



Boat Owner Questionnaire

Personal Information

1. Full Name:
2. Email Address:
3. Phone Number:
4. Preferred Contact Method: (Email / Phone / Text)

Boat Information

1. Boat Make and Model:
(e.g., Beneteau Oceanis 45)
2. Year of Manufacture:
3. Hull Type:
(e.g., Monohull, Catamaran, Trimaran)
4. Primary Usage of Boat:
(e.g., Leisure sailing, Coastal cruising, Offshore, Racing, Liveaboard, Charter)

Engine / Propulsion System

1. Engine Type:
(Inboard / Outboard)
2. Engine Make and Model:
(e.g., Yanmar 4JH80)
3. Engine Power (HP or KW):
4. Fuel Type:
(Diesel / Petrol / Other)
5. Number of Engines:
6. Engine Hours (if applicable):
7. Engine Manufacturer's Service Schedule:
(Yes / No)
8. Additional Notes on Engine(s):
(e.g., Any modifications, issues, or maintenance history)

Electrical Systems

1. Onboard Electrical System Voltage:
(12V / 24V / 110V / 220V, etc.)
2. Battery Type(s):
(Lead-acid, AGM, Lithium, Gel, Other)
3. Battery Bank Size (Ah):

4. Charging System:

(Alternator, Solar, Wind, Generator, Shore Power)

5. Inverter / Charger Make and Model:

6. Solar Panels Installed (Yes / No):

If yes, wattage and brand:

7. Shore Power / Generator:

(Yes / No)

If yes, provide details of the generator.

8. Additional Electrical Equipment:

(e.g., Air Conditioning, Heating, Electric Winches, Lights, etc.)

Water Systems

1. Watermaker Installed (Yes / No):

If yes, make and model:

2. Freshwater Tank Capacity:

(liters or gallons)

3. Water Pumps (Manual or Electric, Make and Model):

4. Water Heater Type:

(Engine heated / Electric / Other)

5. Shower(s) and Head(s) Setup:

(Manual / Electric, Number of heads)

6. Water Filtration System:

(Yes / No, If yes, type and brand)

7. Bilge Pump:

(Manual / Electric, Number of pumps)

Refrigeration and Galley

1. Fridge/Freezer Type:

(Chest, Top-loading, Fridge Freezer Combo, etc.)

2. Fridge/Freezer Make and Model:

3. Power Source for Fridge/Freezer:

(12V / 24V / Generator / Shore power)

4. Additional Galley Systems:

(e.g., Stove, Oven, Microwave, etc.)

Navigation & Electronics

1. Primary Navigation System:

(e.g., Garmin, Raymarine, Simrad, Other)

2. Autopilot Type and Model:

3. Chartplotter Installed (Yes / No):

If yes, make and model:

4. VHF Radio Installed (Yes / No):

If yes, make and model:

5. Radar Installed (Yes / No):

If yes, make and model:

6. Depth Sounder/Log Installed (Yes / No):

If yes, make and model:

7. AIS System Installed (Yes / No):

If yes, make and model:

8. Additional Electronics or Navigation Equipment:

(e.g., Wind instruments, Multi-function displays, Satellite phone, etc.)

Generator and Compressor Systems

1. Generator Installed (Yes / No):

If yes, make and model, fuel type, hours of use:

2. Air Conditioning or Compressor System:

(Yes / No)

If yes, make and model:

Head and Sanitation System

1. Head Type(s):

(Manual / Electric, Composting, Marine sanitation)

2. Holding Tank Capacity:

(liters or gallons)

3. Marine Sanitation Device (MSD) Type:
(Type I, II, or III)
4. Pump-out System (Yes / No):
5. Additional Notes on Sanitation System:

Safety Systems

1. Life Raft Installed (Yes / No):
If yes, capacity and service date:
2. Fire Extinguishers (Number and Types):
3. EPIRB (Yes / No):
If yes, registration and model:
4. Safety Equipment Checklist Completed (Yes / No):

Maintenance and Service

1. Do you have a preferred maintenance schedule or any maintenance records?
(Yes / No)
If yes, please attach or describe:
2. Do you have any specific systems or areas you would like to focus on during training?
(e.g., Engine operation, Electrical systems, Navigation, Maintenance routines)
3. Have you completed any prior maritime training?

(Yes / No)

If yes, please specify the type of training:

List the Marine Curriculum Modules or ½ Day Courses of Interest:

Additional Information or Special Requests

1. Is there any other information you would like to share about your boat or your goals for this training?

Acknowledgments

- I acknowledge that the information provided above is accurate to the best of my knowledge.
- I understand that this information will be used to tailor the training sessions to my specific needs.

Signature:

Date: