

## Masters & Management Review of SMS

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

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