**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).**

|  |  |
| --- | --- |
| **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 26.1  WBC 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 26.4  WBC 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 Certificates  Evidence of lifting equipment certification and operator competence | Yes/No  Yes/No |

|  |
| --- |
| **Notes/Comments** |
|  |

|  |
| --- |
| **Observations and Actions:** |
|  |

|  |  |
| --- | --- |
| **Checklist Completed by:** (Name and Job Title) |  |
| **Signature:** |  |
| **Date of Completion:** |  |