



EBMUD Recreation Area Private Boat Launch Inspection Form

Boat operators complete this section – Required prior to launching. Failure to comply with this process can result in citation and/or exclusion from EBMUD facilities.

If you do not understand any question, please ask staff for clarification.

Vessel Information	Location	Date
Last time boat was operated (last 30 days)		
Last time boat was kept in water for 24 hrs or more		
Has this boat been used in any Quagga/Zebra Mussel infested waters within the last 30 days? See inspector for list of sites.	Yes Circle one	No
Do you have any other equipment (buckets, pumps, motors, oars, down riggers waders etc) that has been used in an aquatic environment in the last 30 days?	Yes Circle one	No
Vessel Make: _____	Model: _____	CF Number: _____
Vessel Operator		
Name: _____		
Address: _____		
Drivers License # and State: _____		

I attest to the truthfulness of the information that I have submitted on this form.

Vessel operator

Inspection Staff complete this section

Is the boat registered? _____ What state? _____

Operator address verifiable: YES _____ NO _____

Evidence of recent mooring (growth/stains on hull, wet material): YES _____ NO _____

Evidence of mussels or other aquatic organisms? YES _____ NO _____

Description: _____

Type of vessel/motor: (circle all pertinent) IB OB I/O J C/RB/L FT IF S

Standing or pooling water visible? _____

Overall vessel condition: _____

Other Equipment observed and inspected (list): _____

Is the boat cleared for launching on this day? YES _____ NO _____

Additional
Comments: _____

Date: _____ Time: _____ Facility: _____ Inspector: _____