

Safety Drills

As captain, we encourage you to conduct safety drills with your crew or when someone new comes on board. It is useful to conduct drills for Man Overboard, Fire, Flooding, Abandon Ship, and Medical. We have included sample drilling charts for you to use when conducting your drill. Along with the charts, please use the log to record when you conducted them.

Always remember to DATE, DOCUMENT, and have your crew sign each completed safety drill.



MAN OVERBOARD

Vessel Name: _____

Date: _____ Location: _____

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Alarm Sounded <input type="checkbox"/> Keep MOB in Sight <input type="checkbox"/> Mark position on navigational equipment with MOB button <input type="checkbox"/> Distress Alert/Call <input type="checkbox"/> Deploy Life Ring <input type="checkbox"/> Throw Bag <input type="checkbox"/> Rescue Boat, if applicable <input type="checkbox"/> Liferaft, if applicable <input type="checkbox"/> Boarding Ladder <input type="checkbox"/> Gaff/Hook | <ul style="list-style-type: none"> <input type="checkbox"/> Retrieval Device/Rescue Net <input type="checkbox"/> Trap hauler/Pull-Master <input type="checkbox"/> Thermal Protective Aid <input type="checkbox"/> First Aid Kit if Required <input type="checkbox"/> Dry Clothes <input type="checkbox"/> Warm Drinks <input type="checkbox"/> Rescue Swimmer? <input type="checkbox"/> Reasonable Response Time? <input type="checkbox"/> Stow all Equipment in its Original Place When Drill is Complete |
|--|---|

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't: _____

Corrective measures: _____

Captain/Operator: _____

MAN OVERBOARD

Vessel Name:

Date:

Location:

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Alarm Sounded <input type="checkbox"/> Keep MOB in Sight <input type="checkbox"/> Mark position on navigational equipment with MOB button <input type="checkbox"/> Distress Alert/Call <input type="checkbox"/> Deploy Life Ring <input type="checkbox"/> Throw Bag <input type="checkbox"/> Rescue Boat, if applicable <input type="checkbox"/> Liferaft, if applicable <input type="checkbox"/> Boarding Ladder <input type="checkbox"/> Gaff/Hook | <ul style="list-style-type: none"> <input type="checkbox"/> Retrieval Device/Rescue Net <input type="checkbox"/> Trap hauler/Pull-Master <input type="checkbox"/> Thermal Protective Aid <input type="checkbox"/> First Aid Kit if Required <input type="checkbox"/> Dry Clothes <input type="checkbox"/> Warm Drinks <input type="checkbox"/> Rescue Swimmer? <input type="checkbox"/> Reasonable Response Time? <input type="checkbox"/> Stow all Equipment in its Original Place When Drill is Complete |
|--|---|

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't:

Corrective measures:

Captain/Operator:

MAN OVERBOARD

Vessel Name: _____

Date: _____ Location: _____

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Alarm Sounded <input type="checkbox"/> Keep MOB in Sight <input type="checkbox"/> Mark position on navigational equipment with MOB button <input type="checkbox"/> Distress Alert/Call <input type="checkbox"/> Deploy Life Ring <input type="checkbox"/> Throw Bag <input type="checkbox"/> Rescue Boat, if applicable <input type="checkbox"/> Liferaft, if applicable <input type="checkbox"/> Boarding Ladder <input type="checkbox"/> Gaff/Hook | <ul style="list-style-type: none"> <input type="checkbox"/> Retrieval Device/Rescue Net <input type="checkbox"/> Trap hauler/Pull-Master <input type="checkbox"/> Thermal Protective Aid <input type="checkbox"/> First Aid Kit if Required <input type="checkbox"/> Dry Clothes <input type="checkbox"/> Warm Drinks <input type="checkbox"/> Rescue Swimmer? <input type="checkbox"/> Reasonable Response Time? <input type="checkbox"/> Stow all Equipment in its Original Place When Drill is Complete |
|--|---|

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't: _____

Corrective measures: _____

Captain/Operator: _____

EMERGENCY DRILL RECORD

FIRE

Vessel Name: _____

Date: _____ Location: _____

Fire Location: Engine Room Galley Accommodations

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|--|--|
| <input type="checkbox"/> Alarm Sounded
<input type="checkbox"/> Location of Fire
<input type="checkbox"/> Distress Alert/Call
<input type="checkbox"/> All Hands Accounted For
<input type="checkbox"/> Water to Deck/Fire Hose
<input type="checkbox"/> Extinguishers on Scene
<input type="checkbox"/> Fire Bucket / Axe on Scene
<input type="checkbox"/> Vents Closed | <input type="checkbox"/> Fuel Shut Off
<input type="checkbox"/> Propane Shut Off
<input type="checkbox"/> Fixed CO2 System Activated
<input type="checkbox"/> De-Watering Pumps Activated
<input type="checkbox"/> First Aid Kit if Required
<input type="checkbox"/> Fire Containment?
<input type="checkbox"/> Reasonable Response Time?
<input type="checkbox"/> Stow all Equipment in its Original Place When Drill is Complete |
|--|--|

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't: _____

Corrective measures: _____

Captain/Operator: _____

EMERGENCY DRILL RECORD

FIRE

Vessel Name:

Date:

Location:

Fire Location: Engine Room Galley Accommodations

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|--|--|
| <input type="checkbox"/> Alarm Sounded
<input type="checkbox"/> Location of Fire
<input type="checkbox"/> Distress Alert/Call
<input type="checkbox"/> All Hands Accounted For
<input type="checkbox"/> Water to Deck/Fire Hose
<input type="checkbox"/> Extinguishers on Scene
<input type="checkbox"/> Fire Bucket / Axe on Scene
<input type="checkbox"/> Vents Closed | <input type="checkbox"/> Fuel Shut Off
<input type="checkbox"/> Propane Shut Off
<input type="checkbox"/> Fixed CO2 System Activated
<input type="checkbox"/> De-Watering Pumps Activated
<input type="checkbox"/> First Aid Kit if Required
<input type="checkbox"/> Fire Containment?
<input type="checkbox"/> Reasonable Response Time?
<input type="checkbox"/> Stow all Equipment in its Original Place When Drill is Complete |
|--|--|

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't:

Corrective measures:

Captain/Operator:

EMERGENCY DRILL RECORD

FIRE

Vessel Name: _____

Date: _____

Location: _____

Fire Location: Engine Room Galley Accommodations

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|---|---|
| <input type="checkbox"/> Alarm Sounded | <input type="checkbox"/> Fuel Shut Off |
| <input type="checkbox"/> Location of Fire | <input type="checkbox"/> Propane Shut Off |
| <input type="checkbox"/> Distress Alert/Call | <input type="checkbox"/> Fixed CO2 System Activated |
| <input type="checkbox"/> All Hands Accounted For | <input type="checkbox"/> De-Watering Pumps Activated |
| <input type="checkbox"/> Water to Deck/Fire Hose | <input type="checkbox"/> First Aid Kit if Required |
| <input type="checkbox"/> Extinguishers on Scene | <input type="checkbox"/> Fire Containment? |
| <input type="checkbox"/> Fire Bucket / Axe on Scene | <input type="checkbox"/> Reasonable Response Time? |
| <input type="checkbox"/> Vents Closed | <input type="checkbox"/> Stow all Equipment in its Original Place
When Drill is Complete |

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't: _____

Corrective measures: _____

Captain/Operator: _____

EMERGENCY DRILL RECORD

FLOODING

Vessel Name: _____

Date: _____

Location: _____

Flooding Location: Engine Room Fish Hold Fore Peak Lazarette

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|--|---|
| <input type="checkbox"/> Alarm Sounded
<input type="checkbox"/> Location of Flooding
<input type="checkbox"/> Distress Alert/Call
<input type="checkbox"/> All Hands Accounted For
<input type="checkbox"/> Life Jackets Donned
<input type="checkbox"/> Immersion Suits Accessible
<input type="checkbox"/> Liferaft Preparation
<input type="checkbox"/> Abandon Ship Preparation | <input type="checkbox"/> EPIRB Accessible
<input type="checkbox"/> Pumps Working
<input type="checkbox"/> Area Isolated/Water Stalled
<input type="checkbox"/> Damage Control Kit
<input type="checkbox"/> Collision Mat?
<input type="checkbox"/> First Aid Kit if Required
<input type="checkbox"/> Reasonable Response Time?
<input type="checkbox"/> Stow all Equipment in its Original Place When Drill is Complete |
|--|---|

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't: _____

Corrective measures: _____

Captain/Operator: _____

FLOODING

Vessel Name: _____

Date: _____

Location: _____

Flooding Location: Engine Room Fish Hold Fore Peak Lazarette

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Alarm Sounded <input type="checkbox"/> Location of Flooding <input type="checkbox"/> Distress Alert/Call <input type="checkbox"/> All Hands Accounted For <input type="checkbox"/> Life Jackets Donned <input type="checkbox"/> Immersion Suits Accessible <input type="checkbox"/> Liferaft Preparation <input type="checkbox"/> Abandon Ship Preparation | <ul style="list-style-type: none"> <input type="checkbox"/> EPIRB Accessible <input type="checkbox"/> Pumps Working <input type="checkbox"/> Area Isolated/Water Stalled <input type="checkbox"/> Damage Control Kit <input type="checkbox"/> Collision Mat? <input type="checkbox"/> First Aid Kit if Required <input type="checkbox"/> Reasonable Response Time? <input type="checkbox"/> Stow all Equipment in its Original Place When Drill is Complete |
|--|---|

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't:

Corrective measures:

Captain/Operator: _____

EMERGENCY DRILL RECORD

FLOODING

Vessel Name: _____

Date: _____

Location: _____

Flooding Location: Engine Room Fish Hold Fore Peak Lazarette

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|--|---|
| <input type="checkbox"/> Alarm Sounded
<input type="checkbox"/> Location of Flooding
<input type="checkbox"/> Distress Alert/Call
<input type="checkbox"/> All Hands Accounted For
<input type="checkbox"/> Life Jackets Donned
<input type="checkbox"/> Immersion Suits Accessible
<input type="checkbox"/> Liferaft Preparation
<input type="checkbox"/> Abandon Ship Preparation | <input type="checkbox"/> EPIRB Accessible
<input type="checkbox"/> Pumps Working
<input type="checkbox"/> Area Isolated/Water Stalled
<input type="checkbox"/> Damage Control Kit
<input type="checkbox"/> Collision Mat?
<input type="checkbox"/> First Aid Kit if Required
<input type="checkbox"/> Reasonable Response Time?
<input type="checkbox"/> Stow all Equipment in its Original Place When Drill is Complete |
|--|---|

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't: _____

Corrective measures: _____

Captain/Operator: _____

ABANDON SHIP

Vessel Name: _____

Date: _____

Location: _____

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Alarm Sounded <input type="checkbox"/> Distress Alert/Call <input type="checkbox"/> All Hands Accounted For <input type="checkbox"/> Immersion Suits Donned <input type="checkbox"/> Life Jackets Accessible <input type="checkbox"/> Survival Craft Deployed <input type="checkbox"/> Liferaft, if applicable <input type="checkbox"/> EPIRB Carried to Craft <input type="checkbox"/> Handheld VHF to Craft | <ul style="list-style-type: none"> <input type="checkbox"/> Extra Food and Water <input type="checkbox"/> Extra Distress Signals <input type="checkbox"/> First Aid Kit to Craft <input type="checkbox"/> Boarding Survival Craft <input type="checkbox"/> Collect Survivors from Water <input type="checkbox"/> Deploy Sea Anchor <input type="checkbox"/> Reasonable Response Time? <input type="checkbox"/> Stow all Equipment in its Original Place When Drill is Complete |
|--|--|

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't: _____

Corrective measures: _____

Captain/Operator: _____

ABANDON SHIP

Vessel Name: _____

Date: _____

Location: _____

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Alarm Sounded <input type="checkbox"/> Distress Alert/Call <input type="checkbox"/> All Hands Accounted For <input type="checkbox"/> Immersion Suits Donned <input type="checkbox"/> Life Jackets Accessible <input type="checkbox"/> Survival Craft Deployed <input type="checkbox"/> Liferaft, if applicable <input type="checkbox"/> EPIRB Carried to Craft <input type="checkbox"/> Handheld VHF to Craft | <ul style="list-style-type: none"> <input type="checkbox"/> Extra Food and Water <input type="checkbox"/> Extra Distress Signals <input type="checkbox"/> First Aid Kit to Craft <input type="checkbox"/> Boarding Survival Craft <input type="checkbox"/> Collect Survivors from Water <input type="checkbox"/> Deploy Sea Anchor <input type="checkbox"/> Reasonable Response Time? <input type="checkbox"/> Stow all Equipment in its Original Place When Drill is Complete |
|--|--|

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't: _____

Corrective measures: _____

Captain/Operator: _____

ABANDON SHIP

Vessel Name: _____

Date: _____

Location: _____

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Alarm Sounded <input type="checkbox"/> Distress Alert/Call <input type="checkbox"/> All Hands Accounted For <input type="checkbox"/> Immersion Suits Donned <input type="checkbox"/> Life Jackets Accessible <input type="checkbox"/> Survival Craft Deployed <input type="checkbox"/> Liferaft, if applicable <input type="checkbox"/> EPIRB Carried to Craft <input type="checkbox"/> Handheld VHF to Craft | <ul style="list-style-type: none"> <input type="checkbox"/> Extra Food and Water <input type="checkbox"/> Extra Distress Signals <input type="checkbox"/> First Aid Kit to Craft <input type="checkbox"/> Boarding Survival Craft <input type="checkbox"/> Collect Survivors from Water <input type="checkbox"/> Deploy Sea Anchor <input type="checkbox"/> Reasonable Response Time? <input type="checkbox"/> Stow all Equipment in its Original Place When Drill is Complete |
|--|--|

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't: _____

Corrective measures: _____

Captain/Operator: _____

EMERGENCY DRILL RECORD

MEDICAL

Vessel Name:

Date:

Location:

Medical Emergency: Perform First Aid as Necessary, Make Preparations for MEDIVAC if Required

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|---|---|
| <input type="checkbox"/> Alarm Sounded | <input type="checkbox"/> Keep Casualty Warm |
| <input type="checkbox"/> Casualty Located | <input type="checkbox"/> Be Prepared to do CPR |
| <input type="checkbox"/> Move Casualty to Safe Area | <input type="checkbox"/> DISTRESS Call if Required |
| <input type="checkbox"/> URGENCY Call on R/T | <input type="checkbox"/> Prepare for Helicopter Evac |
| <input type="checkbox"/> First Aid Kit to Scene | <input type="checkbox"/> Reasonable Response Time? |
| <input type="checkbox"/> Reassure the Casualty | <input type="checkbox"/> Stow all Equipment in its Original Place |
| <input type="checkbox"/> Treat Casualty for Shock | <input type="checkbox"/> When Drill is Complete |
| <input type="checkbox"/> Monitor A, B, C's | |

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't:

Corrective measures:

Captain/Operator:

MEDICAL

Vessel Name:

Date:

Location:

Medical Emergency: Perform First Aid as Necessary, Make Preparations for MEDIVAC if Required

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|--|---|
| <input type="checkbox"/> Alarm Sounded
<input type="checkbox"/> Casualty Located
<input type="checkbox"/> Move Casualty to Safe Area
<input type="checkbox"/> URGENCY Call on R/T
<input type="checkbox"/> First Aid Kit to Scene
<input type="checkbox"/> Reassure the Casualty
<input type="checkbox"/> Treat Casualty for Shock
<input type="checkbox"/> Monitor A, B, C's | <input type="checkbox"/> Keep Casualty Warm
<input type="checkbox"/> Be Prepared to do CPR
<input type="checkbox"/> DISTRESS Call if Required
<input type="checkbox"/> Prepare for Helicopter Evac
<input type="checkbox"/> Reasonable Response Time?
<input type="checkbox"/> Stow all Equipment in its Original Place When Drill is Complete |
|--|---|

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't:

Corrective measures:

Captain/Operator:

MEDICAL

Vessel Name:

Date:

Location:

Medical Emergency: Perform First Aid as Necessary, Make Preparations for MEDIVAC if Required

CREW MEMBER	SIGNATURE	CREW MEMBER	SIGNATURE

DRILL CHECKLIST:

- | | |
|--|---|
| <input type="checkbox"/> Alarm Sounded
<input type="checkbox"/> Casualty Located
<input type="checkbox"/> Move Casualty to Safe Area
<input type="checkbox"/> URGENCY Call on R/T
<input type="checkbox"/> First Aid Kit to Scene
<input type="checkbox"/> Reassure the Casualty
<input type="checkbox"/> Treat Casualty for Shock
<input type="checkbox"/> Monitor A, B, C's | <input type="checkbox"/> Keep Casualty Warm
<input type="checkbox"/> Be Prepared to do CPR
<input type="checkbox"/> DISTRESS Call if Required
<input type="checkbox"/> Prepare for Helicopter Evac
<input type="checkbox"/> Reasonable Response Time?
<input type="checkbox"/> Stow all Equipment in its Original Place When Drill is Complete |
|--|---|

Hatch cover meeting/observations/ bottlenecks/deficiencies/problems/discuss the drill – what worked – what didn't:

Corrective measures:

Captain/Operator:

Emergency Duties List (Muster List)

Date: _____

Equipment	Man Overboard	Fire On Board	Flooding or Damage	Medical Emergency	Abandon Ship
Position/Name	Duties/ Station	Duties/ Station	Duties/ Station	Duties/ Station	Duties/ Station
Captain:					
Crew:					

Emergency Duties List (Muster List)

Date: _____

Equipment	Man Overboard	Fire On Board	Flooding or Damage	Medical Emergency	Abandon Ship
Position/Name	Duties/ Station	Duties/ Station	Duties/ Station	Duties/ Station	Duties/ Station
Captain:					
Crew:					

Emergency Duties List (Muster List)

Date: _____

Equipment	Man Overboard	Fire On Board	Flooding or Damage	Medical Emergency	Abandon Ship
Position/Name	Duties/ Station	Duties/ Station	Duties/ Station	Duties/ Station	Duties/ Station
Captain:					
Crew:					

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical

SAFETY AND DRILLS LOG

Record the date, names of the crew that participated and indicate the drill completed.

Date	Crew List	Safety Review	Man Overboard	Fire	Flooding	Abandon Ship	Medical