

Vessel Name:

Draft Information System (DIS)

Confirmation Checklist - Initial Transit of the 2023 Navigation Season

Every navigation season, a ship intending to use an approved DIS to transit the Seaway must email this completed DIS confirmation checklist to **slsmcmarineservices@seaway.ca** prior to its initial transit of the season. Ships not yet approved but intending to use DIS, must notify the Corporation by email at least 24 hours prior to its initial transit with DIS. Arrangements will be made for appropriate testing for approval to use the DIS to transit the Seaway.

IMO Number:		
		The Master's initials in thi indicate that the validation irement has been satisfied
Criteria	Validation	Initials
DIS operational	DIS turned on for each transit	
	Own-ship is displayed at actual location on e-chart	
	Water elevations from gauge behind and in front of vessel available	
	Monitor is marked as compliant with IEC 60945	
	Unit is viewable from conning position of the vessel	
	Indicate ship type entered in DIS	
	DIS Ship Type:	
	Correct draft entered in DIS (deepest draft must be entered), for each	
	transit	
	Minimum underkeel clearance set at 30cm	
	Any malfunction / change to DIS equipment to be reported to the	
	Seaway	
AIS operational	AIS is operational	
	antenna offset correctly entered	
	AIS is accurate, i.e. accuracy = 1	
Operational bow thruster	Ship is fitted with a bow thruster	
	Bow thruster is operational	
International Association		
Classification Society (IACS) member valid letter of verification	IACS letter on board vessel	
on board	Software version of DIS matches that specified in letter, or higher	
Updated electronic charts	All required electronic charts are up to date and being used	
•	All required high resolution charts are loaded into the DIS, up to date,	
Updated high resolution charts	and being used	
	Company letter on board vessel attesting to Officer training on use of	

**Note: Lists of the required charts are available on the Great Lakes - Seaway website.

DIS

Signature:	
-	(Signature of Master)
Name:	
-	(Please print)
Date:	

Email completed DIS Checklist to:

slsmcmarineservices@seaway.ca