECKLIST**

For use of this form, see ER 1130-2-406, ER 1130-2-314 and EM 1110-2-410; the proponent agency is CESWF-OD.

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (5 U.S.C. 552a)

AUTHORITY: 10 U.S.C. Section 3012.

PRINCIPAL PURPOSE(s): To conduct boathouse and boat dock inspections and note deficiencies.

ROUTINE USES: COE employees who have a need for such information in the performance of their duties for the purpose of inspecting boathouses and boat docks will use the information. Information will be transferred to appropriate Federal, State, local or foreign agencies, when relevant to civil, criminal or regulatory investigations of prosecutions; or pursuant to a request by a Federal agency or such other agency in connection with hiring, firing, or retention of an employee, the issuance of a security clearance, the investigation of an employee, the letting of contract, or the issuance of a license, grant, or other benefit; or pursuant to a request from Congressional Officer. Record may be disclosed to another DoD component for personnel action, security actions, criminal investigations or other lawful functions; the information may be disclosed to OMB for review of private relief legislation (Circular A-19) or may be disclosed to foreign law enforcement, security, investigating or administrative authorities; and all blanket routine uses at Volume 48, Federal Register 25779-25780, June 6, 1983.

MANDATORY OR VOLUNTARY DISCLOSURE AND EFFECT ON INDIVIDUAL NOT PROVIDING INFORMATION: Failure to provide any part of the requested information will prevent processing of the application and issuance of an activity permit.

1. BOATHOUSE OR DOCK OWNER (<i>Last, First MI</i>)	2. PERMIT NUMBER
3. OWNER ADDRESS (<i>Post Office Box or Street, City, State and Zip Code</i>)	4. TELEPHONE NUMBER
5. INSPECTOR (<i>Last, First MI</i>)	6. INSPECTION DATE (<i>YYYYMMDD</i>)

NOTE: CHECK PERSON LISTED ON PERMIT AS BEING AVAILABLE ON SHORT NOTICE WITH A SET OF KEYS TO THE PERMITTED FACILITY.

7. NAME (<i>Last, First MI</i>)	8. TELEPHONE NUMBER	9. ADDRESS (<i>Post Office Box or Street, City, State and Zip Code</i>)
-----------------------------------	---------------------	---

SECTION I - CHECKLIST

ITEM	YES	NO	N/A	ITEM	YES	NO	N/A
1. POSTING OF PERMIT.				d. ARE WALKWAYS FREE FROM EXCESSIVE SPRING, DEFLECTION, OR LATERAL MOVEMENT?			
a. IS PERMIT NUMBER POSTED ON LANDSIDE WITH 3-INCH NUMBERS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. IS PERMIT NUMBER POSTED ON LAKESIDE WITH 3-INCH NUMBERS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. ARE WALKWAYS AT LEAST 3 FEET WIDE, EXCEPT BETWEEN SLIPS WHERE A MINIMUM WIDTH IS 2 FEET?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. ARE NUMBERS SERVICEABLE AND LEGIBLE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. IS WALKWAY APPROACH FREE OF WEEDS AND OBSTRUCTIONS?			
d. IS PERMIT POSTED INSIDE STRUCTURE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. PLANS.				5. HANDRAILS.			
a. DOES DOCK MATCH PLANS ON PERMIT FILE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. ARE HANDRAILS STRUCTURALLY SOUND, IN GOOD REPAIR AND 2" X 4" OR EQUIVALENT STRENGTH?			
3. ANCHORAGE.				b. IS HANDRAIL 42 INCHES IN HEIGHT, WITH GUARDRAIL 20 INCHES BELOW HANDRAIL?			
a. ARE ATTACHING CABLES SERVICEABLE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. SERVICEABLE CONDITION OF CABLE ATTACHING POINTS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. SUPERSTRUCTURE.			
c. CHECK OF DEAD-MAN CABLES NOT ATTACHED TO TREES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. HAVE ALL MAJOR WOOD AND STEEL CONNECTIONS BEEN CHECKED TO INSURE THEY ARE SECURE TO RESIST MOVEMENT THAT WOULD TEND TO DISMANTLE STRUCTURE? (<i>encourage chain link fence, not walls</i>).			
d. ARE SERVICEABLE STIFF ARMS AND ATTACHMENTS HARDWARE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ARE MOORING PILING, POLES AND COLLARS SECURE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. CHECK FOR NEAT ORDERLY APPEARANCE OF STRUCTURE.			
4. WALKWAYS.				7. ROOF.			
a. ARE WALKWAYS IN A SAFE AND USABLE CONDITION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. ROOF WILL BE SECURELY FASTENED TO THE SUPERSTRUCTURE TO RESIST WIND UPLIFT BY USE OF STEEL PLATES, METAL STRAPS, OR			
b. ARE 2" X 6" OR EQUIVALENT STRENGTH USED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. IS LUMBER FREE OF ROT, SPLITS OR PROTRUDING NAILS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ITEM	YES	NO	N/A	ITEM	YES	NO	N/A
a. PLYWOOD GUSSETS. (<i>Continuation previous page</i>).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. IS VENTILATION PRESENT FOR FLAMMABLE LIQUIDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. METAL FINISH.				12. FIRE PROTECTION.			
a. DOES ALL METAL PRESENT A NEAT APPEARANCE, NO EXCESSIVE RUST OR DAMAGE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. ARE FIRE EXTINGUISHERS PRESENT (<i>ABC dry chemical 10lb</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. IF PAINTED, DOES IT NEED TOUCH-UP PAINT?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. ON DOCKS OVER 50 LINEAR FEET, ARE FIRE EXTINGUISHERS PRESENT EVERY 50 FEET?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. FLOTATION.				c. DO FIRE EXTINGUISHERS HAVE DATE OF LAST INSPECTION TAGS AND ARE THEY INSPECTED AT LEAST QUARTERLY?			
a. IS FLOTATION IN APPLIANCE WITH ER 1130-2-406 APPENDIX C-3?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. DOES THE DESIGN LOAD LIFT THE STRUCTURE AT LEAST 8 INCHES ABOVE THE WATER SURFACE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. ENCLOSURES. (<i>chain link fencing may be provided in all areas of the perimeter not subjected to frequent loading and unloading of personnel</i>).			
c. IS FLOTATION ADEQUATE TO MAINTAIN A STABILIZED AND SAFE DOCK AND OR WALKWAY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
10. ELECTRICAL.				a. IS CHAIN LINK FENCING IN A STATE OF GOOD REPAIR?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. ARE ELECTRICAL PLANS ON FILE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. DOES SIDING PRESENT A NEAT APPEARANCE AND CONDITION?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. IS ELECTRICAL CUT OFF SWITCH ABOVE FLOWAGE EASEMENT MEAN SEA LEVEL (<i>MSL</i>)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14. SHORELINE.			
c. ARE CURRENT ELECTRICAL INSPECTION CERTIFICATES OF FILE? (<i>Electrical must meet marine requirements</i>) g(2) OVERHEAD?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
d. ANY FRAYED OR WORN CONDITIONS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. IS MOWING INCLUDED WITH PERMIT ON FILE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. ARE RECEPTACLES GROUND FAULT CIRCUIT INTERRUPTERS (<i>GFCI</i>) TYPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. IS CLEAR OF LANDFORM CHANGES?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. IS LOCATION OF BREAKER BOX, ON SITE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. IS CLEAR OF ANY VEGETATION DAMAGE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. LOCATION OF WIRE CABLE FROM POLE TO STRUCTURE.				d. IS CLEAR OF ANY DEBRIS OR PRIVATE PROPERTY ON FEE PROPERTY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1) BURIED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. IS SHORELINE KEEP IN A NEAT AND UNCLUTTERED APPEARANCE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) IS AREA SAFE FROM IMMEDIATE ELECTRICAL HAZARDS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. LIVING ACCOMMODATIONS.			
11. SECURITY LOCKER / STORAGE ROOM.							
a. LOCKER SHALL BE IN A STATE OF GOOD REPAIR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. WILL ONLY ITEMS FOR BOAT BE STORED IN LOCKER?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c. DO STORAGE ROOMS HAVE GAS AND BATTERIES SEPARATED?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
16. REMARKS / SUMMARY							
ACKNOWLEDGMENT OF INSPECTION							
17a. INSPECTOR (<i>Last, First MI</i>)	b. DATE (YYYYMMDD)		c. INSPECTOR'S SIGNATURE				
18a. BOATHOUSE / DOCK OWNER (<i>Last, First MI</i>)	b. DATE (YYYYMMDD)		c. BOATHOUSE / DOCK OWNER'S SIGNATURE				