

# Inspection Form 420 Asian & Oceanian Championship 2024



			<b>O-Mi / W / U</b>	<b>Charter Y / N</b>
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Country Code                      Sail Number                      Bow Number

Helm Name:                      (Name)    (Cell phone:)

Crew Name:                      (Name)    (Cell phone:)

<b>HULL</b>  Inspector's Signature	Builder:		<input type="checkbox"/> MC <input type="checkbox"/> MF <input type="checkbox"/> Original Papers <input type="checkbox"/> PFDs <input type="checkbox"/> Harness <input type="checkbox"/> Tow Rope <input type="checkbox"/> Bridle <input type="checkbox"/> Boom Vang <input type="checkbox"/> Centreboard Up <input type="checkbox"/> Down <input type="checkbox"/> Cunningham <input type="checkbox"/> Jib Tack System <input type="checkbox"/> Fittings <input type="checkbox"/> Outhaul <input type="checkbox"/> Spi Pole Up & Downhaul <input type="checkbox"/> Spi catcher fittings <input type="checkbox"/> Trapeze rope & shock cord & handle <input type="checkbox"/> Forestay length <input type="checkbox"/> Draining hole Transom
	WS Plaque:		
	Mould No. :		
	Hull Weight:	Actual / Recorded	
	Correctors:	/	
	Boat Weight:	/ CW:	

<b>RIG</b>  Inspector's Signature	Builder:	Mast:	Boom:	Pole:
		<input type="checkbox"/> Limit marks	<input type="checkbox"/> Limit mark	<input type="checkbox"/> Length
		<input type="checkbox"/> Halyard Lock	<input type="checkbox"/> Stopper	
		<input type="checkbox"/> Rivet/Screw		

<b>FOILS</b>  Inspector's Signature	Builder:	C/B:	Rudder:
		Profile <input type="checkbox"/> Thickness <input type="checkbox"/>	Profile <input type="checkbox"/> Thickness <input type="checkbox"/>
		Pivot hole <input type="checkbox"/>	

<b>SAILS</b>  Inspector's Signature	Sailmaker:	Main:	Jib:	Spi:
	Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Sail Sticker/Button	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Dimensions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FLAG:	GP <input type="checkbox"/> ST <input type="checkbox"/> NS <input type="checkbox"/> OL <input type="checkbox"/> QT <input type="checkbox"/> ZA <input type="checkbox"/> NG <input type="checkbox"/> ODS <input type="checkbox"/> DOY <input type="checkbox"/> VS <input type="checkbox"/> QTB <input type="checkbox"/> SRT <input type="checkbox"/> LIZ <input type="checkbox"/>			

<b>O-Mi / W / U</b>
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Chief Measurer

Helm or Crew

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Sail number