



CREW INDUCTION

All crew must complete this induction and please tick the appropriate box and initial.

Vessel Name _____

Skipper Name _____

Crew Name _____

Medical Declaration

Initials

Do you have any medical condition that may cause safety concern or prevent you from doing certain tasks or increase the likelihood of a medical incident?

Yes

If yes, please indicate what the medical condition is:

No

Are you taking any medication that may cause safety concerns or increase the likelihood of a medical incident?

Yes

If yes, please indicate what the medication is:

No

Information Provided

Initials

Vessel Terminology

Yes

No

Key Hazards

Yes

No

Safety Procedures

Yes

No

Emergency Equipment

Yes

No

Responsibilities in an emergency

Yes

No

I also confirm that...

Initials

I have completed and passed the MarineSAFE quiz

Yes

No

I have given my MarineSAFE certificate to my Skipper

Yes

No

► Declaration

I acknowledge that I have been briefed on hazards / risks and safety procedures as part of the induction process.

Crew Signature

Date

Skipper Signature

Date