

Form Number LLCF-083	Issue Date 03/17/16	Revision Date 01/01/24	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"/> 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:

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"/> 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 _____