

Quality Management System Manual

DISEMBARKATION FORM

QP	09.50
Revision	7
Effective Date	05 Jan 2018
Prepared By	QAR
Authorised By	SOR

Seafarer Name:	(Last Name)	(First Name)			Sign-off Rank:			
Last Vessel:	(FIISCI			ŕ		rrived in Manila:		
Sign-off Peason:							(Date)	
Sign-off Reason:								
Change in address:								
Change in Contact Number(s):	E-Mail / FB account:							
Date of Availability:					Nex	t vessel assig	nment:	
Reason if any:								
Documents to be renewed:								
Passport:			US	S Visa:				
Seaman Book:			Υe	ellow Fever:				
CoC / CoE:			Ot	her:				
De-Briefing commet working hours safety food (tasty, enough) accommodation (broken items recreation shore leave communication to family attitude of port agent attitude of superiors attitude of subordinates what can Principal improve more Performance discuss Training recommenda If yes, what training: Recommendation for	ore ? ? (communication, processing, ed onboard ? ation ?] no] no	Allotments r Final Wages If no, Payment Any Visits-to	s rec	opened?		
If yes, to rank:	, , , , , , , , , , , , , , , , , , , ,			ort / sickness:				
☐ Crew informed to voluntary pay their SSS and PhilHealth while on leave until going onboard.								
☐ checked for unclain					Fo	rm		
☐ Seaman book scar					cor	mpleted:	(. (
☐ Arrival date checke	ing and scans updated ed in Travel inbox fligh	t details				anned / coded:	(staff initial / date) (staff initial / date)	
optional :	ed Performance Repo cate issued, if reques		v			ecked by nagement:	(stan illitial / date)	