

Vessel Name: _____

Captain: _____

Date: _____

CREW MEMBERS SIGN AND DATE BELOW:

Name: _____

Date: _____

Name: _____


Date: _____

Name: _____

Date: _____

Name: _____

Date: _____

 **Check off all applicable items reviewed with crew:**

- | | |
|---|---|
| <input type="checkbox"/> Safe Work Practice Introduction | <input type="checkbox"/> Vessel Cleaning Supplies |
| <input type="checkbox"/> Safe Work Practice - Document Notice | <input type="checkbox"/> Location of PPE (gloves, masks, PFD) |
| <input type="checkbox"/> Safe Work Practice Review | <input type="checkbox"/> Emergency Contact information |
| <input type="checkbox"/> Reducing the Spread of COVID-19 | <input type="checkbox"/> Vessel Cleaning Requirements |
| <input type="checkbox"/> COVID-19 - The Facts | <input type="checkbox"/> Mental Health Check-in |

QUESTIONS AND CONCERNS



A large rounded rectangular box with a blue border and a light blue shadow, containing ten horizontal black lines for writing.

Vessel Owner / Captain Signature: _____