

Form Number LLCF-083	Issue Date 03/17/16	Revision Date 06/15/23	Form Number LLCF-083
Walk-On Vessel Inspection Form			

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"/> Bow 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:

<input type="checkbox"/> Life Boats/Rafts	<input type="checkbox"/> Life Buoy	<input type="checkbox"/> Muster Stations	<input type="checkbox"/> Life Jackets	<input type="checkbox"/> Work Vest	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> Signal Flare
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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:

DAILY	WEEKLY
<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 _____
MONTHLY	EVENT DRIVEN REPORTS
<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"/> Job Safety Analysis (JSA) <input type="checkbox"/> Pre-Job Safety Meeting Checklist <input type="checkbox"/> SSE	<input type="checkbox"/> HSE Policy <input type="checkbox"/> Drug/Alcohol	<input type="checkbox"/> STEP <input type="checkbox"/> MSDS
<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 _____