

EMERGENCY MUSTER LIST



Vessel Name:	Captain / Vessel Owner Signature:	Date:

For the following cases of emergency: **A. MAN OVERBOARD** **B. FIRE** **C. FLOODING** **D. ABANDON SHIP** **E. MEDICAL**

	MAN OVERBOARD	FIRE	FLOODING AND DAMAGE	ABANDON SHIP	MEDICAL	CONTACTING EMERGENCY SERVICES
Crew Member / Position:	Duties / Location:	Duties / Location:	Duties / Location:	Duties / Location:	Duties / Location:	Duties / Location: