

Masters & Management Review of SMS

Date:	Vessel:	Name & Rank:
SAFETY MEETINGS		
Review weekly Safety Meeting reports to ensure that all needed topics have been covered.		
Y <input type="checkbox"/>	N <input type="checkbox"/>	1. Was a complete & easily accessible file of Safety Meeting Reports on board when you took command?
Y <input type="checkbox"/>	N <input type="checkbox"/>	2. In your opinion, are safety meetings helpful in improving safety consciousness aboard the vessel?
Y <input type="checkbox"/>	N <input type="checkbox"/>	3. Are the topics discussed relevant to vessel operations and concerns?
TRAINING STATUS		
Review the effectiveness of training programs instituted on board the vessel.		
Y <input type="checkbox"/>	N <input type="checkbox"/>	1. In your opinion, are the topics in the SMS Manual adequate safety training for vessel personnel?
Y <input type="checkbox"/>	N <input type="checkbox"/>	2. In your opinion, does the Crew familiarization sheet adequately define familiarization requirements?
Y <input type="checkbox"/>	N <input type="checkbox"/>	3. Are you generally satisfied with the skills and knowledge of new hires?
Y <input type="checkbox"/>	N <input type="checkbox"/>	4. Is there any training you would like to see conducted either on board or ashore? (If yes, please note)
Suggested Training:		
POLLUTION PREVENTION		
Review the effectiveness the vessel's pollution prevention program.		
Y <input type="checkbox"/>	N <input type="checkbox"/>	1. Is pollution prevention a regularly discussed topic at Safety Meetings?
Y <input type="checkbox"/>	N <input type="checkbox"/>	2. Are the fuel transfer procedures easily understood and adequate for the vessel's needs?
Y <input type="checkbox"/>	N <input type="checkbox"/>	3. Is the Waste Management Plan easily understood and adequate for the vessel's needs?
Y <input type="checkbox"/>	N <input type="checkbox"/>	4. Do you feel that the crew is adequately prepared to respond quickly in the event of a spill?
EMERGENCY PREPAREDNESS		
Evaluate the effectiveness of the vessel's readiness to respond to emergencies.		
Y <input type="checkbox"/>	N <input type="checkbox"/>	1. Are you confident that the crew could assist with emergency steering operation?
Y <input type="checkbox"/>	N <input type="checkbox"/>	2. Is the vessel adequately equipped to respond to an oil spill?
Y <input type="checkbox"/>	N <input type="checkbox"/>	3. Is the vessel adequately equipped to respond to another vessel in distress?
Y <input type="checkbox"/>	N <input type="checkbox"/>	4. Are the oil transfer procedures clear and easy to read?
Y <input type="checkbox"/>	N <input type="checkbox"/>	5. Are there any emergencies you would like guidance on? (If yes, please identify)
Suggested Drill/Response Procedure:		
CRITICAL EQUIPMENT		
Review the maintenance status of the following critical systems:		
Y <input type="checkbox"/>	N <input type="checkbox"/>	1. Are the vessel's main engines in good operating condition and consistently reliable?
Y <input type="checkbox"/>	N <input type="checkbox"/>	2. Is the vessel's Navigation Equipment in good operating condition and consistently reliable?
Y <input type="checkbox"/>	N <input type="checkbox"/>	3. Is the vessel's Steering Gear in good operating condition and consistently reliable?
Y <input type="checkbox"/>	N <input type="checkbox"/>	4. Is the vessel's Radio Equipment in good operating condition and consistently reliable?
Y <input type="checkbox"/>	N <input type="checkbox"/>	5. Are the vessel's Electrical Systems in good operating condition and consistently reliable?

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INSPECTION & AUDIT RESULTS (INTERNAL / FLAG STATE / CLASS / ISM)			
Review vessel inspections & audits conducted in the previous year.			
Y <input type="checkbox"/>	N <input type="checkbox"/>	1. Did the vessel have any Flag State deficiencies in the past year?	Number:
Y <input type="checkbox"/>	N <input type="checkbox"/>	2. Did the vessel have any Owner Complaints concerning safety in the past year?	Number:
Y <input type="checkbox"/>	N <input type="checkbox"/>	3. Did the vessel have any Internal Audit findings in the past year?	Number:
Y <input type="checkbox"/>	N <input type="checkbox"/>	4. Did the vessel have any Class Safety Management Audit findings in the past year?	Number:
Y <input type="checkbox"/>	N <input type="checkbox"/>	5. Are there any repeat findings in the Audit results? (If yes, please note)	
Repeat Findings:			
NONCONFORMANCE & CORRECTIVE ACTION			
List nonconformance that occurred on the vessel in the past year and review corresponding corrective action.			
Y <input type="checkbox"/>	N <input type="checkbox"/>	1. Injuries	Number:
Y <input type="checkbox"/>	N <input type="checkbox"/>	2. Vessel Accidents	Number:
Y <input type="checkbox"/>	N <input type="checkbox"/>	3. Near Accidents	Number:
Y <input type="checkbox"/>	N <input type="checkbox"/>	4. Pollution Events	Number:
Y <input type="checkbox"/>	N <input type="checkbox"/>	5. Failure of Critical Systems	Number:
Y <input type="checkbox"/>	N <input type="checkbox"/>	6. Have Corrective Action(s) been distributed for all nonconformances?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	7. Do you believe that Corrective Action(s) taken will prevent the incident/accident from happening again?	
DOCUMENTATION			
Y <input type="checkbox"/>	N <input type="checkbox"/>	1. Are the Company Safety & Environmental Policies clear?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	2. Are operational procedures clear and easily read?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	3. In your opinion, is it easy to find the information you are looking for?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	4. In your opinion, is the information provided complete?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	5. Is the documentation on board current?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	6. Have you submitted any change requests for Company documentation?	
Y <input type="checkbox"/>	N <input type="checkbox"/>	7. If a change request was submitted, have you received any feedback on your request?	
Choose the area you feel is the most improved on your vessel:			
<input type="checkbox"/> Maintenance & Repair		<input type="checkbox"/> Document Control	<input type="checkbox"/> Training
<input type="checkbox"/> Use of PPE		<input type="checkbox"/> Emergency Preparedness	<input type="checkbox"/> Safety Awareness
<input type="checkbox"/> Knowledge of Procedures		<input type="checkbox"/> Situational Awareness (During Operations)	<input type="checkbox"/> Effective Job Safety Analysis
Choose the area you feel needs the most improvement on your vessel:			
<input type="checkbox"/> Maintenance & Repair		<input type="checkbox"/> Document Control	<input type="checkbox"/> Training
<input type="checkbox"/> Use of PPE		<input type="checkbox"/> Emergency Preparedness	<input type="checkbox"/> Safety Awareness
<input type="checkbox"/> Knowledge of Procedures		<input type="checkbox"/> Situational Awareness (During Operations)	<input type="checkbox"/> Effective Job Safety Analysis
Other Suggestions/Remarks (Please attach):			