**CFL OPERATED PORTS – IN PORT WORKBOAT CHECKLIST**

**To be conducted for all workboats providing marine services either on behalf of the harbour, operating under contract to the harbour, or for vessels purchasing a long-term landing / operating permit.**

**This form applies to all vessels under the workboat code (vessels less than 200GRT engaged in commercial activity).**

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| **Vessel Name:** |  |
| **Category of Waters for Operation:** |  |
| **Harbour Location:** |  |

This checklist/record shall be completed in line with the following:

* MCA Work Boat Code;
* Merchant Shipping (Boatmaster’s Qualifications, Crew and Hours of Work) Regulations 2015;
* MGN 280(M)

|  |  |  |  |
| --- | --- | --- | --- |
| **Company** | **Ref.** | **Remarks** | **Check** |
| * Third Party Liability Insurance
* Professional Indemnity
* Public Liability Insurance
 |  | Confirm amounts of cover (£) | Yes/No |
| * Safety Management System
 |  | Risk Assessments / Method Statements / Procedures / Maintenance Logs / Operational Logs | Yes/No |
| **Skipper** | **Ref.** | **Remarks** | **Check** |
| * Category of waters water to operate
 | WBC 26.1WBC 26.2 MGN 208(m)*annex 3* | Skipper to have an appropriate Qualification for category of waters. *(Commercially endorsed RYA Adv PB or above or local council Boatmans licence)* | Yes/No |
| * Short range Radio Certificate
 | WBC 26.3 | Minimum required RYA Short Range Certificate | Yes/No |
| * Medical certificate: ML5/ENG1
 | WBC 26.4WBC 26.5 |  | Yes/No |
| **Crew** | **Ref.** | **Remarks** | **Check** |
| * STCW Elementary First Aid STCW 95 AVI/1 2.1.3
 | WBC 30.1 | To be held by Skipper, or, other member of the crew | Yes/No |
| **Vessel** | **Ref.** | **Remarks** | **Check** |
| * SWB2 / Work Boat Certificate (valid for 5 years)
* Intermediate Certificate (valid for 3 years)
* Annual Exam (valid for 15 months)
* Crane/lifting Operations
 | WBC 27 | Evidence CertificatesEvidence of lifting equipment certification and operator competence | Yes/NoYes/No   |

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| **Notes/Comments** |
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| **Observations and Actions:** |
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| --- | --- |
| **Checklist Completed by:** (Name and Job Title) |  |
| **Signature:** |  |
| **Date of Completion:** |  |