|  |
| --- |
| **SHIPBOARD**  **SAFETY & ENVIRONMENTAL PROTECTION**  **(SEP)**  **INSPECTION**  **by MARINE SUPERINTENDENT / MANAGER**    **M.V.:**  **Date From: To:**  **At:**    **Inspection made by:**    **Last SEP Inspection by: Date:**  **Environmental (MARPOL Compliance Report (RSQ21):**  **Section 1 attached ⬜ full report attached ⬜ not attached ⬜**  **Signature of Inspector:** |
| **SENIOR SHIP'S STAFF ABOARD:** |
| **CAPTAIN: DATE JOINED:**  **STAFF CAPTAIN DATE JOINED:**  **CHIEF ENGINEER DATE JOINED:**  **SAFETY OFFICER DATE JOINED:**  **STAFF ENGINEER DATE JOINED:**  **HOTEL DIRECTOR DATE JOINED:** |

|  |
| --- |
| **DISCLAIMER:**  Whilst every reasonable effort has been made to inspect the vessel concerned in accordance with the instructions, neither the Company nor the Marine Superintendent / Manager conducting the inspection accept any responsibility whatsoever for failure to inspect any item or machinery that is not reasonable accessible, or available for inspection, or (in the case of machinery) opened up for inspection and having regard always to the condition of the vessel and its location, whether or not the machinery was seen in operation and the time available for the carrying out of the inspection.  (**see also item #3 of the “Instructions to Marine Superintendents / Managers” section**) |

**CONTENT LIST**

**SECTION ITEM**

**0 Instructions to Marine Superintendents/Managers**

**1 Lifesaving Appliances and Arrangements**

**2 Visual and Distress Signals**

**3 Fire Fighting Equipment**

**4 Firemans Outfit**

**5 Adherence to safe working practices & Operation Procedures**

**6 Vessel's Sanitation**

**7 Navigational and Communication**

**8 Log Book Entries**

1. **Emergency procedures**

**10 Drills performed during attendance**

**11 Environmental Protection**

**12 Cyber Safety and Cyber Security**

**13 General Comments and Photographs**

**14 Defect List**

|  |
| --- |
| SECTION 0: INSTRUCTIONS TO MARINE SUPERINTENDENTS / MANAGERS |
| 1. This report is used to evidence compliance with the ship inspection requirements as per the Company’s safety and quality procedures. The intention of this report is to provide a balanced view and not necessarily reflects a negative view of defects only.  2. **One SEP inspection will be performed as a minimum per year for each vessel.** **Photographs or other evidence must support the findings of the report.**  3. **All check items of this report shall be inspected within two consecutive inspections** (*except for items which may not be feasible in operation but which must be done per the required statutory schedule*). **Items that cannot be practically examined within 2 consecutive inspections could be identified based on a justified Risk Assessment.** Items that are not checked during an inspection must have an explanation recorded (and a reference to the next inspection or the Risk Assessment, as applicable per above)  4. The Marine Superintendent / Manager must provide an accurate report on the actual condition of vessel, always keeping in mind requirements of the Safety & Quality Management System. Any defects identified must be included in the defect list and followed by a proposal of action and time scale allowed. Superintendents should avoid including routine maintenance as this is an on-going issue.  5. Defects must be entered in the SHIPSURE database (**under “Marine Supt Safety Inspection”**) by the Marine Superintendent (preferably whilst onboard and if not, upon return to the office).  6. Defects shall be closed in Shipsure within the target date by the Marine Superintendent / Manager upon receipt/review of appropriate objective evidence sent by the vessel. Extensions to the target date are only possible if agreed in advance by the Head of Leisure HSEQ.  7. Where a defect or deficiency relating to safety or pollution prevention is identified, additional measures must be taken to mitigate the risk whilst the equipment is being repaired or awaiting a technician and these must be noted in the Inspection Report. This depending on the defect could also include interim checks to monitor that the condition does not deteriorate further.  8. The inspection report whenever possible should be completed onboard, and at least a copy of the defect list left with the Master. This will enable the final report to be issued soon after the Superintendent's return to the office. The Inspection report and the defects list is to be signed by Shipboard Command  9. Upon completion, the report should be circulated as follows:   * To the Head of Leisure HSEQ / Marine Manager Compliance for approval; * To the Fleet Secretary for filing;   10. The Marine Superintendent / Manager must verify the effectiveness of the corrective actions relevant to the last inspections defects |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION : 1** | | **LIFESAVING APPLIANCES AND ARRANGEMENTS** | | | |
| **Item** | **Description** | | **Verified or Tested** | **CONDITION** | |
|  |  | | **Yes / No ?** | **Good**  **Aver.**  **Yes** | **VPoor**  **Poor**  **No** |
| **1.1.1** | **Lifeboat and davits** | |  |  |  |
| **1.1.2** | **(Fast) Rescue Boat and Davits** | |  |  |  |
| **1.1.3** | **Embarkation Station Emergency Floodlights, are in working condition?** | |  |  |  |
| **1.1.4** | **Lifeboat Limit switches, are in working condition?** | |  |  |  |
| **1.1.5** | **Is lifeboat Equipment inventory available and maintained?**  **Date of Last Inventory:** | |  |  |  |
| **1.1.6** | **Embarkation ladders, are in good condition?**  **Properly stowed, ready to be used?** | |  |  |  |
| **1.1.7** | **Are lifeboat falls in good condition?**  **Date of last renewal:**  **Date turned end-for-end (no longer an option after 01Jul 08)** | |  |  |  |
| **1.1.8** | **Are valid food rations aboard?** | |  |  |  |
| **1.1.9** | **Is fresh water renewed at intervals of no more then three months?**  **Date of last renewal:**  **If fresh water is contained in watertight cans, are with a valid expiry date?** | |  |  |  |
| **1.1.10** | **Lifeboat Manual available?** | |  |  |  |
| **1.1.11** | **Operational tests witnessed of a min sample of n= √ all lifeboats and min one rescue boat:**   * Engine start (on batteries) * Engine and propeller ahead and astern * Rudder hard to each side (incl. under emergency steering) * Bilge pump * Lowering to embarkation position and lowering 2-3m above sea level (without crew onboard) | |  |  |  |
| **1.1.12** | **Lifeboat inspection, drills and maintenance records up to date (see PMS and/or**  **SAF03/04)?** | |  |  |  |
| **1.1.13** | **Annual thorough examination and five-early inspections and tests valid?** | |  |  |  |
| **COMMENTS**  **Note: When the reply to the various items is no or poor, please specify reasons in this box.**  **Defects identified, along with corrective action & a date for completion should be included in the defect list under section 13.** | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description** | **Verified or Tested** | **CONDITION** | |
|  |  | **Yes / No ?** | **Good**  **Aver.**  **Yes** | **VPoor**  **Poor**  **No** |
| **1.2.1** | **LIFEBUOYS:**  **Are in good condition?**  **Are electric water lights in good condition?**  **Batteries within expiry date?**  **(Random test check)** |  |  |  |
| **1.2.2** | LIFEJACKETS: Are they in good condition? (Random check, 5% of the total)   * **Are fitted with lights (in working condition)?** * **Date of expiring light batteries (if applicable):** * **Are fitted with a retro-reflective tape?** * **Are they provided with a whistle?** * **Are they provided for persons on watch on the Bridge and in the Engine Room?** * **Are sufficient children’s/ infant lifejackets provided?** * **Are there sufficient number of lifejackets for obese (excessive chest girth up to 1750mm) persons** * **Inflatable lifejackets annual test valid?** |  |  |  |
| **1.2.3** | **Is Immersion Suits and Thermal Protective Aids stowage position known by ship's staff? (Random test)**  **Immersion suits serviced at a shore facility if more than 10 years old?** |  |  |  |
| **1.2.4** | **Are liferafts in good condition (external)?**  **Are liferaft davits (if applicable) in good condition?**  (**Min one Liferaft davit swinging out and hook operation (as applicable))**  **Are hydrostatic release units in place and properly fitted?**  **Give date of last inspection (12 months required, can be extended to 17 months?):** |  |  |  |
| **1.2.5** | **Signage: Are signs posted in the vicinity of survival craft to illustrate operating procedures?** |  |  |  |
| **1.2.6** | **Line-Throwing Appliances: Are in good condition?** |  |  |  |
| **1.2.7** | **Crew Training SOLAS/ LSA Manual – available in recreational rooms and adequate?** |  |  |  |
| **1.2.8** | **For vessels operating in polar waters are additional items prescribed by the Polar Assessment/ Polar Water Operation Manual (PWOM), such as extra life rafts, additional TPAs/ immersion suits, personal and group survival kits, extra rations, extra tools for snow / ice, de-icing equipment/ consumables, additional inflation pumps etc., in place and good order? (verify against the PWOM)** |  |  |  |
| **COMMENTS**  **Note: When the reply to the various items is no or poor, please specify reasons in this box.**  **Defects identified, along with corrective action & a date for completion should be included in the defect list under section 13.** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION : 2** | | **VISUAL AND DISTRESS SIGNALS** | | | |
| **Item** | **Description** | | **Verified or Tested** | **CONDITION** | |
|  |  | | **Yes /**  **No ?** | **Good**  **Aver.**  **Yes** | **VPoor**  **Poor**  **No** |
| **2.1.1** | **Are distress signals stowage location known by Deck Officers?**  **Are valid distress signals aboard?**  **(Check Inventory)** | |  |  |  |
| **2.1.2** | **Daylight signalling lamp system:**  **If portable battery is fitted, is fully charged?** | |  |  |  |
| **2.1.3** | **Two-way radiotelephone apparatus: (GMDSS) (3 in number):**  **are they properly stowed and location known by deck officers?** | |  |  |  |
| **2.1.4** | **Navtex : Is equipment in working condition?**  **Are sufficient spare paper rolls aboard? (at least for two months)**  **Are printouts stored and filed sequentially?** | |  |  |  |
| **2.1.5** | **Radar Transponder Beacons (tested per GMDSS log?):** | |  |  |  |
| **2.1.6** | **E.P.I.R.B.: Is it properly stowed and maintained?**  **Are Deck Officers aware of Test Procedure?**  **Inspection certificate valid?** | |  |  |  |
| **2.1.7** | **AIS – properly set up and configured to reflect voyage condition?** | |  |  |  |
| **2.1.8** | **For vessels operating in polar waters, are specific arrangements and equipment** **prescribed by the Polar Assessment/ Polar Water Operation Manual (PWOM) (i.e. additional search lights, visual signals etc.) in place and in good order? (verify against the PWOM)** | |  |  |  |
| **COMMENTS**  **Note: When the reply to the various items is no or poor, please specify reasons in this box.**  **Defects identified, along with corrective action & a date for completion should be included in the defect list under section 13.** | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION : 3** | | **FIRE FIGHTING EQUIPMENT** | | | |
| **Item** | **Description** | | **Verified or Tested** | **CONDITION** | |
|  |  | | **Yes /**  **No ?** | **Good**  **Aver.**  **Yes** | **VPoor**  **Poor**  **No** |
| **3.1.1** | **GENERAL/FIRE ALARM SYSTEM:**  **Is the system tested at sea?** | |  |  |  |
| **3.1.2** | **FIRE PUMPS:**  **Condition:**  **Are they tested weekly?** | |  |  |  |
| **3.1.3** | **EMERGENCY FIRE PUMP:**  **Condition:**  **Is it tested weekly? (Prime mover and pump)** | |  |  |  |
| **3.1.4** | **FIRE STATIONS**  **Are Fire Stations stencilled to fire plan numbers?**  **Are spanners (if applicable), hose nozzles (dual purpose type, incorporating a shut off), couplings provided for each fire station?**  **(Random test. If anomalies are found then further inspection is required)**  **Records of annual test of hydrants valid?** | |  |  |  |
| **3.1.5** | **FIRE HOSES:**  **Condition:**  **(Random test: to request ship's staff to connect at least two fire hoses and to test them at normal operating pressure, if in doubt about the condition, then further inspection is required)**  **Proper size (length and diam)?**  **Record of annual self test and inspection valid?** | |  |  |  |
| **COMMENTS**  **Note: When the reply to the various items is no or poor, please specify reasons in this box.**  **Defects identified, along with corrective action & a date for completion should be included in the defect list under section 13.** | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Description** | **Verified or Tested** | **CONDITION** | |
|  |  | **Yes / No ?** | **Good**  **Aver.**  **Yes** | **VPoor**  **Poor**  **No** |
| **3.1.6** | **FIRE EXTINGUISHERS:**  **External appearance condition:**  **Are they properly maintained?**  **Is there any evidence of their maintenance?(check inventory)**  **Annual to bi-annual inspection valid?**  **Sufficient spares (per SOLAS)?**  **Hydrotest dates valid (10 years)?** |  |  |  |
| **3.1.7** | **FIXED FIREFIGHTING SYSTEM:**  **Location stencilled?**  **Alarm points and horns are adequately signed?**  **Is there a valid official inspection certificate?**  **If Foam used, foam test valid?**  **Pressurized Cylinders hydrotest valid?**  **(Check no safety pins on main release cylinders in case of remote wire release connection)** |  |  |  |
| **3.1.8** | **INTERNATIONAL SHORE CONNECTION:**  **Is the location stencilled and same known by ship's staff?**  **(Random test)** |  |  |  |
| **3.1.9** | **DUPLICATE FIRE PLAN IN WATERTIGHT CONTAINER:**  **Is duplicate fire plan posted in port, near accommodation ladder and its location well identified?:** |  |  |  |
| **3.1.10** | **Fire Control Plan (FCP) approved and up to date?**  **Structural Fire Protection Plan approved and up to date?** |  |  |  |
| **3.1.11** | **FFE Maintenace records up to date (PMS and/or SAF03a/04a)?** |  |  |  |
| **3.1.12** | **Crew FFE Training Manual available, in recreational rooms, adequate?** |  |  |  |
| **COMMENTS**  **Note: When the reply to the various items is no or poor, please specify reasons in this box.**  **Defects identified, along with corrective action & a date for completion should be included in the defect list under section 13.** | | | | |

| **Item** | **Description** | **Verified or Tested** | **CONDITION** | |
| --- | --- | --- | --- | --- |
|  |  | **Yes / No ?** | **Good**  **Aver.**  **Yes** | **VPoor**  **Poor**  **No** |
| **3.1.13** | **FIRE DETECTION SYSTEM**  **Is the system working? (test in at least 2 zones and on different decks in each zone by activating a detector and a manual call point)**  **Is the system regularly tested and results logged?** |  |  |  |
| **3.1.14** | **FIRE SCREEN DOORS**  **Operational test on site for min recommended sample of n=√total doors per MVZ:**   * **Are they in working / self-closing (for normally open doors) condition; no hold-back hooks, no penetrations compromising fire integrity, double leaf doors latch automatically activated ?** * **(“A” division hinged doors: closing min 10 secs max 40 secs with ship upright; power operated doors: local accumulators provide min 10 times operation (fully opened fully closed); do not re-open more than 1 m from a point of contact in their path)**   **Operational test of remote closing from Bridge of FSDs (ensure crew and pax are warned in advance)** |  |  |  |
| **3.1.15** | **WATER TIGHT DOORS**  **Are they in working condition including their audible and visual alarms on site and panel indicators? (Random test on site of a min recommended sample of n=√WTDs) :**   * **Test that time for closing by hand gear is max 90sec, under power min 20 sec max 40sec, with ship upright.** * **Test emergency power source (if hydraulic -when accumulator is at the pump cut-in pressure) is sufficient for operation 3 times (closed-open-closed)**   **Operational test of remote closing from bridge (make announcements and take precautions so that crew and pax are aware and from the station above the watertight bulkhead). Ensure the “master mode” switch was on “local control” mode before initiating the test and is returned back to it after completion of the test** |  |  |  |
| **3.1.16** | **AUTOMATIC SPRINKLER SYSTEM:**  **Is the system in working condition?**  **Is the system regularly tested and results logged?**  **Sufficient spare sprinkler heads (per FSS Code)?**  **Operational test of closing valve and flow switch alarms of a recommended sample of n=√number of all sprinkler stations**  **Verify any Flag specific requirements for testing a number of sprinkler heads were annually performed** |  |  |  |
| **3.1.17** | **VENT FAN FLAPS / DAMPERS:**  **Are they properly marked? (Random check)**  **Is there any evidence of their maintenance?**  **(Check Planned Maintenance system)**  **Operational test of closing all type flaps of a min recommended sample of n=√each damper type including those on funnel** |  |  |  |
| **3.1.18** | **FAN REMOTE STOPS:**  **Check evidence of test.**  **Operational test of a min recommended sample of n=√all fan stops** |  |  |  |
| **3.1.19** | **LOW LOCATION LIGHTING**  **Condition?**  **Records of weekly checks?**  **Five yearly test valid?** |  |  |  |
| **3.1.20** | **Emergency exits, emergency escape routes – properly identified/marked, unobstructed and unlocked ?** |  |  |  |
| **3.1.21** | **Public Address (PA) System:**  **Verify operation by testing it at Muster Stations, Embarkation Deck, remote ship locations**  **Verify planned maintenance** |  |  |  |
| **3.1.22** | **For vessels operating in polar waters, are specific FFE arrangements and equipment prescribed by the Polar Assessment/ Polar Water Operation Manual (PWOM) (i.e. closure of dampers in ice conditions, protection of FF systems against freezing/ icing, extra FF outfits etc.) in place and in good order? (verify against the PWOM)** |  |  |  |
| **COMMENTS**  **Note: When the reply to the various items is no or poor, please specify reasons in this box.**  **Defects identified, along with corrective action & a date for completion should be included in the defect list under section 13.** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION : 4** | | **FIREMAN'S OUTFIT** | | | |
| **Item** | **Description** | | **Verified or Tested** | **CONDITION** | |
|  |  | | **Yes /**  **No ?** | **Good**  **Aver.**  **Yes** | **VPoor**  **Poor**  **No** |
| **4.1.1** | **PERSONAL EQUIPMENT COMPLETE:**  **Condition: Check lifelines, axes, protective clothing, helmet, radios, lights, boots, gloves**  **Are they properly maintained?** | |  |  |  |
| **4.1.2** | **Are at least 2 fireman’s outfits stored in each main vertical zone?** | |  |  |  |
| **4.1.3** | **Are at least two spare charges for each B.A. set provided?**  **All air cylinders charged?**  **Are all air cylinders for B.A. interchangeable?**  **All BA Cylinders hydrotests valid (5 years)?**  **BA sets low air alarm properly functioning?** | |  |  |  |
| **4.1.4** | **Are EEBD’s in place according to the Fire Control Plan and their use explained to the crew?** | |  |  |  |
| **4.1.5** | **FIRE LOCKERS**  **Proper inventory and good condition?**  **Supplied with emergency lighting?** | |  |  |  |
| **4.1.6** | **BA COMPRESSOR:**  **Condition?**  **Used during drills?**  **On emergency power?**  **Air test valid?** | |  |  |  |
| **COMMENTS**  **Note: When the reply to the various items is no or poor, please specify reasons in this box.**  **Defects identified, along with corrective action & a date for completion should be included in the defect list under section 13.** | | | | | |

| **SECTION : 5** | | **ADHERENCE TO OHS WORKING PRACTICES**  **& OPERATIONS PROCEDURES** | | | |
| --- | --- | --- | --- | --- | --- |
| **Item** | **Description** | | **Verified or Tested** | **CONDITION** | |
|  |  | | **Yes /**  **No?** | **Good**  **Aver.**  **Yes** | **VPoor**  **Poor**  **No** |
| **5.1 Work Environment:** | | | | | |
| **5.1.1** | **Safe, well lit, ventilated, clear of hazards / waste /combustible / spill materials / slippery / obstructed floors** | |  |  |  |
| **5.1.2** | **No undue hazardous materials / substances hazardous to health , no sharp edges in surrounding area (floor, walls, ceiling, other hardware) that are unmarked or unprotected against injuries or trips** | |  |  |  |
| **5.1.3** | **No excessive exposure to negative factors (noise, vibration, radiation, vapours/fumes, extreme temperature etc)** | |  |  |  |
| **5.1.4** | **Adequate housekeeping, no undue tools and stores, clean area** | |  |  |  |
| **5.1.5 Adequate PPE:** | | | | | |
| **5.1.5.1** | **Are safety helmets, fitted with chin straps, in use by ship's staff, when applicable?** | |  |  |  |
| **5.1.5.2** | **Are safety shoes aboard and in use by ship's staff?** | |  |  |  |
| **5.1.5.3** | **Are safety goggles aboard and in use by ship's staff?**  **Are gloves being used by ship's staff during operations? (random check)** | |  |  |  |
| **5.1.5.4** | **Are ear defenders aboard and in use by Engineers?** | |  |  |  |
| **5.1.5.5** | **Respirator masks used when handling chemicals/paints** | |  |  |  |
| **5.1.5.6** | **Are safety harness & lines and helmets in use when working aloft?** | |  |  |  |
| **5.1.5.7** | **Are floatation aids used when working over the side** | |  |  |  |
| **5.2 Working conditions** | | | | | |
| **5.2.1** | **Particular onboard areas with prior history of accidents (and near misses) known and regularly inspected** | |  |  |  |
| **5.2.2** | **Adequately guarded equipment / machinery with proper maintenance and marking** | |  |  |  |
| **5.2.3** | **Tools in good condition , not defective, pre-inspected** | |  |  |  |
| **5.2.4** | **Safety signage/ Hazards warnings displayed** | |  |  |  |
| **5.2.5** | **Safety equipment properly marked , stowed and unobstructed** | |  |  |  |
| **5.2.6** | **Substances hazardous to health/ Chemicals – properly marked, stored (per hazard and compatibility), MSDS available and accessible** | |  |  |  |
| **5.2.7** | **Adequate supervision for inexperienced crew** | |  |  |  |
| **5.2.8 Permits to Work (PTW)** | | | | | |
| **5.2.8.1** | **Are Hot Work/UnderWater/Enclosed Tank Entry/Electrical Work / Work in Lift Shafts / Work at Height / Over the Ship’s side Permits in use?** | |  |  |  |
| **5.2.8.2** | **TO ENTER ENCLOSED SPACES:**  **Is there a portable O2 analyzer aboard?**  **In working condition?**  **Calibrated?**  **Is there a portable Gas detector aboard?**  **In working condition?**  **Calibrated?**  **Are enclosed spaces permits in use?** | |  |  |  |
| **5.3** | **GANGWAY AND SAFE ACCESS**  **Is gangway rigged properly providing safe access to the vessel?**  **Is gangway in good condition, properly maintained?**  **Is safety net rigged properly and in good condition?**  **Are falls in good condition (changed within 5 years)?**  **Inspection records available and up-to-date (from 2010)?** | |  |  |  |
| **5.4** | **Are Risk Assessments made (Coswop/saf67 Shipsure)?** | |  |  |  |
| **5.5** | **Toolbox talks in place, use of STOP Cards (SAF97)?** | |  |  |  |
| **5.6 Observations for Tasks being performed** | | | | | |
| **5.6.1** | **No unsafe actos /conditions observed** | |  |  |  |
| **5.6.2** | **Existing work procedure adequate** | |  |  |  |
| **5.6.3** | **Crew consulted for any applicable procedure improvements and increase of safety and operational efficiency** | |  |  |  |
| **5.7** | **Crew Knowledge on OHS procedures** | |  |  |  |
| **COMMENTS**  **Note: When the reply to the various items is no or poor, please specify reasons in this box.**  **Defects identified, along with corrective action & a date for completion should be included in the defect list under section 13.** | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION : 6** | | **VESSEL'S SANITATION** | | |
| **Item** | **Description** | | **CONDITION** | |
|  |  | | **V.Good**  **Good** | **V.Poor**  **Poor** |
| **6.1.1** | **Vessel General condition:** | |  |  |
| **6.1.2** | **Alleyways/Stairways:** | |  |  |
| **6.1.3** | **Public areas:** | |  |  |
| **6.1.4** | **Officers messroom and day room condition:** | |  |  |
| **6.1.5** | **Crew messroom and day room condition:** | |  |  |
| **6.1.6** | **Pax galleys condition:** | |  |  |
| **6.1.7** | **Crew galley condition:** | |  |  |
| **6.1.8** | **Pantries conditions:** | |  |  |
| **6.1.9** | **Laundry rooms condition:** | |  |  |
| **6.1.10** | **Hospital:** | |  |  |
| **COMMENTS**  **Note: When the reply to the various items is no or poor, please specify reasons in this box.**  **Defects identified, along with corrective action & a date for completion should be included in the defect list under section 13.** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION : 7** | | **NAVIGATION AND COMMUNICATION** | | |
| **Item** | **Description** | | **CONDITION** | |
|  |  | | **Yes** | **No** |
| **7.1.1** | **Attend one departure, arrival and a sea watch in coastal navigation on the Bridge to observe the effective implementation of the Bridge Team Management (**[Operations](http://srv-glas301:82/Leisure/content/parent%20category%20topics/procedures_and_operations.htm) > [Ship Operations](http://srv-glas301:82/Leisure/content/parent%20category%20topics/procedures%20and%20operations/ship_operations.htm) > [Marine Operations](http://srv-glas301:82/Leisure/content/parent%20category%20topics/procedures%20and%20operations/deck_operations.htm) > Navigational Safety - Bridge Team and Resource Management**)** | |  |  |
| **7.1.2** | **HYDROGRAPHY:**  **Last weekly NTM aboard:**  **Are nautical charts, corrected up to date?**  **Are list of lights, corrected up to date?**  **Are sailing Directions, corrected up to date?**  **ECDIS operational and up to date?** | |  |  |
| **7.1.3** | **Is all navigational equipment reported in working condition? (check by random test)** | |  |  |
| **7.1.4** | **Is "AMVER' programme participation in use aboard? (not only for the vessels calling the USA ports)** | |  |  |
| **7.1.5** | **MAGNETIC COMPASS:**  **Condition:**  **Is there available an adjustment Certificate for the Magnetic compass?**  **Is a valid Deviation Curve displayed?** | |  |  |
| **7.1.6** | **LOOKOUT:**  Is a permanent Lookout employed on the Bridge when the vessel is underway? Are details of Lookouts entered in the Deck Log Book? | |  |  |
| **7.1.7** | **For vessels operating in polar waters, are polar-specific navigation and communication arrangements and equipment prescribed by the Polar Assessment/ Polar Water Operation Manual (PWOM) (i.e. protection of scanners against freezing/ icing, shading of bridge windows, conning position vision enhancing equipment etc.) in place and in good order? (verify against the PWOM)** | |  |  |
| **COMMENTS**  **Note: When the reply to the various items is no, please specify reasons in this box.**  **Defects identified, along with corrective action & a date for completion should be included in the defect list under section 13.** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION : 8** | | **LOG BOOK ENTRIES (according to Flag State, SOLAS, IMO legislation)** | | |
| **Item** | **Description** | | **CONDITION** | |
|  |  | | **Yes** | **No** |
| **8.1.1** | **Nightly Safety Rounds** | |  |  |
| **8.1.2** | **a) Abandon ship & fire drill weekly**  **b) Lifeboat Engine Test, weekly**  **c) Fire Pump and Emergency Fire Pump, weekly**   1. **Weekly drill for operating watertight doors, side-scuttles, valves and closing mechanisms of scuppers, ash-chutes and rubbish-chutes** 2. **All WTDs daily operation, weekly closing drills and mechanisms/indicators/valves weekly inspection** 3. **Time of closing & opening of shell doors** | |  |  |
| **8.1.3** | **Passenger muster, before departure or immediately upon departure** | |  |  |
| **8.1.4** | **Crew familiarisation Training** | |  |  |
| **8.1.5** | **Emergency Diesel Generator or batteries (as applicable) test, weekly** | |  |  |
| **8.1.6** | **a) Emergency Steering Gear test, quarterly and not more than 12 hours before entering USA waters**  **b) Man overboard & rescue boat drill, monthly**  **c) Safety meeting, monthly**  **d) Inspection of life-saving appliances, including lifeboat equipment, monthly**  **e) Breathing Apparatus, monthly**  **f) enclosed space entry drill , every 2 months** | |  |  |
| **8.1.7** | **Drafts and water density, are they within Load Line limitations?** | |  |  |
| **8.1.8** | **Stability calculations results, GMf > GM min req ?**  **Hull Bending moments and shear forces within limits?** | |  |  |
| **COMMENTS**  **Note: When the reply to the various items is no, please specify reasons in this box.**  **A Non Conformance must be raised if failure to comply with Company procedures is identified.** | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Description** | **CONDITION** | |
|  |  | **Yes** | **No** |
| **8.1.9** | **Lifeboats turned out from their stowed position if conditions allow** |  |  |
| **8.1.10** | **Lifeboat Drill with boat into water, quarterly** |  |  |
| **8.1.11** | **Stowaways and Anti-drugs Search (before departure from High Risk ports)** |  |  |
| **8.1.12** | **Davit launched liferaft drill, quarterly** |  |  |
| **COMMENTS**  **Note: When the reply to the various items is: No, please specify reasons in this box.**  **A Non Conformance must be raised if failure to comply with Company procedures is identified.** | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION : 9** | | **EMERGENCY PROCEDURES (according to Flag State, SOLAS, IMO legislation, Company Procedures)** | | |
| **Item** | **Description** | | **CONDITION** | |
|  |  | | **Yes** | **No** |
| **9.1.1** | 1. **Are damage control plans permanently exhibited and up-to-date** 2. **Are booklet containing this information available to officers** 3. **is there a Damage Control Locker with equipment** | |  |  |
| **9.1.2** | 1. **Are SAR Plan registered with SAR Data Provider (or relevant Port States for vessels on fixed routes):**   **b) Are routine Search & Rescue drills conducted?:** | |  |  |
| **9.1.3** | **Are monthly Oil Pollution Training drills conducted?:** | |  |  |
| **9.1.4** | **Are Security Drills (Bomb search) conducted, (quarterly):** | |  |  |
| **9.1.5** | **Is the Master’s decision support system in the ECP/SOPEP available on the Bridge, and tested regularly?** | |  |  |
| **9.1.6** | **DAMAGE STABILITY**  **Is the vessel enrolled in an Emergency Response Service?**  **Has a drill been carried out with ERS (annual)?** | |  |  |
| **9.1.7** | **EMERGENCY DRILL**  **Has the vessel participated in an Emergency Drill with the Office Back-up Team within the last 12 months?**  **If not has the outcome of other such drill been disseminated onboard?** | |  |  |
| **9.1.8** | **For vessels operating in polar waters, are polar-specific emergency arrangements and drills prescribed by the Polar Assessment/ Polar Water Operation Manual (PWOM) in place (i.e. additional drill scenarios for evacuation on ice, SAR drill with RCC etc.)? (verify against the PWOM)** | |  |  |
| **COMMENTS**  **Note: When the reply to the various items is no, please specify reasons in this box.**  **A Non Conformance must be raised if failure to comply with Company procedures is identified.** | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION : 10** | | **DRILLS PERFORMED DURING ATTENDANCE** | | |
| **Item** | **Description** | | **DRILLS**  **CARRIED OUT** | |
|  |  | | **Yes**  **S,U** | **No** |
| **10.1.1** | **Lifeboat Drill**  **(specify lifeboat used for drill): port or stbd (delete not applicable)** | |  |  |
| **10.1.2** | **Fire Drill**  **a) Fire Pumps tested at minimum of 6 Kg./cm2**  **b) Emergency Fire pump tested at 6 Kg./cm2**  **c) Fire hoses test** | |  |  |
| **10.1.3** | **Emergency Diesel Generator test (including working test of emergency source of power and automatic start)** | |  |  |
| **10.1.4** | **Steering Gear operational test:**   * **emergency steering from bridge and from steering gear room** * **the main steering gear capable of operating the rudder from 35° on either side to 30° on the other side for max 28 sec while any one of the power units is out of operation)** | |  |  |
| **10.1.5** | **Passengers drill** | |  |  |
| **10.1.6** | **Other Drills requested to be carried out (ie Damage Control, Enclosed Space Entry Rescue etc)** | |  |  |
| **COMMENTS**  **Note: 1) - If a drill is conducted but is not considered to be effective, then it must be described as "Unsatisfactory" in the YES column.**  **U = unsatisfactory, then specify reasons in this box.** | | | | |

| **SECTION : 11** | **ENVIRONMENTAL PROTECTION** |
| --- | --- |

Use the most recent Environmental (MARPOL) Compliance Report (RSQ21) checklist section 1 or full report as applicable – see Leisure VMS Office SAF forms

| **SECTION : 12** | **CYBER SAFETY AND CYBER SECURITY** |
| --- | --- |
| Using the most recent **IT 03 – Cyber Security Checklist**, carry out general inspection of shipboard computers, systems and equipment to verify basic cyber hygiene procedures are in place onboard. Examples of poor cyber hygiene include, but not limited to the following:   * Username / Password are openly displayed * Computer system require a generic login or no login for access * Computer system does not appear to automatically log out after extended period of user inactivity * Flash drive/USB media use not as per Company requirements * Shipboard computers readily appear to have been compromised by ransomware/excessive pop-ups * Officers/crew complain about unusual network issues and reliability impacting shipboard systems | |
| **COMMENTS:** | |

|  |  |
| --- | --- |
| **SECTION : 13** | **GENERAL COMMENTS AND PHOTOGRAPHS** |
|  | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION : 14** | **DEFECT LIST**  **A copy of the Defect List must be handed to the Master. Alternatively defects can be entered directly into the SHIPSURE database by the Marine Superintendent / Manager when onboard or in the office and communicated to the Master. Defects must be closed in SHIPSURE before the due date, or an extension given to this date (upon approval by Head of Leisure HSEQ).** | | | |
| Section/item | Defect | Corrective Action and Preventive Measures | Due Date | Person Responsible |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |