



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: _____