



Form TC – 04: Daily Damage Report

Boat # _____ Yacht _____ Team _____

Circle Day: **Saturday** Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Exterior	Circle		Brief description
Deck Damage?	Yes	No	<input type="text"/>
Starboard Hull Damage?	Yes	No	<input type="text"/>
Port Hull Damage?	Yes	No	<input type="text"/>
Interior			
Salon Damage?	Yes	No	<input type="text"/>
Teak Trim Damage?	Yes	No	<input type="text"/>
Hatches Functional?	Yes	No	<input type="text"/>
Rigging			
Halyards damage?	Yes	No	<input type="text"/>
Jib Sheets damage?	Yes	No	<input type="text"/>
Spinnaker Sheets damage?	Yes	No	<input type="text"/>
Electronic Display			
Mast Displays damage?	Yes	No	<input type="text"/>
Bulkhead Displays damage?	Yes	No	<input type="text"/>

Comments: _____

Skipper _____

Owner's Representative _____

Technical Committee Official _____

TC-04