Form Number LLCF-083	Issue Date 03/17/16	Revision Date 01/15/25	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:

☐ Brow and gangplank properly rigged	5 4 3 2 1	☐ Vessel condition	5 4 3 2 1
☐ Decks free of spills, slip and trip hazards	5 4 3 2 1	☐ General appearance	5 4 3 2 1
☐ Condition of mooring lines	5 4 3 2 1	☐ Proper stowage of mooring lines	5 4 3 2 1
☐ General condition of deck cranes	5 4 3 2 1	☐ Excess of spare parts on board	5 4 3 2 1
☐ 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:

☐ Freeing Ports	5 4 3 2 1	☐ Muster Stations	5 4 3 2 1
☐ Embarkation Stations	5 4 3 2 1	☐ Fire Stations /Appliances	5 4 3 2 1
☐ Fuel/Cargo/Water Stations	5 4 3 2 1	☐ Rescue Zones	5 4 3 2 1
☐ Mooring Stations	5 4 3 2 1	☐ Living Quarters	5 4 3 2 1
☐ Cabin	5 4 3 2 1		

OBSERVE THE COMPANY'S PPE POLICY IN ACTION:

☐ Vessel Crew	5 4 3 2 1	☐ On-Board Contractors	5 4 3 2 1
☐ On-Board Vendors	5 4 3 2 1	☐ Company Support Personnel	5 4 3 2 1
☐ Visitors /Inspectors	5 4 3 2 1	☐ 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
☐ Daily Boat Logs ☐ Engine Room Logs ☐ Daily Critical Equipment Checklist ☐ Crane Checklist(if applicable) ☐ Equipment Checklist	☐ Safety Meeting Report ☐ Weekly Checklist ☐ Other _____ ☐ Other _____
MONTHLY	**EVENT DRIVEN REPORTS**
☐ Vessel Inspection Report ☐ Monthly Safety Report Form ☐ Deficiency Report	☐ Spill Report / Vessel Damage ☐ Personal Injury Reports ☐ Disciplinary Forms
☐ Proper vessel documents, including properly documented personnel on board ☐ "Safety Alerts/Notices" and BCI correspondence delivered in a timely fashion	

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

☐ Permit To Work (Hot Work / Cold Work, Confined Space Entry, Lock-Out / Tag-Out)		
☐ Job Safety Analysis (JSA)	☐ HSE Policy	☐ STEP
☐ Pre-Job Safety Meeting Checklist	☐ Drug/Alcohol	☐ MSDS
☐ SSE		
☐ 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 _____