

## RIGGING CHECKLIST



Place of Inspection: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor Name: \_\_\_\_\_

Company: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Boat Name: \_\_\_\_\_

Mast Material: \_\_\_\_\_ Boom Material: \_\_\_\_\_

Boat Type, (Sloop, Fractional/Masthead, etc): \_\_\_\_\_

Rigging Type, (Rod, Wire, Dyform, Composite, etc): \_\_\_\_\_

Rigging Source/Brand: \_\_\_\_\_

Standing Rigging: Declared Age, (by Owner): \_\_\_\_\_ Estimated Remaining Life: \_\_\_\_\_

Sailing Category:  Blue-Water Racing Sailing  Cruising  
 Inshore Racing  Charter

Mariner Marine acknowledge there may be hidden defects that cannot be discovered during this inspection without destruction of components or removal of the spars from the yacht for inspection. In consideration of the person or company to whom this form has been used, carrying out a visual inspection of the spars on behalf of the owner of the boat concerned, Mariner Marine undertakes both to investigate any legal proceedings or action against the person or company. Mariner Marine acknowledge that the inspection document is to be used solely by Mariner Marine to evaluate the insurance risk of the boat concerned and for no other purpose.

**INSTRUCTIONS:** Tick the appropriate column after examining each item. Strike through any non-applicable items.  
 Sign off in the last column with initial and date **only after** rectifying an **unserviceable** item.

### A. VERTICALS

No. V1	SERVICEABLE	UNSERVICEABLE	RECTIFIED
1. Turnbuckle:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Top End Link:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
<b>No. V2</b>			
1. Bottom End Link:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Top End Link:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
<b>No. V3</b>			
1. Bottom End Link:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Top End Link:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
<b>No. V4</b>			
1. Bottom End Link:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Top End Link:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

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### B. DIAGONALS

No. D1	SERVICEABLE	UNSERVICEABLE	RECTIFIED
1. Turnbuckle:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Top End Tang:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
<b>No. D2</b>			
1. Turnbuckle/Bend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Top End Tang:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
<b>No. D3</b>			
1. Turnbuckle/Bend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Top End Tang:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
<b>No. D4</b>			
1. Turnbuckle/Bend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Top End Tang:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
<b>No. D5</b>			
1. Turnbuckle/Bend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Top End Tang:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

### C. HEAD STAY

1. Turnbuckle:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Link Plate:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Top End Tang Nose:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
5. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

### D. BACK STAY

1. Turnbuckle:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Ram/Purchase:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Top End Tang/Pin:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
5. Insulators:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
6. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

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### E. RUNNERS

	SERVICEABLE	UNSERVICEABLE	RECTIFIED
1. Whips:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Blocks:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Lower Fitting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
5. Upper Fitting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
6. Top End Tang:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
7. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

### F. CHECK STAYS

1. Purchase:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Lower Fitting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
5. Deflectors:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
5. Upper Fitting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
6. Top End Tang:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
7. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

### G. BABY STAYS

1. Lower Fitting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Upper Fitting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Top End Tang:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
7. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

### H. INNER FORESTAY

1. Lower Fitting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Upper Fitting:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Top End Tang:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
7. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

### I. JUMPERS

1. Lower Tang:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Turnbuckle:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Rod/Wire/Composite:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Bend/Tip:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
5. Top End Tang:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
6. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

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### J. JUMPER STRUT

	SERVICEABLE	UNSERVICEABLE	RECTIFIED
1. Root:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Structure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Tip Link/Bend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

### K. SPREADERS

**Spr. I**

a. Root:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
b. Structure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
c. Tip Link/Bend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
d. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

**Spr. II**

a. Root:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
b. Structure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
c. Tip Link/Bend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
d. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

**Spr. III**

a. Root:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
b. Structure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
c. Tip Link/Bend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
d. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

**Spr. IV**

a. Root:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
b. Structure:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
c. Tip Link/Bend:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
d. Other: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

### L. MAST COMPONENTS

1. Mast Head Unit:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
2. Hounds Box:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
3. Head Stay Nose:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
4. Back Stay Take-Off:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
5. External Stiffening:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
6. Fastenings:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
7. Goose Neck:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
8. Vang Take-Off:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
9. Condition at Partners:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
10. Mast Tie-Down:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
11. Heel Plug:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____

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**L. MAST COMPONENTS CONTINUED**

- 12. Heel:  Yes  No \_\_\_\_\_
- 13. Step:  Yes  No \_\_\_\_\_
- 14. Other: \_\_\_\_\_  Yes  No \_\_\_\_\_
- 15. Other: \_\_\_\_\_  Yes  No \_\_\_\_\_

**M. BOOM COMPONENTS**

- 1. Inboard End:  Yes  No \_\_\_\_\_
- 2. Vang Take-Off:  Yes  No \_\_\_\_\_
- 3. Outboard End:  Yes  No \_\_\_\_\_
- 4. Main Sheet Take-Off:  Yes  No \_\_\_\_\_
- 5. Other: \_\_\_\_\_  Yes  No \_\_\_\_\_
- 6. Other: \_\_\_\_\_  Yes  No \_\_\_\_\_

**N. CHAIN PLATES**

- 1. Plates/Links:  Yes  No \_\_\_\_\_
- 2. Tie Rods:  Yes  No \_\_\_\_\_
- 3. Under-Deck Spans:  Yes  No \_\_\_\_\_
- 4. Other: \_\_\_\_\_  Yes  No \_\_\_\_\_
- 5. Other: \_\_\_\_\_  Yes  No \_\_\_\_\_

**MODIFICATIONS**

Has rig been modified from original design?:  Yes  No

If Yes, please give details of the work carried out and by whom: \_\_\_\_\_

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**COMMENTS**

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Name of Proposer: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_