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| **Vessel log book** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date: | | | | Voyage type: | | | | | | | Operating area: | | | | | | | | | | | | | Departure time: | | | |
| Date of last monthly inspection: | | | | | | | | Incident report number: | | | | | | | | | | | Inspection carried out by: | | | | | | | | |
| **Passenger information** | | | | | | | | | | | | | | **Crew complement** | | | | | | | | | | | | | |
| Total number | | Special needs | | | | | Comments | | | | | | | Master | | | Engineer | | | GPH | | | | | | | Deckhand |
|  | |  | | | | |  | | | | | | |  | | |  | | |  | | | | | | |  |
| **Crew personal details** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name | | | | | Address | | | | | | | Telephone | | | | Next of kin (name and relationship) | | | | | | | | | | Next of kin telephone | |
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| **Vessel pre-departure checks** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Engineer report | | | | | | | | | | General purpose hand report | | | | | | | | Deck hand report | | | | | | | | | |
| Satisfactory | | | Master’s comments | | | | | | | Satisfactory | | Master’s comments | | | | | | Satisfactory | | | | | Master’s comments | | | | |
| Yes  No | | |  | | | | | | | Yes  No | |  | | | | | | Yes  No | | | | |  | | | | |
| **Weather conditions / sea state encountered** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Weather / sea state: | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Vessel log book** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vessel running sheet: | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Emergency drills** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Drill type | | | | | | | | | | Comments | | | | | | | | | | | | | | | | | |
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| **Incidents, accidents, medical emergencies** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radio communications | | | | | | | | | | | | | Incidents | | | | | | | | | | | | | | |
| Messages sent | | | | | | Messages received | | | | | | | Medical | | | | | | | | | Other | | | | | |
| Time | Details | | | | | Time | | | Details | | | | Time | | Details | | | | | | Time | | | | Details | | |
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| Masters name: |  | Date | Copy referred to operations manager | Time | Date |
| Signature: |  |  |  |  |