

Vessel-Specific Crew Skills Assessment Checklist

Vessel Name

Crew Member Name

Position/Rank

Assessment Date

Assessor Name

Skill Assessment Checklist

Skill / Task	Assessment Criteria	Competent	Needs Improvement	Comments
		<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
		<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
		<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
		<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
		<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Overall Comments / Recommendations

Assessor Signature

Crew Member Signature