



Vessel Name:

Captain:

Date:

Crew members to sign & date below

Name: _____

Date: _____

Name: _____

Date: _____

Name: _____

Date: _____

Name: _____

Date: _____

Check off all applicale items reviewed with crew:

- Safe Work Practice Introduction
- Vessel's cleaning supplies
- COVID-19 - The Facts
- Location of PPE (gloves, masks, PFD)
- Safe Work Practice - Document Notice
- Emergency Contact information
- Reducing the Spread of COVID-19
- Vessel cleaning requirements
- Safe Work Practice Review
- Crew assigned bunks, food, bedding

Questions & Concerns:

Empty box for questions and concerns

Captain Signature: _____