

Ship Shore Safety Checklist

Vessel Details

Vessel Name

IMO Number

Berth

Date

Time

Participants

Ship Representative

Shore Representative

Checklist

No.	Item	Yes	No	NA
1	Is the vessel securely moored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are adequate gangway and access arrangements provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Is there effective communication between ship and shore?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are emergency response procedures established?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are firefighting equipment available and ready?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are pollution prevention measures in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are cargo transfer procedures agreed and understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8	Is personal protective equipment being used as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Remarks

Signatures

Ship Representative

Date

Shore Representative

Date