

# WATER THERAPY CHECK ON/OFF SHEET

Week: \_\_\_\_\_ Owner: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Date On: \_\_\_/\_\_\_/\_\_\_ Time On: \_\_\_\_\_ Date Off: \_\_\_/\_\_\_/\_\_\_ Time Off: \_\_\_\_\_

Record the condition of ALL items on this form with a (I) if acceptable, (N) not acceptable, (C) representing an amount, (O) Operational or (NO) Not Operational. Also, anything in the categories (N) or (C), must be explained below.

FWD DECK	ON	OFF	VESSEL SYS	ON	OFF	ENG COMP	ON	OFF
Table	___	___	Fresh Water Sys	___	___	Generator hrs	___	___
Deck Chairs (4)	___	___	Lake Water Sys	___	___	Eng Port hrs	___	___
BBQ, Tank(Quantity)/Tools	___	___	12V Elec Sys	___	___	Eng Starbrd hrs	___	___
Mooring Lines(4+1+1)	___	___	12OV Elect Sys	___	___	Battery Charger	___	___
Anchor (5)	___	___	Air Conditioning	___	___	Battery Water	___	___
Anchor Lines (5)	___	___	Toilets/Sinks	___	___	Eng Oil Port	___	___
Lrg Fenders (8)	___	___				Eng Oil Starbrd	___	___
Ramp & Shackles	___	___	<b>GALLEY EQUIP</b>			Bilge Pump	___	___
Carpet	___	___	Dine Tab/Chair(6)	___	___	Bilge Cleanliness	___	___
Shovel (1), Pick (1)	___	___	Bar Stools (3)	___	___	Lake Wtr Strainer	___	___
Rake (1), Rock Spikes (7)	___	___	Microwave	___	___			
Mop & Bucket	___	___	Stovetop (Clean)	___	___	<b>UPPER DECK</b>		
Freezer (Clean)	___	___	Oven/Broil(Clean)	___	___	Capt's Chair	___	___
Canvas/Chain	___	___	Refrigerator	___	___	Sunshade	___	___
Grbg Can/Lid (2)	___	___	(Clean & Working)	___	___	Life Jackets (18)	___	___
Freezers (Clean)	___	___	Coffee Maker (2)	___	___	UHF Radio	___	___
Hose/Nozzle	___	___	Toaster	___	___	Lounge Chairs(4)	___	___
Slider/Door	___	___	Counter Tops	___	___	Bar Stools (4)	___	___
<b>CMD CONSOLE</b>			Trash Compactor	___	___	Refrigerator	___	___
Shop Vac	___	___				Mats (8) Covr (2)	___	___
Inst. Panel (Keys)	___	___	<b>AFT DECK</b>			Deck Chairs (9)	___	___
Spot Light (2 Mil Pwr)	___	___	Slider/Door	___	___	Propane Tanks(2)/ Quantity	___	___
UHF Radio	___	___	Main Fuel Tanks	___	___	Jet Ski Hoist	___	___
Stereo & Speakers	___	___	Port OD Prop	___	___	Bench Seats	___	___
Cpt's Chair	___	___	Strbrd OD Prop	___	___	Inst Panel	___	___
Gen Controls	___	___	Hose/Nozzle	___	___	120V Hoist(Davit)	___	___
Anchor Lines (3 spares)	___	___	Fuel Tank Hose/Nozzle	___	___			
Ship's Log	___	___	Fuel quantity	___	___			
Depth Finder	___	___				<b>BATHROOMS</b>		
Spare Props (2)	___	___	<b>MISCELLANEOUS</b>			Lights/Fan	___	___
Water-Quantity	___	___	Upright Vacuum	___	___	Sinks/Vanity	___	___
<b>MAIN SALON</b>			Life Rings (2)	___	___	Paper & Chem.	___	___
Sofa Sleeper	___	___	Spare Props (2)	___	___	Mirror	___	___
TV/VCR/DVD	___	___	Davit Sling	___	___	Water	___	___
Fire Ext (3)	___	___	All Windows &	___	___	Floor	___	___
Ceiling Fans/Lts	___	___	Screens	___	___			
<b>SUPPLIES</b>			<b>SUPPLIES</b>			<b>SUPPLIES</b>		
Toilet Chemicals	___	___	Toilet Paper	___	___	Trash Bags	___	___
Trash Compactor	___	___	First Aid Kit	___	___	Tools	___	___
Tall Kitchen Bags	___	___	Small Trash Bags	___	___	Dish Soap, Laundry Det.	___	___

**PRE-TRIP** : Below, describe any damages, missing items (from list above), to be charged to the departing owner: \_\_\_\_\_

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**POST-TRIP** : Below, describe any damages, missing items (from list above), to be charged to the current owner: \_\_\_\_\_

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**Owners Signature** \_\_\_\_\_