The following material is to be used as a study guide for better understanding of boat crew knowledge and preparation for Qualification Examiner (QE) oral board and check ride. This material is in no way all inclusive or covers all required knowledge. It is the trainee's responsibility to ensure that he/she is using up-to-date resources when preparing for certification.

Ref:	Boat Crew Seamanship Manual, COMDTINST M16114.5C	(BCSM)
	Auxiliary Boat Crew Training Manual, COMDTINST M16794.51A	(ABCTM)
	Auxiliary Boat Crew Qualification Guide, Vol I, COMDTINST M16794.52A	(ABCQG)
	Auxiliary Manual, M14790.1G	(AM)
	Auxiliary Operations Policy Manual, M16798.3E	(AOPM)
	Navigation Rules, COMDTINST M16672.2(series)	(Nav Ruls)

What are the skills a crew member must have? (ABCTM 1.C.2)

Skills include line handling, knot tying, communications, observation, making up tows, and emergency procedures.

State the crew's responsibility regarding fatigue. (BCSM 3.B.2)

Crewmembers must watch each other's condition to prevent excessive fatigue from taking its toll. The ability of each member to respond to normal conversation and to complete routine tasks should be observed.

Describe the primary symptoms of fatigue. (BCSM 3.B.3)

- Inability to focus or concentrate/narrowed attention span.
- Mental confusion or judgment error.
- Decreased coordination of motor skills and sensory ability (hearing, seeing).
- Increased irritability.
- Decreased performance.
- Decreased concern for safety.

Describe the prevention measures of fatigue. (BCSM 3.B.4)

- Adequate rest.
- Appropriate dress for weather conditions.
- Rotate crew duties.
- Provide food and refreshments suitable for conditions.
- Observe other crewmembers for signs of fatigue. Make minor changes to engine speed.
- Adjust radio controls so they produce a minimum amount of static.
- Use single hearing protection whenever noise levels exceed 85 decibels and double hearing protection for noise levels over 104 decibels.

State the physical requirements necessary to participate in the Auxiliary Boat Crew program. (AM 3.A.5)

Once certified, Auxiliarists must meet currency maintenance requirements in order to validate their continued ability, mobility, and endurance to safely perform any qualification task for which they are certified.

State who has the ability to abort an operational mission. (BCSM 1.A.4.c)

A designated coxswain of a facility under orders may abort any mission due to weather, engine, equipment failure, crew fatigue, injury, or other reasons. Likewise, an owner of a facility (coxswain or not), if aboard, may abort the mission if, in the opinion of the owner, the facility or crew is being placed in jeopardy. In either case, the coxswain/operator shall immediately notify the order-issuing authority and/or Unit Commander.

State the policy for rendering first aid, including CPR, by an Auxiliary member. (BCSM 5.A.1)

The Coast Guard authorizes crewmembers to render first aid, consistent with their training, in their role as emergency assistants regardless of their first aid qualifications.

Describe dehydration. (BCSM 3.H.5)

An adequate fluid intake is essential to remain hydrated while underway.
Loss of body fluid occurs through perspiration from the skin and respiration through the lungs. Electrolytes are important because the body uses them to maintain voltage across cell membranes and to carry electrical impulses for moving the muscles.

Describe the symptoms, preventive measures and treatment for dehydration. (BCSM 3.H.6 - 3.H.8)

Symptoms:
- Dry mouth.
- Dizziness.
- Headache.
- Difficulty in breathing.
- Tingling in the arms and legs.
- Skin color turns bluish.
- Indistinct speech.
- Inability to walk.
- Cramping legs and stomach.

Preventive Measures:
Drinking fresh clean water is the best and easiest method to replace fluid loss and prevent dehydration.

Treatment:
The crew should be encouraged to drink fluids throughout the mission. Rotating crews between tasks where they are exposed to sun and shade will help prevent dehydration.

Describe Heat Rash (Prickly Heat). (BCSM 3.H.9)

Heat rash is prevalent among those living and working in warm, humid climates or in hot spaces ashore or aboard boats.

State the causes, symptoms, preventative measures, and treatment for heat rash. (BCSM 3.H.10 – 3.H.12)

Caused by:
- Breakdown of the body's ability to perspire.
- Decreased evaporative cooling of the skin.

Symptoms:
- Pink or red minute lesions.
- Skin irritation (prickling).
- Frequent, severe itching.

Treatment:
- Removed from further exposure to excessive heat immediately.
- Positive action should be taken to prevent the onset of more serious disorders.
- Cool, wet towels should be applied to the affected areas.

Describe heat cramps. (BCSM 3.H.13)

Heat cramps are painful contractions caused by excessive salt and water depletion.

What are symptoms Heat Cramps? (BCSM 3.H.14)

The victim's legs will be drawn up into the fetal position and excessive sweating will occur. The victim may grimace and cry out in pain.

State preventative measures and treatment for heat cramps. (BCSM 3.H.15 – 3.H.16)

Preventive Measures:
Drinking fresh clean water is the best and easiest method to replace fluid loss and prevent dehydration.

Treatment:
Heat cramps can be treated by placing the victim in a cool place and encouraging the victim to lie down in a comfortable position. Cool drinks should be offered to replace fluid loss. Solutions containing electrolytes, like a sports drink, are also useful,

however, the ingestion of excessive salt should not be allowed. Cramped muscles must not be treated with heat packs or massage.

Describe heat exhaustion. (BCSM 3.H.17)

Typically occurs when people exercise or work in a warm, humid environment where body fluids are lost through heavy sweating. Fluid loss can result in a decrease of blood-flow to vital organs.

State the symptoms, preventative measures, and treatment for heat exhaustion. (BCSM 3.H.18 – 3.H.20)

Symptoms:
- Pale skin
- Pounding heart
- Nausea
- Headache
- Acts restless

Preventive Measures:
Drinking fresh clean water is the best and easiest method to replace fluid loss and prevent dehydration.

Treatment:
First aid treatment should be provided immediately followed by rapid removal (in a litter, if possible) of patient to a location that can provide proper medical care.

Describe heat stroke. (BCSM 3.H.21)

Heat stroke is a major medical emergency and results from the complete breakdown of the body's sweating and heat regulatory mechanisms.

State the causes, symptoms, preventative measures, and treatment for heat stroke. (BCSM 3.H.21 – 3.H.24)

Caused by:
Operating in bright sun or working in a hot environment, such as an engine compartment.

Symptoms:
- Red shin, hot and dry to the touch (cessation of sweating)
- Characteristic body temperature above 105°F (40.5°C).
- Headache
- Weak and rapid pulse
- Confusion, violence, lack of coordination, delirium, and/or unconsciousness
- Brain damage (if immediate medical treatment is not given)

Preventive Measures:
Drinking fresh clean water is the best and easiest method to replace fluid loss and prevent dehydration.

Treatment:
The patient must be treated immediately, or death may occur. It is best to carefully remove the victim to a cooler environment and seek medical assistance.

Describe shock and state the causes of shock. (BCSM 5.B.1 & 5.B.2)

Shock is a depressed physiological or mental state.

Symptoms
- Trauma (bleeding, blunt (e.g., a fall, being struck by a blunt object, etc.), fractures, and burns).
- Allergic reactions.
- Hypothermia.
- Drugs.
- Toxins.
- Heart attack.
- Illnesses such as diabetes.
- Emotional.

State common symptoms and signs of shock (BCSM 5.B.3)

Symptoms:
- Restlessness.
- Fainting.
- Thirst.
- Nausea.
- Weakness.
- Anxiousness.
- Fright.
- Dizziness.

Signs:
- Pulse - weak and rapid.
- Breathing - shallow, rapid, and irregular.
- Skin - cold, clammy (sweating).
- Pupils – dilated.
- State of consciousness - alert (may be deceiving) to unconscious.

State the treatment for shock. (BCSM 5.B.5.a - 5.B.5.b)

Initial Treatment:
Initial treatment for shock includes limiting a patient's activity, ideally having the person

lie down and remain alert for the signs and symptoms of shock. If unconscious, appropriate treatment is to activate EMS and institute resuscitation procedures

Continuing treatment:
- Check for "medic alert" or other information tags.
- Obtain history for medical problems (heart disease, diabetes, allergies, medications).
- Notify Station or Group to obtain help and transport as advised.
- Provide specific treatment if advised and trained to do so.
- If there is not a head injury or breathing trouble, place victim flat on back and elevate the lower extremities about 8 to 10 inches. Be careful of any other injuries
- Perform cardiopulmonary resuscitation (CPR), if indicated and trained to provide.
- Warm with blankets. If hot, do not warm.
- If conscious, moisten lips, if requested.
- Do not allow patient to eat or drink.
- Never give alcohol.
- Handle gently.

Describe anaphylactic shock. (BCSM 5.B.6)

Anaphylactic shock is a rapid, extreme allergic reaction.

State the causes of anaphylactic shock. (BCSM 5.B.7)

Anaphylactic shock can be caused by eating fish or shellfish, ingesting particular types of berries or oral drugs such as penicillin. Insect stings from yellow jackets, hornets, wasps, etc., injected drugs, exercise, cold, and inhaled substances such as pollen or dust may also cause sensitivity reactions

List some symptoms of anaphylactic shock. (BCSM 5.B.7)

- Skin: itching, hives (raised rash), flushing (redness).
- Swelling of lips, tongue, feet, throat, hands.
- Respiratory tract: wheezing, shortness of breath, coughing.
- Gastrointestinal: nausea and vomiting, abdominal cramps, diarrhea.
- Headache.
- Altered mental status.
- Loss of consciousness

Onset of symptoms may be rapid, within seconds, or delayed (up to two hours). The signs for anaphylaxis are the same as those of shock.

State the treatment for anaphylactic shock. (BCSM 5.B.10)

Anaphylactic shock requires medication to counteract the allergic reaction to the substance. If the victim carries an epinephrine kit, crewmembers may assist them in administration, if trained. The victim should be treated for shock and, if necessary,

administered CPR. All that is observed or performed should be recorded while keeping Station appraised of the situation so that appropriate medical resources can be activated. Medical attention should be obtained regardless of patient's response. Anaphylactic shock can be very serious resulting in death within a few minutes.

What are the measures to restore life or consciousness to an individual? (BCSM 5.C.1)

Measures taken to restore life include artificial respiration, cardiac compression, and CPR.

What events that may cause people to stop breathing include? (BCSM 5.C.1)

- Near drowning.
- Suffocation.
- Electrocution.
- Poison gas.
- Heart attack.
- Drug overdose.
- Choking.

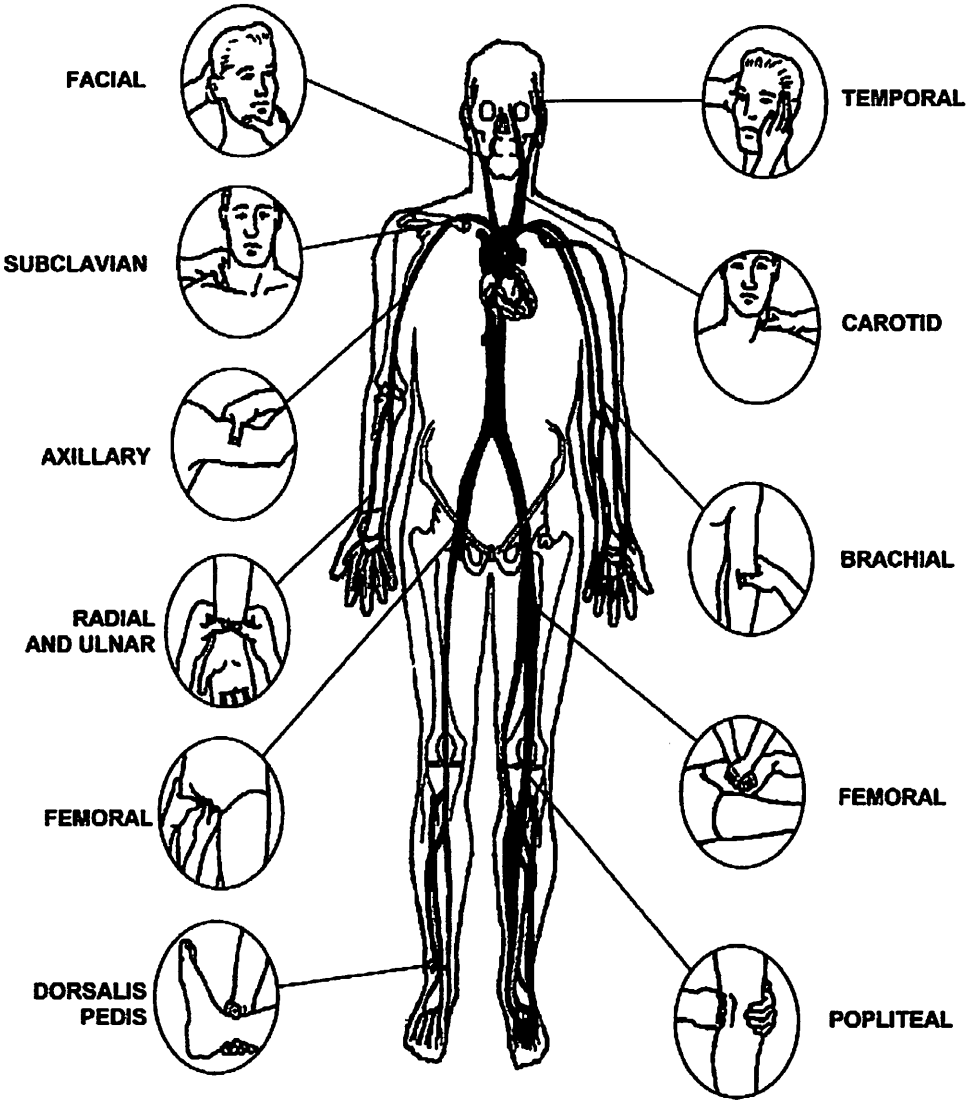
What are the steps for the treatment of a near drowning victim? (BCSM 5.E.14)

1. Evaluate ABC's
2. Identify any other injuries.
3. Activate EMS.
4. Initiate CPR if indicated and if trained.
5. Treat for shock.
6. Inform Station of status of victim.
7. Transport as soon as possible.
8. Remove wet clothing (if dry clothes or blankets available).
9. Treat for hypothermia as appropriate.
10. Constantly monitor the victim's airway.
11. Reevaluate victim's vital signs every 5 minutes.
12. Document:
    - Length of submersion.
    - Water temperature.
    - Fresh or salt water.
    - Drug or alcohol use.
    - Any treatment rendered.

What are four ways to control bleeding? (BCSM 5.D.7.a, 5.D.7.b, 5.D.8)

1. Direct pressure
2. Pressure Points
3. Elevation
4. Tourniquet

Identified and demonstrated at least three pressure points. (BCSM 5.D.7.b)



When should a tourniquet be used? (BCSM pg 5-24)

Tourniquets can be extremely dangerous! Tourniquets should only be used when a victim is in danger of bleeding to death! A tourniquet should only be tight enough to stop the bleeding!

What are the steps to apply a tourniquet? (BCSM 5.D.8.a)

1. Place the tourniquet two to three inches above the wound, but not touching the wound edges. If the wound is in a joint area or just below a joint, place the tourniquet directly above the joint.

2. Wrap the tourniquet band tightly around the limb twice and secure it in place.

3. Attach a note to the victim giving the location of the tourniquet and the time that it was applied. Always leave the tourniquet exposed to view. If it is not possible to attach a note, write the letter "T" on the patient's forehead with a grease pen, lipstick, or other suitable marker, and show the time it was applied.

4. After making the decision, and applying a tourniquet, DO NOT LOOSEN IT.

5. Continue to treat for shock and obtain medical attention IMMEDIATELY.

State the three degrees of burns and their signs. (BCSM 5.D.14.a, 5.D.14.b & 5.D.14.c)

First-degree burns are the mildest form of burns. These burns involve only the outer layer of
skin and produce redness, increased warmth, tenderness, and mild pain.

Second-degree burns extend through the outer layers of the skin. These burns involve the inner layers of the skin, but not enough to prevent rapid regeneration. They produce blisters and are characterized by severe pain, redness, and warmth.

Third-degree burns are those that penetrate the full thickness of the skin, destroying both the outer and inner layers. Severe pain, characteristic of second-degree burns, may be absent because nerve endings have been destroyed. Color may range from white and lifeless to black (charred). Healing requires many months, and usually results in scarring of the skin tissue. Skin grafts are generally required to achieve full healing.

What are some signs of burns to the respiratory tract? (BCSM NOTE pg 5-33)

Burns of the respiratory tract are very serious and may be diagnosed by singed eyelashes, hoarseness, sore throat, or coughing of blood.

What are the 1st Aid procedures for each class of burn? (BCSM 5D.15)

Treatment for *first degree* burns:
- Immerse in cool water until pain is relieved.
- Flush chemical burns for at least 20 minutes.
- Cover with clean or sterile dressing.

Treatment for *second degree* burns:
- Use the same treatment as for first-degree burns.
- Do not break open any blisters.
- Cover with a dry, sterile, non-adhesive dressing.
- For deep second-degree burns, follow the procedures for third-degree burns

Treatment for *third degree* burns:
- For third-degree, or deep, second-degree burns:
- Cover the burn to reduce exposure to air.
- Cool the burn.
- Do not remove clothing unless smoldering.
- Treat for shock even if not apparent.
- Always obtain medical care.
- Monitor the patient's airway.
- Assess vital signs every 5 minutes.
- Give nothing to eat or drink.
- Do not place ice on the burn.
- Do not apply ointments to the burn.

Burns of the respiratory tract are always a medical emergency.

State the treatment for chemical burns. (BCSM 5.D.16)

1. Wash the chemical away completely, as quickly as possible, using large quantities of water.
2. Continue flushing the burn for at least 20 minutes.
3. When the burn involves an eye, flush the eye with water for up to 20 minutes.
4. Cover both eyes with a clean, dry, protective dressing and seek medical attention as quickly as possible.
5. Give first aid for shock.
6. If the chemical is a powder, brush off as much as possible before flushing with water.

What is Hypothermia? (BCSM 5.E.7)

Hypothermia is a lowering of a person's core temperature.

State the symptoms for hypothermia. (BCSM 3.G.5)

- Pale appearance.
- Skin cold to the touch.
- Pupils are dilated and will not adjust properly when exposed to light.
- Poor coordination.
- Slurred speech / appears to be intoxicated.
- Incoherent thinking.
- Unconsciousness.
- Muscle rigidity.
- Weak pulse.

- Very slow and labored breathing.
- Irregular heart beat.

Rescue Precautions for hypothermia. (BCSM 5.E.10)

When it is suspected a survivor has critical hypothermia, rescue attempts should be made that avoid rough handling and minimize the amount of exertion by a victim. This can be accomplished by sending a surface swimmer into the water to assist the survivor into the rescue craft. Care should be taken to handle the victim gently. Excessive movement may cause heart beat irregularities which can be fatal. During the rescue and afterwards, the patient should be kept calm and quiet.

State the basic treatment for hypothermia. (BCSM 5.E.11)

Treatment for hypothermia will depend on both the condition of the patient and treatment facilities available. Survivors who are rational and capable of recounting their experiences, although shivering dramatically, will generally only require that wet clothes be removed and replaced with dry clothes or blankets and a warm environment to rest.

State the advanced treatment for hypothermia. (BCSM 5.E.12)

1. After recovering a victim from the cold, avoid rough handling of the victim as this can cause further harm. Check for the presence of breathing and heartbeat. If the victim is not breathing and has no heartbeat, begin CPR immediately. If the victim is breathing, and has a pulse, gently transfer the person to a warm environment. Be sure to check the person's breathing and heart beat frequently. Always remain prepared to immediately begin CPR if breathing and heart beat stop. Activate EMS and obtain medical help.

2. Lay an unconsciousness or semiconscious victim face up with the head slightly lower than the rest of the body. If vomiting occurs, turn the patient's head to one side. Observe respiration closely and remove any secretions from the victim's nose and mouth.

3. Remove the victim's clothes with minimum movement of the body. Cut the clothes away with scissors or a knife if necessary. If a patient cannot be removed to a compartment to be warmed with blankets, dry clothing, or other warming methods, then DO NOT remove wet clothing. Under these circumstances, the wet clothing is better than no clothing.

4. Do not give anything orally, especially alcohol.

5. Insulate a victim from further heat loss by wrapping the person in a blanket. Do not attempt to aggressively rewarm an unconscious or semiconscious victim, as rapid warming can cause dangerous complications. Do not rub frozen body areas. A victim will be very sensitive to rough handling. The primary objective after a person has

been removed from the water is to prevent the person from getting colder.

6. If properly trained and equipped, administer warm, humidified oxygen by face mask. The oxygen will not only assist victims if they are having difficulty breathing or have a low respiratory rate, it will also provide rewarming of the internal body core.

7. When there will be a delay getting a victim to a hospital, begin gentle rewarming techniques. Rewarming techniques include:
   - Wrapping the victim in a blanket. Under the blanket, apply heating pads or hot water bottles (if available) to the victim's head, neck and groin.
   - Applying your body warmth by direct body-to-body contact with a blanket should be wrapped around you and the victim to preserve the heat.

8. Treat for Shock.

9. Evacuate a victim to a medical facility soon after or during emergency treatment. A medical phone patch can be set up through the Coast Guard Station if needed. A helicopter with an EMT can be sent to provide help and to evacuate a victim.

State the factors that increase the possibility of hypothermia. (BCSM 5.E.7)

Struggling survivors, trying to aid in their own rescue, may drive their body temperature down to the point where unconsciousness and/or death results. Survivors removed from the water and left untreated may suffer further critical loss in body temperature, bringing on death after being rescued. Survivors in "warm" water can also suffer from hypothermia if exposed for long enough periods of time. Also, cold air temperatures can bring on hypothermia if adequate protective clothing is not worn.

State the preventative measures used to increase the chances for cold water survival. (BCSM 5.E.8)

Survival times in water vary considerably. Survival depends on the type of clothing worn, the amount of physical exertion, the blood alcohol levels, and other factors.

State the types of PFDs authorized to be used when on patrol. (BCSM 6.A.Introduction)

- Type I
- Type II
- Type III
- Type IV
- Type V

State the required survival equipment that must be on the PFD. (AOPM 4.E.14.a)

- Whistle
- Reflective Tape

- Personal Marker Light (PML) – a cyalume light stick, a flashlight, or a strobe light
- A signal mirror

Demonstrate operation of signal mirror. (BCSM 6.D.5)

1. Face a point about halfway between the sun and an object you wish to signal.

2. Reflect sunlight from the mirror onto a nearby surface such as the raft, your hand, etc.

3. Slowly bring the mirror up to eye-level and look through the sighting hole. You will see a bright light spot, this is the aim indicator.

4. Hold the mirror near your eye and slowly turn and manipulate it so the bright light spot is on target.

Describe the use of hand held distress flares IAW manufacture's operating instructions. (ABCQG Task BCM-02-11-AUX)

Describe the proper use of the aerial flare in accordance with manufacturer's instruction. (ABCQG Task BCM-02-12-AUX)

Operate the Personal Marker Light (PML) or strobe light. (BCSM 6.A.30 & 6.D.18)

What precaution should be taken ahead of time in the vent of capsizing? (BCSM 6.G.2)

- Learn the boat's interior. Initially the crew will be disoriented due to being upside down and with a lack of lighting.
- Stow all loose gear, and have all equipment and doors operating properly for ease in escaping.
- Know the location and use of all survival equipment. Check it regularly to be sure that it is adequate, in good repair, and that all signaling devices work.
- Be ready to grab a sturdy support to prevent being thrown about.

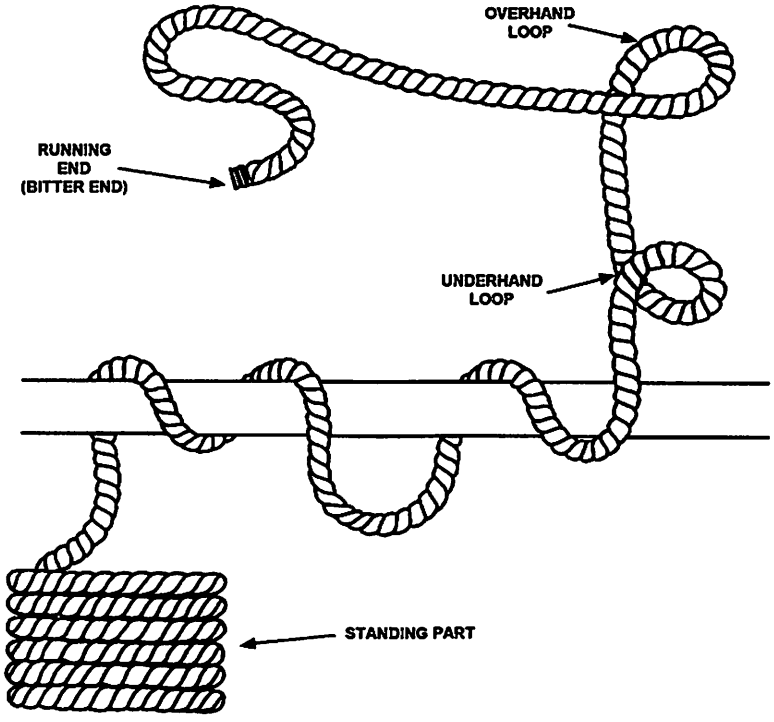
Describe escape procedures in the vent of capsizing. (BCSM 6.G.3)

If trapped in or under the boat, crewmembers should seek out an air pocket near the top (inverted bottom). The crew should be gathered together in the air pocket. Everyone should settle down and focus on planning a safe escape. The escape route and objects of reference along the route should be discussed. Everyone should look down; light may be visible and escape immediate.

- Make every effort to escape. The boat may sink or the air will eventually escape through hull fittings, cracks, or holes, or become unfit to breathe (fuel vapors, bilge waste, or lack of oxygen due to survivors breathing).

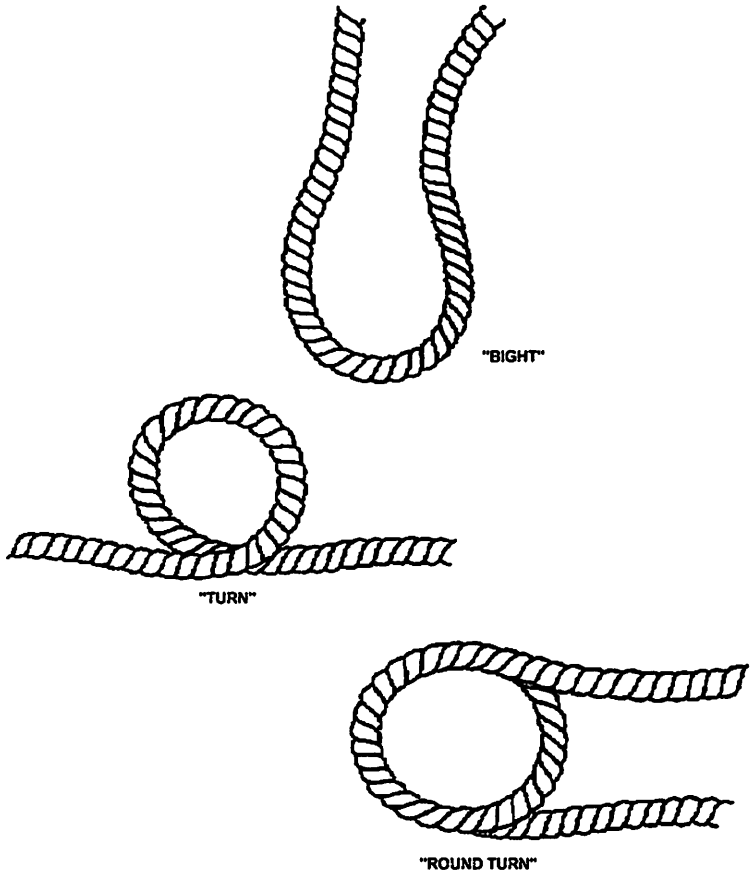
- Before attempting to escape, check for needed survival equipment, especially flotation and signaling devices.
- Activate Personal Marker Light (PML) to assist in locating other survivors particularly at night. If PML does not activate due to salt water intrusion or impact, activate emergency strobe. Extinguish if it becomes too disorienting.
- PFDs may have to be removed temporarily for people to fit through spaces or to go underwater to reach an exit. If necessary, tie a line to the PFD and pull it out after exiting.
- Avoid the stern if the engines are still running.
- If caught in an open cockpit area, swim down below the gunwales and surface alongside the boat.

Identify the different parts of a line. (BCSM 7.D.4)



1. Standing part
2. Bitter end
3. Overhand loop
4. Underhand loop

Identify the following knots: (BCSM 7.D.4)



1. Bight
2. Turn
3. Round turn

Tie a square (reef) knot. (BCSM 7.D.5.j)

Tie a bowline in the end of a mooring line and around an object. (BCSM 7.D.5.a)

Tie a round turn and two half hitches. (BCSM 7.D.4 & 7.D.5.c)

Secure a line to a rail using a clove hitch. (BCSM 7.D.5.e)

Attach heaving line to a towline using any one of the following: sheet (becket) bend, double sheet bend, snap hook, bowline, or clove hitch with two half hitches. (BCSM 7.D.5.i)

Add length of mooring line to a towline using any of the above knots.

Locate all cleats on boat.

Place complete round turn around the base of the cleat. Complete with figure eight. (BCSM 7.E.2.e)

Run eye of second mooring line through the eye of the first. (Dipping the EYE) (BCSM 7.E.2.g)

Identify and locate all bitts on boat.

Identify and locate Sampson post(s) on boat.

Conduct a Pre-Underway check-off for the facility to locate and check for proper operation, condition and stowage of required equipment. (ABCQG Task BCM-03-04-AUX)

Turn on the following electronic equipment (if equipped): (ABCQG Task BCM-03-04-AUX)

1. VHF-FM radio(s)
2. Loudhailer
3. Fathometer
4. LORAN C/GPS/DGPS
5. RADAR

Identify verbally the navigational light Color & Name and/or rule listed below. (Nav Ruls, Rule 20, 21, 23 & 30)

1. Port sidelight.
2. Starboard sidelight.
3. Stern light.
4. Masthead light.
5. Anchor light.
6. Small boat combination light.
7. State when boats are required to display navigational lights.

Identify verbally the sound signals listed below. (Nav Ruls, Rule 32, 34 & 35)

1. Identify a short blast and stated its duration & meaning
2. Identify a prolonged blast and stated its duration & meaning
3. Identify the danger signal and stated when it is used.

Name at least six of the 17 accepted maritime distress signals. (Nav Ruls, Rule 37)

1. Red star shells
2. Fog horn continuous sounding
3. Flames on a vessel
4. Gun fired at intervals of 1 minute

5. Orange background black ball and square
6. SOS
7. "MAYDAY" by radio
8. Parachute red flare
9. Dye marker (any color)
10. Code NOVEMBER CHARLIE
11. Square flag and ball
12. Wave arms
13. Radiotelegraph alarm
14. Radiotelephone alarm
15. Position Indication Radio Beacon
16. Smoke
17. High intensity whit light (inland waters)

Stated additional considerations for night lookout watches. (BCSM 1.C.12-1.C.16)

Identify the different operating parts of the radio, operate the controls, and explain use: (ABCQG Task BCM-05-01-AUX)

1. On/off switch.
2. Channel selection switch/button.
3. Volume control.
4. Squelch control.
5. High/low power switch.

Demonstrate knowledge of "Pro-Words". (BCSM 11.B)

Proword	Meaning
AFFIRMATIVE	Yes.
ALL AFTER	The portion of the message to which I make reference is all that follows.
ALL BEFORE	The portion of the message to which I make reference is all that comes before.
BREAK	I hereby indicate the separation of text from other portions of the message.
CORRECT	You are correct, or what you have transmitted is correct.
CORRECTION	An error has been made in this transmission. Transmission will continue with the last word correctly sent. The correct version is...
ETA	Estimated time of arrival.
ETD	Estimated time of departure.
ETR	Estimated time of return or repair.
FIGURES	Indicates numbers or numerals to follow. Used when numbers occur in the text of a message.
FROM	The originator of this message.
I SPELL	I shall spell the next word phonetically.
OPS NORMAL	Used to say the patrol is normal in all respects, "operations normal".

OUT	Used following the last line of the message transmitted, signifying the end of the transmission and nothing follows. No reply is required or expected.
OVER	Used following a transmission when a response from the other Station is necessary. It is an invitation to the other Station to transmit.
NEGATIVE	No.
ROGER	I have received your transmission satisfactorily.
I SAY AGAIN, or REQUEST YOU SAY AGAIN	I am repeating transmission or the portion indicated, or you should repeat your transmission or the portion indicated.
SILENCE (Spoken 3 times and pronounced SEE LONS)	Cease all transmissions immediately. Silence will be maintained until lifted. Used to clear routine transmissions from a channel only when an emergency is in progress.
SILENCE FINI (Pronounced SEE LONS FEE NEE)	Silence is lifted. Indicates the end of an emergency and resumption of normal traffic.
Proword	Meaning
THIS IS	This transmission is from the Station whose designator immediately follows.
TO	The addressees immediately following are addressed for action.
UNKNOWN STATION	The identity of the Station which you are trying to establish communications with is unknown.
WAIT	I must pause for a few seconds.
WAIT OUT	I must pause longer than a few seconds.
WILCO	Will comply with your last order or request.
WORD AFTER	The word to which I have referenced is that which follows.
WORD BEFORE	The word to which I have referenced is that which precedes.
WRONG	Your last transmission was not correct. The correct version is...

Demonstrate knowledge and use of phonetic alphabet. (BCSM 11.C.1)

Alphabet	Phonetic Alphabet	Pronounced
A	ALPHA	AL-FA
B	BRAVO	BRAH-VOH
C	CHARLIE	CHAR-LEE
D	DELTA	DEL-TAH
E	ECHO	ECK-O
F	FOXTROT	FOKS-TROT
G	GOLF	GOLF
H	HOTEL	HOH-TEL
I	INDIA	IN-DEE-AH

J	JULIETT	JEW-LEE-ETT
K	KILO	KEY-LOH
L	LIMA	LEE-MAH
M	MIKE	MIKE
N	NOVEMBER	NO-VEM-BER
O	OSCAR	OSS-CAR
P	PAPA	PAH-PAH
Q	QUEBEC	KAY-BECK
R	ROMEO	ROW-ME-OH
S	SIERRA	SEE-AIR-RAH
T	TANGO	TANG-GO
U	UNIFORM	YOU-NEE-
V	VICTOR	VIK-TAH
W	WHISKEY	WISS-KEY
X	XRAY	ECKS-RAY
Y	YANKEE	YANG-KEY
Z	ZULU	ZOO-LOO

Identify the basic parts, symbols, and abbreviations found on a chart of the local operating area. (BCSM 14.B)

1. Identify the longitude scale.
2. Identify the latitude scale.
3. Identify horizontal and vertical clearances of overhead bridges and cables.
4. Identify one nautical mile using the latitude scale.
5. Identify sounding numbers (feet/fathoms).
6. Identify depth curves (contours).
7. Identify the general information block.
8. Identify the scale of a chart.
9. Identify the latitude and longitude in minutes or seconds.
10. Identify different colors and stated meaning of each.
11. Identify the miles and yards scale.
12. Identify aids to navigation.
13. Identify the symbol for prominent local landmarks.
14. Identify the compass rose and indicated the purpose of each of its prominent parts.
15. Identify the symbol for a wreck, rock, or other submerged object.
16. Identify latest changes to the chart determined by Notice to Mariners and Local Notice to Mariners.

Identified buoys, fixed structures, and other navigational aids. (BCSM 13.A.4-13.A.12)

1. Identify a nun and a can buoy.
2. Identify a preferred channel (junction) buoy and stated its purpose.
3. Identify a day beacon.
4. Identify an Inter Coastal Waterway (ICW) buoy and stated its marking. (if applicable).
5. Identify ranges and stated their purpose.
6. While underway, identify by type, number, and characteristic, the primary aids to navigation used in the local area of operations

Identify on the chart those objects pointed out. (BCSM 13.B.19-13.B.31.d)

1. Identify major piers and docks in local operating area.
2. Identify any prominent submerged or partially submerged object in the local operating area (such as rocks, wrecks, etc.).
3. Identify prominent navigational landmarks in the local operating area (such as antennas, towers, buildings, etc.).
4. Identify prominent buildings and structures used as navigational landmarks in the local operating area.
5. Identify all prominent landmarks in the local operating area.
6. Identify all bridges and their types in the local operating area.

State the different classes of fires, their fuel sources and extinguishing agents. (BCSM 18.C.2-18.D.1)

1. State most common fuels for a Class A fire, and the primary extinguishing agent for use on a Class A fire.
2. State most common fuels for a Class B fire, and the primary extinguishing agent for use on a Class B fire.
3. State most common fuels for a Class C fire, and the primary extinguishing agent for use on a Class C fire.
4. State most common fuels for a Class D fire, and the primary agent used to contain a Class D fire.
5. Explain the safety precautions that must be used when using CO2 and Halon.

Locate and operate the boat's dewatering pump. (ABCQG Task BCM-07-10-AUX)

1. Located dewatering pump.
2. Correctly set up dewatering pump.
3. Monitored pump and all hoses while dewatering.
4. Pump drained, flushed, fueled (as applicable), and secured after use.