Vessel Name:

Captain:

Date:

Crew members to sign & date below

Name:_________________________ Date: ________________
Name:_________________________ Date: ________________
Name:_________________________ Date: ________________
Name:_________________________ Date: ________________

Check off all applicable items reviewed with crew:

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

Questions & Concerns:

Captain Signature: __________________________