

# Ship/Shore Safety Checklist

for Passenger Terminals

## 1. General Information

Ship Name	<input type="text"/>	IMO No.	<input type="text"/>
Terminal	<input type="text"/>	Date	<input type="text"/>
Berth	<input type="text"/>	Time	<input type="text"/>

## 2. Checklist

Item	Ship	Shore	Remarks
Is the mooring arrangement satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	
Are gangways correctly positioned and safe?	<input type="checkbox"/>	<input type="checkbox"/>	
Is adequate lighting provided?	<input type="checkbox"/>	<input type="checkbox"/>	
Is emergency escape/evacuation plan agreed and posted?	<input type="checkbox"/>	<input type="checkbox"/>	
Are firefighting and lifesaving appliances in good order and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	
Is the communication system agreed & tested (e.g. VHF, telephone)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are security measures in place and agreed (ISPS/Access Control)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are environmental protection measures in place (spill response, waste receptacles)?	<input type="checkbox"/>	<input type="checkbox"/>	
Are portable/mobile equipment (vehicles, lifts) operated safely?	<input type="checkbox"/>	<input type="checkbox"/>	
Are procedures for passenger movement agreed?	<input type="checkbox"/>	<input type="checkbox"/>	
Are all regulatory and local requirements met?	<input type="checkbox"/>	<input type="checkbox"/>	

## 3. Additional Information / Agreements

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## 4. Signatures

**Ship Representative**

**Terminal  
Representative**

Signature:

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Date/Time:

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Name:

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Signature:

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Date/Time:

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Name:

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