**SAFETY MEETING MINUTES**

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| Vessel Name: |  | | | |
| Meeting Opened: | Hours: |  | Date: |  |

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| Chairperson: |  | Safety Officer: |  |
| Safety Representative: |  |

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| **Attendees:** |

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| Review of last ‘Safety Meeting Minutes’ including outstanding actions | | |
| Comments: | | |
| Outstanding Shipboard items | Expected closure date | Action Party |
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| **Status:** | **Dates** |
| **Last date injury crew was repatriated (LTI):** |  |
| **Last date crew was injured on board:** |  |

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| New Regulation discussed | | Number Reported: |  |
| No. | Details of the new regulation | | |
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| Incident since last meeting | | Number Reported: |  |
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| Date | Details | | |
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| Near Misses & Hazards since last meeting | | | Number Reported: |  |
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| Date | Details | Preventive Actions | | |
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| Lessons Learnt since last meeting | | |  | **Number Reported:** | |  |
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| Date | Details | Potential Outcome – Causes / Corrective & Preventive Action | | | Lessons Learnt |
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| Deviations in safety procedures since last meeting | | | Number Reported: |  |
| Date | Details | Preventive Actions | | |
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| Environmental Issues Since Last Meeting: |
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| Health Program (MLC) | | | | | |  | |  | | |
| Blood pressure carry out for crew age 40 years old and over | | | | | | Number Reported: | |  | | |
| Date | Name of Crew | | | | | Results | | | | |
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| Weight monitoring carry out for crew having BMI exceeding 30 (BMI = Weight in KG/Height in meters2) | | | | | Number Reported: | | |  | | |
| Date | Name of Crew | Weight | Height | | | | BMI | | | Trend (↑ ↓) |
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| Health Issues Since Last Meeting: | | | | Number Reported: | | | | |  | |
| Date | Details | | | | | | | | | |
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| Date of last Food Committee Meeting held: |
| Dates for Accommodation Inspection Conducted: |

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| Alcohol test carry out since last meeting | | Number Reported: | |  |
| Date | Name of crew (Randomly elected) | | Results | |
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| **Date** | **Name of crew returned from shore leave** | | **Results** | |
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| **Date of last unannounced D & A test by shore:** | | | | |
| **Date of last unannounced Alcohol test initiated by Office:** | | | | |

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| Potable Water Testing since last meeting | | | Number Reported: | | | |  | |
| Date | Location | Results | | | | | | |
| PH value | | Free Chlorine | Total Chlorine | Total Coli forms | | E. Coli bacteria |
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| List below the Risk Assessment performed since last meeting | | Number Reported: |  |
| Date | Details of JHA | | |
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| List of STOP work order enforced since last meeting | | Number Reported: |  |
| Date | Details of STOP Work Order | | |
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| Drills since last meeting | | **Number Reported:** |  |
| Date | Type of Drill conducted | | |
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| Type of training conducted since last meeting | | | | Number Reported: | |  |
| Date | Type of training | | | | | |
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| Overdue Safety Related Purchase Orders since last safety meeting | | | | | Number Reported: |  |
| Date | | PO Number Reported | Details | | | |
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| **Safety Officer Inspection** | | | | | |
| **Area of Evaluation (Schedule of Inspection as per procedure in Volume III, Section 4.3)** | | **Safety Officer general comments** | | | |
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| **Date** | **Findings** | **Correction Action** | **Target Date** | **Status of CA** | **Completion Date** |
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| Security | | |  |  |
| Security Awareness Training conducted | | | Number Reported: |  |
| Date | Name of newly joined crew | | | |
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| **Last date security drill conducted** | |  | | |
| **Last dated SSAS (On-air) & ISAT phone tested** | |  | | |
| **Any Breach of security** | |  | | |

| Shipboard Best Management Practice & ideas (To be shared with Fleet vessel) (Attach photos for illustration) | | Number Reported: |  |
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| No. | Practice | | |
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| Suggestions for improving Health, Safety, Environment onboard | Target date | Shipboard Action Party |
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| Office Communications | |
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| Fleet Notices (FMN, FTN, FIN) |  |
| Fleet Advisory |  |
| Safety Alert |  |
| Flag State Circulars/Notices |  |
| Transmittal Form |  |
| Safety Newsletter |  |
| Other publications and Notices |  |

| New Items for Discussion (insert more lines as required) |
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| Items requiring office investigation / follow up | Date Closed | Office Action Party |
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| Meeting Closed |  | Hrs: |  |
| Master Name |  | | |
| Master Signature  (Not needed if sent by electronically) |  | | |