

Form Number LLCF-083	Issue Date 03/17/16	Revision Date 06/15/21	Form Number LLCF-083
<b>Walk-On Vessel Inspection Form</b>			

VESSEL/WORK AREA \_\_\_\_\_ DATE \_\_\_\_\_ LOCATION \_\_\_\_\_

*Legend: 5 excellent, 4 very good, 3 adequate, 2 needs improvement, 1 poor*

**OBSERVE THE VESSELS' PHYSICAL SECURITY:**

<input type="checkbox"/> Brow and gangplank properly rigged	5	4	3	2	1	<input type="checkbox"/> Vessel condition	5	4	3	2	1
<input type="checkbox"/> Decks free of spills, slip and trip hazards	5	4	3	2	1	<input type="checkbox"/> General appearance	5	4	3	2	1
<input type="checkbox"/> Condition of mooring lines	5	4	3	2	1	<input type="checkbox"/> Proper stowage of mooring lines	5	4	3	2	1
<input type="checkbox"/> General condition of deck cranes	5	4	3	2	1	<input type="checkbox"/> Excess of spare parts on board	5	4	3	2	1
<input type="checkbox"/> Hazardous stores and paints properly stowed	5	4	3	2	1						

**OBSERVE DECK CARGO TO ENSURE IT IS PROPERLY STOWED AND SECURED AND NOT OBSTRUCTING:**

<input type="checkbox"/> Freeing Ports	5	4	3	2	1	<input type="checkbox"/> Muster Stations	5	4	3	2	1
<input type="checkbox"/> Embarkation Stations	5	4	3	2	1	<input type="checkbox"/> Fire Stations /Appliances	5	4	3	2	1
<input type="checkbox"/> Fuel/Cargo/Water Stations	5	4	3	2	1	<input type="checkbox"/> Rescue Zones	5	4	3	2	1
<input type="checkbox"/> Mooring Stations	5	4	3	2	1	<input type="checkbox"/> Living Quarters	5	4	3	2	1
<input type="checkbox"/> Cabin	5	4	3	2	1						

**OBSERVE THE COMPANY'S PPE POLICY IN ACTION:**

<input type="checkbox"/> Vessel Crew	5	4	3	2	1	<input type="checkbox"/> On-Board Contractors	5	4	3	2	1
<input type="checkbox"/> On-Board Vendors	5	4	3	2	1	<input type="checkbox"/> Company Support Personnel	5	4	3	2	1
<input type="checkbox"/> Visitors /Inspectors	5	4	3	2	1	<input type="checkbox"/> PPE Stowage Spaces	5	4	3	2	1

**USING THE SHIPS' FIRE PLAN AS A GUIDE, ENSURE THAT THE FOLLOWING SAFETY EQUIPMENT/STATIONS ARE BEING MAINTAINED IN A STATE OF OPERATIONAL READINESS:**

Life Boats/Rafts     Life Buoy     Muster Stations     Life Jackets     Work Vest     Fire Extinguisher     Signal Flare

**THE INSPECTOR SHOULD REVIEW THE FOLLOWING REPORTS. REVIEW THE VESSEL RECORD KEEPING PROCEDURES TO ENSURE THAT DRILLS, INSPECTIONS, UP-DATES AND RECORDKEEPING ARE BEING PROPERLY CONDUCTED:**

<b>DAILY</b>	<b>WEEKLY</b>
<input type="checkbox"/> Daily Boat Logs <input type="checkbox"/> Engine Room Logs <input type="checkbox"/> Daily Critical Equipment Checklist <input type="checkbox"/> Crane Checklist(if applicable) <input type="checkbox"/> Equipment Checklist	<input type="checkbox"/> Safety Meeting Report <input type="checkbox"/> Weekly Checklist <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____
<b>MONTHLY</b>	<b>EVENT DRIVEN REPORTS</b>
<input type="checkbox"/> Vessel Inspection Report <input type="checkbox"/> Monthly Safety Report Form <input type="checkbox"/> Deficiency Report	<input type="checkbox"/> Spill Report / Vessel Damage <input type="checkbox"/> Personal Injury Reports <input type="checkbox"/> Disciplinary Forms
<input type="checkbox"/> Proper vessel documents, including properly documented personnel on board <input type="checkbox"/> "Safety Alerts/Notices" and BCI correspondence delivered in a timely fashion	

**CONFIRM THAT THE FOLLOWING COMPANY PROCEDURES ARE IN PLACE AND EFFECTIVELY IMPLEMENTED:**

<input type="checkbox"/> Permit To Work (Hot Work / Cold Work, Confined Space Entry, Lock-Out / Tag-Out)	<input type="checkbox"/> HSE Policy	<input type="checkbox"/> STEP
<input type="checkbox"/> Job Safety Analysis (JSA)	<input type="checkbox"/> Drug/Alcohol	<input type="checkbox"/> MSDS
<input type="checkbox"/> Pre-Job Safety Meeting Checklist		
<input type="checkbox"/> SSE		
<input type="checkbox"/> Rate the implementation of the company's HSE policy in the shipboard operation    1 2 3 4 5 6 7 8 9 10		

COMMENTS: \_\_\_\_\_

INSPECTOR \_\_\_\_\_ WELDER \_\_\_\_\_ RIGGER \_\_\_\_\_  
 SUPERVISOR \_\_\_\_\_ CRANE OPERATOR \_\_\_\_\_ OTHER \_\_\_\_\_