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| --- |
| Vessel and Scope Details  |
| Name of Vessel:  |       | Planned Mobilization Date: |       |
| Charter duration (days): |       | Location(s): |       |
| Scope of Work:  | Click or tap here to enter text.  |

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| **Supporting Information** | **Status** |
| OVID / CMID Audits complete and endorsed by *Marine Specialist* |  [ ]  Yes [ ]  No [ ]  NA |
| Risk assessment with agreed and verifiable actions |  [ ]  Yes [ ]  No [ ]  NA |
| HSE Management System Audit/Gap Assessment (PET-HSE27-SF-FRM-00006)  | [ ]  Yes [ ]  No [ ]  NA |
| All audits identified on Charter Notification and Audit Plan (PET-HSE27-SF-FRM-00021) completed | [ ]  Yes [ ]  No [ ]  NA |
| HSE Bridging Document (PET-HSE27-SF-FRM-00027) | [ ]  Yes [ ]  No [ ]  NA |
| Register of all Audit findings, their category (High, Medium, Low), agreed actions and closure status | [ ]  Yes [ ]  No [ ]  NA |
| Safety Zone checklist in line with G-OMO Section 8 | [ ]  Yes [ ]  No [ ]  NA |
| For DP vessels which will operate in DP mode: operational activity plans for Critical Activity Mode / Task Appropriate Mode / Activity Specific Operating Guidelines in accordance with IMCA M220. | [ ]  Yes [ ]  No [ ]  NA |
| COVID-19 Management Plan | [ ]  Yes [ ]  No [ ]  NA |
| Other (specify) |   |

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| Endorsement |
| I have reviewed the supporting information and endorse the vessel to be mobilised |
| Marine Focal Point | Name:   | Signature: | Date:   |
| HSE Manager | Name:   | Signature: | Date:   |

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| Approval |
| I approve the vessel to commence operations |
| Contract Owner | Name:   | Signature: | Date:   |