

## Annex D - FORMs REGISTER

Created to ensure the Forms that are amended in the FSM are tracked and updated in line with the manual and on the intranet.  
The forms shall also be updated on the Acts/Regulations/Policy DVD's that are periodically sent to all ships.

Title	Effective Date mm/yyyy	Effective Date mm/yyyy	Effective Date mm/yyyy	Effective Date mm/yyyy	Effective Date mm/yyyy
6.D.1 – Supernumerary Personnel General Statement of Risk - Medical Fitness – Security Clearance					
7.A.2 – Change of Command Form – Station Mode					
7.A.2 – Change of Command Form					
7.B.1 – Diving Operations Checklist					
7.B.3 – Confined Space Entry Permits					
7.B.4 – Hot-Work Authorization Permit					
7.B.5 – Lockout Tagout Record Sheet					
7.B.6 – Electrical Safety Energized Circuit Permit					
7.E.6 – Garbage Record Log					
7.E.8 – Halocarbon Notices and Contracting					
9.A.1 – Non-Conformity Report					
7.A.1 – Incident Investigation Report (IIR)					
9.C.1 – Shipboard OHS Inspection Checklist.doc					
10.A.7 – Contractors Basic Safety Familiarization					
11.A.3 – Certificates					
11.B.1 – Safety Management System Suggestion for change					
Pre-Job Safety Assessment (PJSA)					

Uncontrolled copy when printed

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## GENERAL STATEMENT OF RISK

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**This part to be submitted to the Commanding Officer or their designate upon boarding.**

By completing the bottom of this form, the undersigned acknowledges that he or she has read the content of this General Statement of Risks and accepts these risks as inherent in taking passage aboard a Canadian Coast Guard (CCG) Ship.

The ship will normally be operated in accordance with the policies and procedures stated in the Fleet Safety Manual (DFO/5737) issued to meet the requirements of the International Management Code for the Safe Operation of Ships and for the Prevention of Pollution (ISM Code). The ISM Code is Chapter IX of the International Maritime Organization's International Convention for the Safety of Life at Sea (SOLAS).

Regardless of the policies and procedures contained in the Fleet Safety Manual, "In matters of safety and pollution prevention, the Commanding Officer has the overriding authority to take whatever action the Commanding Officer considers to be in the best interests of the safety of the passengers, safety of the crew, safety of the ship, and the protection of the marine environment." (*The Coast Guard Fleet Safety Manual DFO/5737 – Procedure #5.0*)

Supernumerary personnel should also take note that the Canada Shipping Act provides that, "*The master or officer in command of a vessel on a voyage is justified in using as much force as he believes, on reasonable grounds, is necessary for the purpose of maintaining good order and discipline on the vessel.*" [SC 2001 c. 26, s.83(3).]

CCG ships are dynamic platforms with violent movements in three axes. Ships with hulls designed for icebreaking duties are even livelier in heavy sea conditions than other ships. For this reason, supernumerary personnel must have a good sense of balance and be extremely aware of the placement of their feet and use of handholds and grab rails when the vessel is working in a sea. Supernumerary personnel must also take care to secure equipment and personal effects to prevent these items from moving or being thrown about while at sea. Failure to do so can result in broken bones, lacerations, abrasions, burns, or, if the person is thrown overboard, drowning.

Persons who suffer from seasickness should be aware that they need to start a course of preventative medication well in advance of joining the ship. The ship's medical chest has limited quantities of motion sickness pills and suppositories but their effect is very limited when started after sickness is encountered. Failure to control seasickness could result in dehydration, confusion, or the loss of situational awareness that could be a contributing factor in falls and inappropriate response to stimuli.

Potable water supplies on short duration voyages are normally supplied from tanks aboard the ship that have been filled with municipal supply. Ships have the ability to desalinate and purify water through a number of engineering systems fitted aboard. Potable water supplies are routinely checked for contamination. However, there is a possibility that desalination efforts may not be able to keep up with demand, the desalination plants will fail, or the supply will become contaminated. This will mean that there is a risk of being placed on rations for potable water, which imposes risk of dehydration. Non-potable water may contain a level of salt or tank minerals, which can irritate the skin.

CCG ships use a common messing system. That means that meals are centrally prepared from a cyclical menu. Cooks, at a minimum, are certified to the Ship's Cook certificate requirements of the Marine Certification Regulations of the Canada Shipping Act. There is a potential for allergic reactions to certain ingredients used in food preparation if the catering staff are not warned in advance of the supernumerary personnel's allergens or dietary needs. Allergic reactions may be manifested in loss of consciousness or swelling restricting breathing or circulation that could result in disability or death.

Many CCG ships are advanced in age and although well maintained and operated by proficient individuals there is always the possibility of mechanical or system failures. This may mean that there will be sudden electrical blackouts or temperature vagaries in the supply of domestic water. Emergency power can be supplied quickly to essential circuits but these circuits are not normally fitted in passenger cabins or laboratory work areas. These situations present a risk to individuals of disorientation, loss of power to personally essential equipment, destruction or deterioration of temperature sensitive samples resulting in contamination and bacterial development, burns, scalds, and falls or knocks.

CCG ships are working ships that may be involved in lifting large weights, ice-breaking, scientific research, search and rescue, fisheries enforcement operations, or aid to other government departments in suppression of criminal activity or surveillance and interception of migrant smugglers. Each of these various tasks carries its own set of risks. Normally supernumerary personnel are not directly involved in these operations. However, in the case of search and rescue, it is possible that supernumerary personnel may be required to assist in caring for survivors. This will expose the supernumerary personnel to unpleasant sights, smells, and sounds, which might include exposure to bodily fluids from victims. There is a risk of exposure to disease.

Work and life aboard a CCG ship will quite often involve the use of small boats operating remotely from the mother ship. While appropriate personal protective equipment will be supplied, there are still possibilities of injury from being struck by suspended loads, falling into the sea, slipping or falling in transfer between the boat and the ship or shore, as well as exposure to sea and weather conditions. This exposes the supernumerary personnel to possible hypothermia, drowning, lacerations, fractures, and other injuries.

CCG ships are required to be self reliant to face emergency situations aboard such as flooding and fire. While the ships are well maintained, well crewed, and contingency plans are in place, there is always a possibility of an untoward event. In these cases, the supernumerary personnel may find themselves assigned to assist the ship's crew in controlling flooding, fighting fire, or assisting in the readying of craft for abandoning ship. In these types of circumstances the supernumerary personnel will be working under direct supervision. There is a danger of being drowned, suffering severe burns, being struck or impaled, or reacting unfavourably to unaccustomed strenuous exertion in a high drama situation.

Medical treatment aboard CCG ships is normally limited to First Aid provided by a holder of a Marine First Aid Certificate. The ship's Rescue Specialists, when carried, may provide more aggressive treatment. However, in either case, medications and equipment carried aboard is extremely limited, is geared primarily to treat injuries as opposed to medical conditions, and is sufficient to stop bleeding, immobilize breaks, or maintain breathing. Personal requirements for prescription medication, or patent medicines, required to treat pre-existing conditions, are the personal responsibility of the individual. Supernumerary personnel with pre-existing medical conditions must ensure: that their condition is stable; that their medication is both established and available; that their condition is known to their on-board supervisor, the First Aid Attendant(s) and/or Rescue Specialist(s), and the Commanding Officer; and, that they have a sufficient supply of their prescribed medication with them for the planned duration of the voyage plus an appropriate additional amount to allow for the possibility of delays. Failure to do so could result in long and short-term complications or death.

In the event of medical emergencies or injuries at sea, the ship will contact medical authorities ashore to obtain advice. The ship may have to divert to the closest port of refuge to evacuate the patient. The time taken to gain port or to evacuate the patient depends on many variables – the distance to be travelled, sea conditions, weather conditions, the seaworthiness of the ship, and the speed of the ship. It is possible that the time taken to evacuate the patient may be measured in days. The condition of the patient may be adversely affected by this time factor.

Even though many CCG ships are helicopter landing capable or may be equipped with a helicopter, the ability of the helicopter to make an immediate evacuation cannot be assumed. The distance off shore, the weather, the sea-state, and the capacity of the helicopter will all have an effect on the time taken to affect an evacuation. The condition of the patient may be adversely affected by this time factor. It should also be noted that evacuation by helicopter where the patient is winched upwards to the helicopter in a stretcher or horse collar is a terrifying experience, especially when combined with rough sea conditions, darkness, and an already heightened apprehension of mortality on the part of the patient.

## 6.D.1

The CCG will take such steps as are necessary and within its competence to stabilize a patient for transportation to the shore for transfer to a shore medical facility. Charges for transportation by ambulance services and charges for medical care at the shore medical facility are the responsibility of the patient. For this reason, it is advisable that supernumerary personnel take appropriate steps, especially when the supernumerary is non-Canadian or when the voyage will be in foreign (non-Canadian) waters, to ensure that they have sufficient medical insurance coverage for such eventualities. Failure to have appropriate insurance coverage could result in delays in treatment, a reduced level of care, or detention pending settlement of the account.

The Canadian Coast Guard assumes no liability for loss of, or damage to, any personal effects or equipment brought aboard the ship or the aircraft by supernumerary personnel. Supernumerary personnel may wish to consider purchasing insurance from their own insurance carrier to cover such eventualities as loss of personal property or damage to personal property, to avoid out-of-pocket expense.

Certain areas of the ship and access to certain items of ship's equipment such as the onboard local area network or secure communications may not be available to certain supernumeraries by reason of their security clearance status with the Canadian government. Any restrictions will be explained by the Commanding Officer upon the supernumerary joining the ship.

My signature below indicates that I have read The General Statement of Risks (Annex D – Forms) outlining the risks that may be encountered by me while aboard the below-named CCG ship during the below-stated period of time. I acknowledge that I have understood these risks. I also acknowledge that I have asked for additional information where necessary and that I have been satisfied with the response that I have received. Understanding that none, some, or all of the above listed events may arise while on board the vessel, I accept these risks as being inherent in being aboard the vessel.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicable -  
Parent/Guardian  
Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Aboard  
CCGS: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Witnessed  
By: \_\_\_\_\_

**PART ONE OF TWO – STATEMENT OF MEDICAL FITNESS (INFORMATION)****FOR GUIDANCE ONLY - NOT FOR RELEASE TO VESSEL**

To ensure that you will not suffer undue risk to your health by taking passage aboard a Canadian Coast Guard (CCG) ship, you are required to determine whether any of the following statements apply to your personal situation.

**IF ANY OF THE STATEMENTS NUMBERED 1 THROUGH 6 ARE ANSWERED “TRUE”, YOU MUST ARRANGE FOR A CONFIDENTIAL ASSESSMENT OF YOUR CASE BY A MEDICAL PROFESSIONAL PRIOR TO SAILING AND IN SUFFICIENT TIME TO ALLOW FOR YOUR CASE TO BE REVIEWED BY HEALTH CANADA IF NECESSARY (21 WORKING DAYS).**

When your physician assesses your condition, he or she should do so knowing: the length of the voyage; the general location of the ship during the voyage; an outline of your duties and responsibilities; and, after having read The General Statement of Risks (Annex A to this procedure). If your physician indicates that he or she has limits that he or she would apply to pronouncing you fit to undertake the voyage, you must be prepared to waive any confidentiality in this specific regard and reveal those conditions to your supervisor, the ship's First Aid Attendant(s) or Rescue Specialist(s), and the Commanding Officer. It is possible that those limiting conditions may impose a duty on the ship that is beyond the reasonable capacity of the ship to accommodate. In such circumstances, the Commanding Officer, taking into account the recommendations and/or advice of Health Canada medical professionals, will be the final arbiter as to your acceptance on board. Any disclosure made by you will be PROTECTED information and will be handled appropriately within the guidelines established by the Department of Fisheries and Oceans for such material.

1. Since my last health assessment, I have undergone treatment, or I have consulted a health practitioner, for symptoms related to: heart; lungs; blood vessels; high blood pressure; dizziness; shortness of breath; muscle weakness; persistent aches or pains; or, blurred vision.	<input type="checkbox"/> True	<input type="checkbox"/> False
2. I have a history of seizures.	<input type="checkbox"/> True	<input type="checkbox"/> False
3. I have fainted or have lost consciousness during the past 12 months.	<input type="checkbox"/> True	<input type="checkbox"/> False
4. I am age 39, or under, and I have <u>not</u> had a full physical examination within the last 36 months, or; I am age 40, or over, and I have <u>not</u> had a full physical examination within the past 24 months; or, I am age 65, or over, and have <u>not</u> had a full physical examination within the past 12 months.	<input type="checkbox"/> True	<input type="checkbox"/> False
5. A medical practitioner, within the last 48 months, recommended restrictions on my activities.	<input type="checkbox"/> True	<input type="checkbox"/> False
6. I have an existing physical or mental condition that is unable to be corrected by prosthetics, eyeglasses, or hearing aids, thereby adversely affecting my ability to walk, to climb, to see, or to hear.	<input type="checkbox"/> True	<input type="checkbox"/> False
7. I am taking prescription medication regularly and/or suffer from known allergies.	<input type="checkbox"/> True	<input type="checkbox"/> False

Note: If Question #7 is answered “True”, please attach to Part Two of this form the names of the medication that you are taking, the dosage, the amount of medication that you are bringing on board ensuring that it is sufficient for the duration of the voyage, and the location where you will be storing the medication. If the medication is to be taken only upon the onset of certain symptoms, please indicate what those symptoms are and arrange to meet with the ship's First Aid Attendant(s) or the Rescue Specialist(s) to ensure that they are aware of your situation. Also indicate any known allergies.

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**PART TWO OF TWO – STATEMENT OF MEDICAL FITNESS**


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**PROTECTED WHEN COMPLETED**
**STATEMENT OF MEDICAL FITNESS**

This part to be submitted to the Commanding Officer or their designate upon boarding.

**MAKING A FALSE STATEMENT WILL RESULT  
IN SEVERE PERSONAL PENALTIES**

"I declare that, after having read and understood the inherent risks in being aboard a Canadian Coast Guard (CCG) ship, as stated in The General Statement of Risks and after having completed the information portion of this form, titled Annex B - Part One of Two – Information Portion, I believe that I have no physical or health conditions which might endanger my life, the health and safety of the crew, or the safety of the ship on which I will be engaged. I further declare that, if completion of the information section of the form titled Annex B – Statement of Medical Fitness indicated that a health assessment of my condition was warranted that I have consulted a medical health professional who, in accordance with the conditions stated on the form, has determined that I am fit to undertake the voyage or that I am fit with certain limitations to undertake the voyage."

"Where the physician has indicated that I am fit with limitations for the voyage, I am, without reservation, disclosing the terms of those limitations to the ship's First Aid Attendant(s), Rescue Specialist(s), Commanding Officer, and Health Canada health professionals on the reverse of this form or on an attached sheet. I release this information on the understanding that this information will be PROTECTED information and will be handled appropriately within the guidelines established by the Department of Fisheries and Oceans for such material."

"I also declare that if I am required to take a regular course of prescription medication that I have a supply of medication with me that is sufficient for the duration of the voyage plus any reasonably anticipated delays that might occur. I will advise my on-board supervisor (where applicable), the ship's First Aid Attendant(s) or Rescue Specialist(s), and the Commanding Officer of the location of such medication, the dosage and/or the symptoms which might indicate when the medication should be taken. I will also advise these persons of any known allergies."

**Failure to disclose information respecting your health could result in inappropriate emergency treatment in the event that you are incapacitated thereby resulting in your disability or death; or, could result in your injury or death through your inability to respond to shipboard challenges and emergency situations; or, could result in injury or death to others or damage to the ship and the environment in attempting to effect your rescue, treatment, or evacuation.**

Declared by:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If applicable -  
Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For a Voyage Aboard CCGS: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Witnessed By: \_\_\_\_\_

**PROTECTED WHEN COMPLETED**

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**PROCESS FOR OBTAINING SECURITY CLEARANCE  
FOR SUPERNUMERARY PERSONNEL**

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The Superintendent of Fleet Planning or his/her delegate will send the appropriate forms to the sponsoring officer for the supernumerary or directly to the supernumerary and upon receipt of the information and duly signed forms, will transmit the security clearance request to Corporate security (fax copies are acceptable for the entire process).

**1 FOR NON-CANADIAN CITIZENS:****1.1 Non-Canadian citizen includes Landed Immigrants or Permanent Residents who have been living in Canada for less than 5 years. The Visiting Foreign Nationals Forms shall be completed as follows:**

1.1.1 Page 1 – Right to access ship verification: This page must be filled out entirely. **Both** the applicant and the sponsoring officer must sign the form. The following documents should also be attached:

- a) A letter of “good conduct” from your national police authorities, from a consulate or embassy (i.e. a copy of judicial record). French nationals can obtain this letter at [www.cjn.justice.gouv.fr](http://www.cjn.justice.gouv.fr).

**Note:** There is no need to produce a letter if the applicant has been living in Canada for the last five years.

- b) A photocopy of the applicant passport and visa (when required) signed by their employer or sponsoring officer (ex: research supervisor, employer or collaborator, abroad or in Canada). The role of the employer or supervisor is to validate the authenticity of the documents and information contained therein.

1.1.2 Page 2 – Certificate and Briefing Form for Reliability Status for Access.

- a) Applicant to complete Personal information in Part A.
- b) Applicant to initial under the Visitor Initials column for each of the six restrictions identified in section B.
- c) Applicant to sign and date section C.

1.1.3 Where possible, a corporate security briefing shall occur and the person providing the briefing shall sign Part D and initial Part B under Manager Initials column for each of the six restrictions identified in section B. This briefing shall be given by the Commanding Officer, the Superintendent Fleet Planning, the DFO program manager or their delegate or the responsible person from the Canadian university organizing the visit.

1.2 If a security clearance is granted, Corporate Security will return the Certificate and Briefing Form for Reliability Status for Access with Part E signed.

1.3 If the Briefing was not conducted prior to submitting the security clearance request, it shall be done no later than when the applicant is granted access onboard.

1.4 The form shall then be returned to Corporate Security within 48 hours after the applicant has joined the vessel.

### **2 FOR CANADIAN CITIZENS:**

#### **2.1 Personnel Screening, Consent and Authorization Form “TBS/SCT 330-23English” must be completed as follow:**

- 2.1.1 Section A – Administrative information - to be completed by the Superintendent, Operational Business or his/her delegate.
- 2.1.2 Section B – Biographical information - To be filled out entirely by the applicant.
- 2.1.3 Section C – Consent and verification – Applicant to initial beside checked boxes 1 and 2, sign and date at the end of section C.

- 2.2 If a security clearance is granted, a security screening certificate and briefing form will be issued by corporate security. Part C of the form shall be signed by the applicant and part D by the person providing the briefing (Commanding Officer or, Superintendent of Fleet Planning or, delegate) no later than when the applicant is granted access onboard. The form has to be returned to Corporate Security within 48 hours after the applicant has joined the vessel.

**Note:** The reliability status is only valid for one year but can be automatically renewed for applicants who need to access a CCG ship in the year following their previous application.

### **3 FOR CANADIAN AND NON CANADIAN CITIZENS:**

- 3.1 When a security clearance has been granted, the information is available in the Security Module of PeopleSoft. Access to the module can be provided upon request to the Director, Fleet Safety and Security.

**PROCESS FOR OBTAINING SECURITY CLEARANCE FOR  
SUPERNUMERARY PERSONNEL, CONTINUED**

**Corporate Security Briefing Certificate  
Reliability for Access for FOREIGN VISITORS**

PART A – TO BE COMPLETED BY DFO PROGRAM MANAGER		
Surname	Full given names (no initials)	
Country of Origin	Date of Birth	
Date of Visit From : ____-____-____ To : ____-____-____ YYYY-MM-DD           YYYY-MM-DD	Access required while visiting Department (facility and/or vessels)	
PART B – BRIEFING SUMMARY AND RESTRICTIONS		
<p>If a Visitor fails to safeguard, releases without appropriate authority or uses information/assets for unauthorized purposes, such action may constitute a contravention of the <i>Security of Information Act</i>, the <i>Access to Information Act</i>, the <i>Privacy Act</i> or other Acts of Parliament, or a breach of the Policy on Government Security (PGS).</p> <p>These provisions apply both during and after the above noted visit. Specific safeguards are identified in the PGS and associated Standards and in corresponding departmental or organizational policies and guidelines which apply to classified and protected information/assets. These safeguards must be applied.</p>		
<b>RESTRICTIONS</b>	<b>Manager Initials</b>	<b>Visitor Initials</b>
The visitor will only be given the access required to perform their authorized work as defined in the agreement.		
No access to classified information, Cryptographic Controlled Items (CCI) or the areas where these items are stored.		
Reliability for DFO access is not transferable and is valid only for the visit noted above.		
Silent hour access to DFO facilities is restricted.		
Managers must brief DFO personnel working with the Visiting Foreign National of the security restrictions.		
PART C – ACKNOWLEDGMENT BY VISITOR		
I understand and agree to comply with the above briefing summary and restrictions.		
<div style="display: flex; justify-content: space-between;"> <span>_____ Visitor's Signature</span> <span>_____ YYYY-MM-DD</span> </div>		
PART D – BRIEFING OFFICIAL (PROGRAM MANAGER OR HIS/HER REPRESENTATIVE)		
Name and initials	Phone Number ( ) -	
I have briefed the above mentioned visitor.		
<div style="display: flex; justify-content: space-between;"> <span>_____ Program Manager's Signature</span> <span>_____ YYYY-MM-DD</span> </div>		
PART E – SECURITY OFFICIAL (NATIONAL HEADQUARTERS)		
Name and title of authorized security official (National Headquarters)	Phone Number ( ) -	
As the security official, I certify that the Reliability for Access has been granted.		
<div style="display: flex; justify-content: space-between;"> <span>_____ Security Official (HQ) Signature</span> <span>_____ YYYY-MM-DD</span> </div>		
Office Address: 200 Kent Street Ottawa, ON, K1A 0E6	Facsimile: (613) 998-1493	

## PROCESS FOR OBTAINING SECURITY CLEARANCE FOR SUPERNUMERARY PERSONNEL, CONTINUED

### Personal Information Form Reliability for Access for FOREIGN VISITORS

PART A – TO BE COMPLETED BY VISITOR	
Surname	Full given names (no initials)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (YYYY – MM – DD)
Country of Origin including address	Address while in Canada
Phone Number (   ) -	Email
Name of originating institution (Company, University, etc.):	Name and title of responsible manager at institution of origin:
PART B – DECLARATION (VISITOR)	
I the undersigned understand and agree with all the information above and that all the documents submitted with this application are authentic.	
_____ Visitor's Signature	_____ YYYY – MM – DD
PART C – TO BE COMPLETED BY PROGRAM MANAGER	
Name of DFO facility or vessel visited	Name of DFO Program
DFO manager responsible for program	Phone number (   ) -
Date of Visit  From : _____ To : _____ YYYY – MM – DD        YYYY – MM – DD	Purpose of Visit
Will the visitor be using/transporting radioisotopes during visit on DFO facilities?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please contact the DFO National Radiation Safety Officer (250) 363-6449	Will the visitor require access to DFO Corporate Networks during visit on DFO facilities?  <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, please contact the DFO Corporate IT Security Coordinator (613) 993-8318
PART D – REQUIRED DOCUMENTATION	
<ul style="list-style-type: none"> <li>Letter of good conduct from national police authorities</li> <li>Visa (Copy) – if applicable</li> <li>Passport (Copy)</li> <li>Letter of reference from sponsoring institution (Company, University, etc.)</li> </ul>	
PART E – DECLARATION (PROGRAM MANAGER)	
I the undersigned, understand and agree with all the information above and that all the documents submitted with this application are authentic to the best of my knowledge.	
_____ Program Manager's Signature	_____ YYYY – MM – DD
Office Address: 200 Kent Street Ottawa, ON, K1A 0E6	Facsimile : (613) 998-1493

# PROCESS FOR OBTAINING SECURITY CLEARANCE FOR SUPERNUMERARY PERSONNEL, CONTINUED



Government of Canada  
Gouvernement du Canada

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## PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM

OFFICE USE ONLY		
Reference number	Department/Organization number	File number

NOTE: For Privacy Act Statement refer to Section C of this form and for completion instructions refer to attached instructions.  
Please typewrite or print in block letters.

### A ADMINISTRATIVE INFORMATION (To be completed by the Authorized Departmental/Agency/Organizational Official)

<input type="checkbox"/> New	<input type="checkbox"/> Update	<input type="checkbox"/> Upgrade	<input type="checkbox"/> Transfer	<input type="checkbox"/> Supplemental	<input type="checkbox"/> Re-activation
The requested level of reliability/security check(s)					
<input type="checkbox"/> Reliability Status	<input type="checkbox"/> Level I (CONFIDENTIAL)	<input type="checkbox"/> Level II (SECRET)	<input type="checkbox"/> Level III (TOP SECRET)		
<input type="checkbox"/> Other _____					
PARTICULARS OF APPOINTMENT/ASSIGNMENT/CONTRACT					
<input type="checkbox"/> Indefinite	<input type="checkbox"/> Term	<input type="checkbox"/> Contract	<input type="checkbox"/> Industry	<input type="checkbox"/> Other (specify secondment, assignment, etc.) _____	
Justification for security screening requirement					
Position/Competence/Contract number		Title		Group/Level (Rank if applicable)	
Employee ID number/PR/Rank and Service number (if applicable)		If term or contract, indicate duration period		From	To
Name and address of department / organization / agency		Name of official		Telephone number ( )	Facsimile number ( )

### B BIOGRAPHICAL INFORMATION (To be completed by the applicant)

Surname (Last name)		Full given names (no initials) underline or circle usual name used		Family name at birth	
All other names used (i.e. Nickname)		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth Y M D	Country of birth	Date of entry into Canada if born outside Canada Y M D
RESIDENCE (provide addresses for the last five years, starting with the most current)		Daytime telephone number ( )		E-mail address	
Home address					
1	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M To present
	City	Province or state	Postal code	Country	Telephone number ( )
2	Apartment number	Street number	Street name	Civic number (if applicable)	From Y M To Y M
	City	Province or state	Postal code	Country	Telephone number ( )
Have you previously completed a Government of Canada security screening form?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give name of employer, level and year of screening. Y	
CRIMINAL CONVICTIONS IN AND OUTSIDE OF CANADA (see instructions)					
Have you ever been convicted of a criminal offence for which you have not been granted a pardon?			<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, give details. (charge(s), name of police force, city, province/state, country and date of conviction)	
Charges		Name of police force		City	
Province/State		Country		Date of conviction Y M D	

# **PROCESS FOR OBTAINING SECURITY CLEARANCE FOR SUPERNUMERARY PERSONNEL, CONTINUED**



Government  
of Canada

Gouvernement  
du Canada

## **PERSONNEL SCREENING, CONSENT AND AUTHORIZATION FORM**

PROTECTED (when completed)

Surname		Date of birth			
		Y	M	D	
<b>C CONSENT AND VERIFICATION (To be completed by the applicant and authorized Departmental/Agency/Organizational Official)</b>					
Information (See instructions)	Applicant's Initials	Name of official (print)	Official's Initials	Official's Telephone number	
1. <input type="checkbox"/> Date of birth, address, education, professional qualifications, employment history, personal character references				( )	
2. <input type="checkbox"/> Criminal record check				( )	
3. <input type="checkbox"/> Credit check (financial assessment, including credit records check)				( )	
4. <input type="checkbox"/> Loyalty (security assessment only)					
5. <input type="checkbox"/> Other (specify, see instructions)				( )	
<p><b>The Privacy Act Statement</b> The information on this form is required for the purpose of providing security screening assessments. It is collected under the authority of the Security Policy of the Government of Canada and is protected by the provisions of the Privacy Act in institutions which are covered by the Privacy Act. Its collection is mandatory. A refusal to provide information will lead to a review of whether the person is eligible to hold the position or perform the contract that is associated with this Personnel Screening Request. The information is stored in standard employee banks PSE 905 for security clearances, PSE 921 for reliability screening in all government agencies except the Department of National Defence which uses DND/PPS 834 and the RCMP which uses CMP PPU 065. Information related to security assessments is also stored in the CBS Personal Information Bank S/S PPU 005.</p> <p>This consent form will become invalid when the applicant no longer requires a reliability status and/or security clearance.</p> <p><b>NOTE:</b> Unless cancelled in writing by the applicant to the authorized security official, this consent form shall be valid for conducting the specified checks and/or investigation, including subsequent updating requirements of the Government Security Policy.</p> <p><i>I, the undersigned, do consent to the disclosure of the preceding information and its subsequent verification to the Government of Canada, the use of my photograph for identification purposes and the release of a copy of Section C of this form if required.</i></p>					
Signature		Date (Y/M/D)			
<b>D REVIEW (To be completed by the authorized Departmental/Agency/Organizational Official responsible for ensuring the completion of sections A, B and C)</b>					
Name and title		Telephone number			
Address		Facsimile number			
<b>E APPROVAL (To be completed by authorized Departmental/Agency/Organizational Security Official only)</b>					
<i>I, the undersigned, as the authorized security official, do hereby approve the following level of screening.</i>					
Reliability Status					
<input type="checkbox"/> Approved Reliability Status		<input type="checkbox"/> Not approved			
Name and title					
Signature		Date (Y/M/D)			
Security Clearance (if applicable)					
<input type="checkbox"/> Level I		<input type="checkbox"/> Level II		<input type="checkbox"/> Not recommended	
Name and title					
Signature		Date (Y/M/D)			
Comments					

**PHOTO**  
(for Level III T.S.,  
and/or upon request  
- see instructions)

### Change of Command Document (Station Mode)

**To: Regional Director Fleet**  
**Attn: Marine Superintendent**

**From: Commanding Officer**  
**Vessel: CCGS \_\_\_\_\_**

This document serves as a record of the exchange between Commanding Officers at crew change. To ensure information on all matters pertaining to the ships' operation and on the condition of the vessel's hull, machinery and equipment for familiarization, reporting and acceptance of command have taken place.

**(A) Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **Location:** \_\_\_\_\_

<b>Fuel</b>		<b>Lube Oil</b>	
<b>Propulsion</b>		<b>M/E</b>	
<b>Small Craft</b>		<b>Generator</b>	
<b>Other</b>		<b>Dirty Oil</b>	

**(C) Status of Certificates:** (as per attached list from Certificate Register)

**Certificate(s) requiring attention during the upcoming patrol (please identify):**

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**(F) Departmental Readiness:**

#### SIGNIFICANT DEFECTS/DEFICIENCIES

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**(G) Document Status:** (any deficiencies to be identified and be recorded in Notation where applicable)

Attention Required:	YES	NO	Attention Required:	YES	NO
Drug Control Register			Credit Cards		
Significant Operational Administrative Correspondence			Department Heads Changeover Notes		
Safe Combination transmitted			Gun/Ammunition Register		
Deck/Station Log Book			Stability Information		
Tackle Register			Garbage Log		
Oil Record Book			Crew List		
GAC/XCS entered			Keys/ Pager / Cell transferred		
Vehicle license renewal Date			Trailer License renewal date		
Vehicle license #			Vehicle KM's		

**(H) Safety Management System reviewed since last Change of Command:**

<b>New NCR's / Observation</b>	
<b>Significant Incident Investigation Reports</b>	
<b>Publication Amendments:</b> (identify only changes since the last change of command)	
<b>Fleet Safety Manual:</b>	
<b>CG Fleet Orders:</b>	
<b>Fleet Bulletin:</b>	
<b>CCG Technical Bulletin:</b>	
<b>Safety Bulletin (TC):</b>	
<b>Others (specify):</b>	

**(I) Notations: Additional Information for completion by either Commanding officer (if insufficient space, please attach supplemental page)**

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I, Captain, \_\_\_\_\_ have fully briefed and hereby relinquish command of CCGS \_\_\_\_\_ to Captain \_\_\_\_\_.

Having received the aforementioned briefing and information from the departing Captain, I hereby acknowledge receipt of and assume full control and command of:  
CCGS \_\_\_\_\_

Captain \_\_\_\_\_  
Commanding Officer (relieved)

Captain \_\_\_\_\_  
Commanding Officer (relieving)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

### Change of Command Document

To: Regional Director Fleet  
Attn: Marine Superintendent

From: Commanding Officer  
Vessel: CCGS \_\_\_\_\_

This document serves as a record of the exchange between Commanding Officers at crew change. To ensure information on all matters pertaining to the ships' operation and on the condition of the vessel's hull, machinery and equipment for familiarization, reporting and acceptance of command have taken place.

(A) Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Fuel		Lube Oil	
Propulsion		M/E	
Small Craft		Generator	
Aviation		Dirty Oil	
Water			
Potable		Ballast	

(B) Current Operational Assignment: \_\_\_\_\_  
(As per attached Sailing Orders)

(C) Status of Certificates: (as per attached list from Certificate Register)  
Certificate(s) requiring attention during the upcoming patrol (please identify):

.....

.....

.....

(D) MARSEC LEVEL: MARSEC 1 ☐ MARSEC 2 ☐ MARSEC 3 ☐

(E) Secure Communications Equipment:

I have verified that the SECTERA device is onboard ☐ Check

I have relayed the PIN to the relieving Commanding Officer (SECTERA type 1 unit only) ☐ Check

(F) Departmental Readiness:

**SIGNIFICANT DEFECTS/DEFICIENCIES**

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(G) Document Status: (any deficiencies to be identified and be recorded in Notation where applicable)

Attention Required:	YES	NO	Attention Required:	YES	NO
Drug Substance Register			Credit Cards		
Significant Operational Administrative Correspondence			Monthly Outside Canadian Territorial Fuel Consumption Report		
Ships Safe Combination transmitted			Department Heads Changeover Notes		
Ship Security Plan			Stability Information		
Tackle Register			Gun/Ammunition Register		
Oil Record Book			Crew List		
Garbage Log			Deck Log Book		

(H) Safety Management System reviewed since last Change of Command:

New NCR's / Observation	
Significant Incident Investigation Reports	
Publication Amendments: (identify only changes since the last change of command)	
Fleet Safety Manual:	
CG Fleet Orders:	
Fleet Bulletin:	
CCG Technical Bulletin:	
Safety Bulletin (TC):	
Others (specify):	

(I) Notations: Additional Information for completion by either Commanding officer (if insufficient space, please attach supplemental page)

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.....

I, Captain, \_\_\_\_\_ have fully briefed and hereby relinquish command of CCGS \_\_\_\_\_ to Captain \_\_\_\_\_.

Having received the aforementioned briefing and information from the departing Captain, I hereby acknowledge receipt of and assume full control and command of:  
CCGS \_\_\_\_\_

Captain \_\_\_\_\_  
Commanding Officer (relieved)

Captain \_\_\_\_\_  
Commanding Officer (relieving)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

## DIVING OPERATIONS CHECKLIST

CCGS \_\_\_\_\_

Date of Operation: \_\_\_\_\_

- ☐ Designated Officer selected - Name \_\_\_\_\_  
Signature \_\_\_\_\_
- ☐ Diving Supervisor – Name \_\_\_\_\_  
Signature \_\_\_\_\_
- ☐ Divers certification and logbook reviewed
- ☐ CO/Designated Officer aboard
- ☐ Collision Regs - Warning devices deployed (shapes, buoys, flags, lights)
- ☐ MCTS advised (Traffic Control / Sécurité Call)
- ☐ Engineroom notified - diving notices posted in E/R
- ☐ Engineroom systems secured & logged in E/R log – Lockouts and Tagouts
- ☐ Diving plan and contingency plans reviewed
- ☐ General announcement made
- ☐ Commencement of diving operations logged
- ☐ Completion of diving operations logged

**SAMPLE - WORK ALOFT / OVER THE SIDE CHECKLIST**

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- ☐ Supervisor shall ensure proper safety equipment is provided and worn.
- ☐ Workers shall wear safety harnesses when working aloft.
- ☐ Appropriate temporary structure best suited to area of work to be used.
- ☐ Support and belaying points that is to be used for temporary structure to be identified and inspected.
- ☐ All ropes, wires, straps or other equipment that is being used to support a temporary structure shall be inspected before being put in use.
- ☐ If necessary, drop zone around work area to be determined and marked off.
- ☐ When operational, Bridge to be informed before work party goes aloft.
- ☐ Personnel working over the side on a temporary structure shall wear; if appropriate, personal floatation devices.
- ☐ When working in the area of remote controlled movable or high voltage equipment, precautions shall be taken to ensure the equipment is shutdown and tagged to indicate it is not to be used. When working near **radar scanners** the following precautions shall be taken:
  - ☐ Radars shutdown and signs placed on radar indicating radar is not to be switched on.
  - ☐ Scanner switches located in \_\_\_\_\_ can be locked out if required.

**LOGBOOK ENTRIES ARE REQUIRED WHEN OPERATIONAL**

## CONFINED SPACE ENTRY PERMIT

**GENERAL**

Location / name of confined space: \_\_\_\_\_

Reason for Entry: \_\_\_\_\_

**THIS PERMIT IS VALID FROM**

(Max 12 hrs – extend to 24; new permit every 24 hrs)

 \_\_\_\_\_ Hrs \_\_\_\_\_ Hrs  
 \_\_\_\_\_ Date \_\_\_\_\_ Date

**Section 1 - Pre-entry preparation**

(To be checked by the Entry Supervisor)

	YES	NO
• Has the space been thoroughly ventilated?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the space been isolated by locking-out all connecting pipelines or valves and electrical power or equipment?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the space been tested and found safe for entry?	<input type="checkbox"/>	<input type="checkbox"/>

**Air Monitoring Equipment Used:** Meter Type: \_\_\_\_\_ Serial # \_\_\_\_\_  
 Last Calibrated: \_\_\_\_\_ User Name \_\_\_\_\_

**Bump Test Completed:** Pass \_\_\_\_\_ Fail \_\_\_\_\_

**NOTE:** With a fail a total recalibration of meter must be completed.

Monitoring equipment was checked correct, using check gases, prior to testing this confined space.

Date: \_\_\_\_\_ Time: \_\_\_\_\_ User name: \_\_\_\_\_

**Pre-entry atmosphere test readings:** Oxygen \_\_\_\_\_ % Vol (19.5 to 23%)  
 Hydrocarbon \_\_\_\_\_ % LFL (Less than 10%)  
 Toxic Gases \_\_\_\_\_ ppm

• Have arrangements been made for continuous atmosphere checks to be made while the space is occupied and re-checked after work breaks? (Attach record sheet as needed)	<input type="checkbox"/>	<input type="checkbox"/>
• Have arrangements been made for the space to be continuously ventilated throughout the period of occupation and during work breaks?	<input type="checkbox"/>	<input type="checkbox"/>
• Are access and illumination adequate?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the rescue team in place and aware of the confined space entry work and is the Rescue Equipment readily available.	<input type="checkbox"/>	<input type="checkbox"/>
• Has a trained responsible person been designated to be in constant attendance at the entrance to the space?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the Officer-of-the-Watch (both Bridge and Engine room) been advised of the planned entry?	<input type="checkbox"/>	<input type="checkbox"/>
• Are emergency and evacuation procedures established and understood by all personnel involved with the Confined Space entry.	<input type="checkbox"/>	<input type="checkbox"/>
• Is the equipment to be used in good working condition and has it been inspected prior to entry?	<input type="checkbox"/>	<input type="checkbox"/>

• Are personnel properly clothed and equipped?	<input type="checkbox"/>	<input type="checkbox"/>
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<b>Section 2 - Pre-entry checks</b> (To be checked by all persons entering the space and or by the team leader)	<b>YES</b>	<b>NO</b>
• I have received permission from the Entry Supervisor to enter the space?	<input type="checkbox"/>	<input type="checkbox"/>
• Section 1 of this permit has been satisfactorily completed by the Entry Supervisor	<input type="checkbox"/>	<input type="checkbox"/>
• I have agreed and understood the communication procedures?	<input type="checkbox"/>	<input type="checkbox"/>
• I have agreed upon a reporting interval of _____ minutes?		
• Emergency and evacuation procedures have been agreed and are understood?	<input type="checkbox"/>	<input type="checkbox"/>
• I am aware that the space must be vacated immediately in the event of a ventilation failure or if atmosphere tests show a change from the agreed safe criteria?	<input type="checkbox"/>	<input type="checkbox"/>

**Section 3 – Atmospheric Testing & Personnel Entry** (See ANNEX B and attach record sheets as needed)

**Signed upon completion of Sections 1, 2, and 3 by:**

_____	Date	Time
Responsible person supervising entry		
_____	Date	Time
Person entering the space (Team Leader)		

Section 4- Completion of the Job (To be completed by the responsible person supervising entry)		
• Job Completed	Date	Time
• Space Inspected	Date	Time
• Space secured against entry	Date	Time
• Lockouts and Tagout removed?	Date	Time
• The Officer-of-the-Watch has been informed	Date	Time

Signed upon completion of Sections 4 by:

Responsible person supervising entry	Date	Time	

**THIS PERMIT BECOMES INVALID  
SHOULD VENTILATION OF THE SPACE STOP  
OR IF ANY  
OF THE CONDITIONS NOTED IN THIS CHECKLIST CHANGE**

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**ANNEX – B Atmospheric Testing & Personnel Entry**

Page \_\_\_ of \_\_\_

Meter Type	Date: of last meter calibration				
<b>Atmospheric Testing</b>					
Time:	Readings:				Atmospheric Tester Signature
	O2	CO2	H2S	LEL	
<b>Personnel Entry</b>					
Name	Time in:			Time Out	

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**HOTWORK AUTHORIZATION PERMIT**

HOTWORK REQUESTED BY:	LOCATION:
PROCESSES TO BE USED:	EXPECTED DURATION:
FIRE WATCH ASSIGNED / COMPARTMENT:	COMPARTMENTS / TANKS / SPACES AFFECTED:
SECTION 1 PRE-WORK CHECKLIST COMPLETED AND ATTACHED <input type="checkbox"/>	
SECTION 2(A OR B) EQUIPMENT INSPECTION COMPLETED AND ATTACHED <input type="checkbox"/>	
<b>THIS PERMIT IS VALID FROM:</b>  _____ _____ Date Time	
<b>THIS PERMIT EXPIRES AT:</b>  _____ _____ Date Time	
AUTHORIZED BY:  Chief Engineer or delegate	DATE:  WORK TO BE PERFORMED BY:
COOL DOWN & POST WORK CHECKS COMPLETED	
WORK COMPLETED BY: DATE:	

## HOTWORK AUTHORIZATION PERMIT, CONTINUED

<b>Section 1 - Pre-Work Checklist</b> (To be completed by person doing the hotwork)	
<b>GENERAL REQUIREMENTS:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Protect Machinery In General Vicinity From Hotwork Operations.</li> <li><input type="checkbox"/> Remove all Combustibles in General Vicinity.</li> <li><input type="checkbox"/> Ensure Hotwork Area Is Free Of Flammable Gases And / Or Vapours.</li> <li><input type="checkbox"/> Post Warnings In Order That Personnel May Protect Themselves.</li> <li><input type="checkbox"/> Remove Access Covers And Ventilate Any Heat-Affected Compartments. Ensure Compartments Are Free Of Flammable Gases And / Or Vapours.</li> <li><input type="checkbox"/> Ensure Bearings, Armatures And Other Machinery Are Not Subjected To Welding Currents Through Improper Grounding.</li> <li><input type="checkbox"/> Advise EOW and OOW of hot work area and commencement</li> </ul>	
<b>PIPE REPAIRS:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Isolating Valves Closed, Drains Opened To Vent System.</li> <li><input type="checkbox"/> Pipe Source Identified To Ensure Pipe Is Oil, Vapour And / Or Gas Free.</li> <li><input type="checkbox"/> Can Pipe Work Be Removed To A Pre-Authorized Hotwork Zone?</li> </ul>	
<b>PROTECTIVE CLOTHING</b>	<b>INSPECT JACKETS, APRONS, GLOVES, ETC. FOR:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Holes / Tears</li> <li><input type="checkbox"/> Damaged or Missing Fasteners</li> <li><input type="checkbox"/> Oil or Grease</li> </ul>
<b>HEADGEAR</b>	<b>INSPECT HELMETS AND GOGGLES FOR:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Proper Lens Shade Number</li> <li><input type="checkbox"/> Cover Plates</li> <li><input type="checkbox"/> Spatter Buildup</li> <li><input type="checkbox"/> Damage (Cracks, Burns, etc.)</li> <li><input type="checkbox"/> Cleanliness</li> </ul>
<b>VENTILATION EQUIPMENT</b> (Where Fitted in Workshops)	<b>INSPECT VENTILATION &amp; FUME EXTRACTION EQUIPMENT FOR:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is It Operational</li> <li><input type="checkbox"/> Damage</li> <li><input type="checkbox"/> Filters</li> </ul>
<b>QUALIFIED FIRE WATCH</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> First Aid</li> <li><input type="checkbox"/> Fire Fighting</li> <li><input type="checkbox"/> Evacuation Procedures</li> <li><input type="checkbox"/> Hotwork Safety Procedures</li> </ul>	<b>ADJACENT COMPARTMENTS:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Fire Watch Required</li> <li><input type="checkbox"/> Flammables Removed</li> <li><input type="checkbox"/> Equipment Protected</li> </ul>
<input type="checkbox"/> Have All Safety And Technical Aspects Been Discussed And Understood By All Personnel Involved?	
<input type="checkbox"/> Are You Confident This Operation Can Be Performed Safely?	
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div>DATE:</div> <div>SIGNATURE:</div> </div>	

## HOTWORK AUTHORIZATION PERMIT, CONTINUED

<b>Section 2A - Oxyfuel Equipment Maintenance Checklist</b>	
CYLINDERS	INSPECT FUEL GAS AND OXYGEN CYLINDERS FOR: <ul style="list-style-type: none"> <li><input type="checkbox"/> Loose or Missing Valve Handles or Keys</li> <li><input type="checkbox"/> Valve Protection Caps</li> <li><input type="checkbox"/> Damaged or Dirty Threads</li> <li><input type="checkbox"/> Disabled Pressure Relief Devices</li> <li><input type="checkbox"/> Corrosion or Damage</li> <li><input type="checkbox"/> Legible Labelling</li> <li><input type="checkbox"/> Oil or Grease</li> </ul>
REGULATORS	INSPECT FUEL GAS AND OXYGEN REGULATORS FOR: <ul style="list-style-type: none"> <li><input type="checkbox"/> Overly Tight / Loose Adjusting Screws</li> <li><input type="checkbox"/> Worn Inlet / Outlet Connections</li> <li><input type="checkbox"/> Reverse Flow Check Valves</li> <li><input type="checkbox"/> Damaged or dirty Threads</li> <li><input type="checkbox"/> Oil or Grease</li> </ul>
HOSES	INSPECT FUEL GAS AND OXYGEN HOSES FOR: <ul style="list-style-type: none"> <li><input type="checkbox"/> Proper Identification (Color)</li> <li><input type="checkbox"/> Damaged or Dirty Threads</li> <li><input type="checkbox"/> Proper Splices where Present</li> <li><input type="checkbox"/> Cuts, Nicks, Burns, or other Damage</li> <li><input type="checkbox"/> Oil or Grease</li> </ul>
TORCH HANDLE	INSPECT TORCH HANDLE FOR: <ul style="list-style-type: none"> <li><input type="checkbox"/> Reverse Flow Check Valves</li> <li><input type="checkbox"/> Overly Tight / Loose Torch Valves</li> <li><input type="checkbox"/> Damaged or dirty Threads</li> <li><input type="checkbox"/> Oil or Grease</li> </ul>
ATTACHMENTS	INSPECT WELDING AND HEATING TIPS AND CUTTING ATTACHMENTS FOR: <ul style="list-style-type: none"> <li><input type="checkbox"/> Dirty or Damaged Threads</li> <li><input type="checkbox"/> Damaged "O" Rings</li> <li><input type="checkbox"/> Overly Tight / Loose Oxygen Valves</li> <li><input type="checkbox"/> Overly Tight / Loose Cutting Handle</li> <li><input type="checkbox"/> Oil or Grease</li> </ul>
LEAK TEST <input type="checkbox"/> Completely Assemble System, Pressurize, and Inspect for Leaks with Soapy Water	
DATE:	SIGNATURE:

## HOTWORK AUTHORIZATION PERMIT, CONTINUED

<b>Section 2B - Electric Welding Equipment Maintenance Checklist</b>	
PRIMARY POWER	INSPECT PRIMARY POWER SUPPLY FOR: <ul style="list-style-type: none"> <li><input type="checkbox"/> Correctly Sized Breaker</li> <li><input type="checkbox"/> Correctly Sized Supply Cable</li> <li><input type="checkbox"/> Properly Wired / Insulated Receptacle or Hard Wired Installation</li> <li><input type="checkbox"/> Supply Cable Condition</li> </ul>
POWER SOURCE	INSPECT POWER SOURCE / WELDING MACHINE FOR: <ul style="list-style-type: none"> <li><input type="checkbox"/> Excessive Corrosion or Dirt</li> <li><input type="checkbox"/> Securely Fastened Cases and Panel Covers</li> <li><input type="checkbox"/> Exposed Terminals</li> <li><input type="checkbox"/> Worn / Damaged / Poorly Insulated Controls</li> </ul>
CABLES	INSPECT WELDING CABLES FOR: <ul style="list-style-type: none"> <li><input type="checkbox"/> Cuts</li> <li><input type="checkbox"/> Oil or Grease Accumulation</li> <li><input type="checkbox"/> Damaged Insulation</li> <li><input type="checkbox"/> Correct Sizing</li> <li><input type="checkbox"/> Safe Splicing where Present</li> <li><input type="checkbox"/> Frayed or Loose Connections</li> </ul>
GROUND CLAMP	INSPECT GROUND CLAMP FOR: <ul style="list-style-type: none"> <li><input type="checkbox"/> Correct Sizing (Duty Cycle Rating)</li> <li><input type="checkbox"/> Oil or Grease Accumulation</li> <li><input checked="" type="checkbox"/> Damaged or Corroded Contact Pads</li> <li><input type="checkbox"/> Worn Spring or Threads</li> </ul>
ELECTRODE HOLDER	INSPECT ELECTRODE HOLDER FOR: <ul style="list-style-type: none"> <li><input type="checkbox"/> Correct Sizing (Duty Cycle Rating)</li> <li><input type="checkbox"/> Oil or Grease Accumulation</li> <li><input type="checkbox"/> Worn Parts</li> <li><input type="checkbox"/> Damaged Insulation</li> <li><input type="checkbox"/> Exposed Live Components</li> </ul>
DATE:	SIGNATURE:

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**SAMPLE - LOCKOUT / TAGOUT RECORD SHEET**


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LOCKOUT/TAGOUT RECORD SHEET			
Date:		Lockout Number	
Component / System:			
Requested By:			
Independent Verification Required at Lockout/Tagout			<div>Yes</div> <div>No</div>
Safety-Related Testing Required Specify Testing To Be Conducted:			<div>Yes</div> <div>No</div>
Placement of Locks/Tags Authorized:		Chief Engineer	
<b>Installed</b> (Lockout/Tagout Holder)		<b>Lockout/Tagout Removed</b> (Lockout/Tagout Holder)	
<b>Name</b>	<b>Date/Time</b>	<b>Name</b>	<b>Date/Time</b>
Restoration Completed / Operability Checks Satisfactory Specify Testing Conducted:			<div>Yes</div> <div>No</div>
Date:		Chief Engineer	

<b>ENERGIZED ELECTRICAL WORK PERMIT</b>	VESSEL: CCG
This work permit is required when working on equipment operating at 240 volts or more and powered by a transformer of more than 125 kVA.	
Location:	Circuit #
Period of validity (Date):	
MAINTelligence Work order number:	
Description of Equipment / System:	
Reason for energized work:	
<input type="checkbox"/> Equipment troubleshooting <input type="checkbox"/> System calibration <input type="checkbox"/> Other (specify) _____	
Risk assessment: The following section shall be completed.	
<b>Checklist:</b> <input type="checkbox"/> Safe environment <input type="checkbox"/> Work procedures met <input type="checkbox"/> Inspections during work <input type="checkbox"/> Installation of signage required <input type="checkbox"/> Control room and wheelhouse notified of work <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Insulated material involved (tools, mat, ladder etc.) <input type="checkbox"/> Presence of lockout/tagout if required <input type="checkbox"/> Safety tests required	<input type="checkbox"/> Tags or signs required <input type="checkbox"/> Measuring instruments used appropriate to work <input type="checkbox"/> Metal accessories (jewellery, watch, belt buckle, etc.) removed <input type="checkbox"/> Clear and effective communications among team <input type="checkbox"/> Emergency power disconnect switch identified and accessible <input type="checkbox"/> Other (Specify) _____ _____
Emergency procedures to be followed:	
Return to service completed / Functional inspection satisfactory	
Comments:	Date:
Issued By: Chief Engineer: (Print)	Signature:
Issued To:	Signature:
Date issued:	

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**GARBAGE RECORD LOG**

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## Introduction

In accordance with *Regulation 9 of Annex V of the International Convention for the Prevention of Pollution from Ships, 1973, as modified by the Protocol of 1978 (MARPOL 73/78)* a record is to be kept of each discharge operation or completed incineration. This includes discharges to reception facilities, accidental discharges, and to other ships.

## Garbage and Garbage Management

Garbage includes all kinds of food, domestic and operational waste, generated during the normal operation of the vessel and liable to be disposed of continuously or periodically except those substances (such as oil, sewage or noxious liquid substances).

## Description of the Garbage

The garbage is to be grouped into categories for the purposes of this record log as follows:

Plastics

Floating dunnage, wood products, lining, or packing material

Ground-down (compacted) paper products, rags, glass, metal, bottles, crockery, etc.

Paper products, rags, glass, metal, bottles, crockery, etc.

Food waste

Incinerator ash

## Entries in the Garbage Record Log

Entries in the Garbage Record Log shall be made on each of the following occasions:

When garbage is discharged to reception facilities ashore or to other ships:

Date and time of discharge

Port or facility, or name of ship

Category of garbage discharged

Estimated amount discharged for each category in m<sup>3</sup>

Signature of the person in charge of the operation

When garbage is incinerated:

Date and time of start and stop of incineration

Position of the ship (latitude and longitude)

Estimated amount incinerated in m<sup>3</sup>

Signature of the person in charge of the operation

### Accidental or other exceptional discharges of garbage

Time of occurrence

Port or position of the ship at time of occurrence

Estimated amount and category of garbage

Circumstances of disposal, escape or loss, the reason therefore and general remarks.

### Amount of garbage

The amount of garbage on board should be estimated in M3, if possible separately according to category. The Garbage Record Log contains many references to estimated amount of garbage.

It is recognized that the accuracy of estimating amounts of garbage is left to interpretation.

Volume estimates will differ before and after processing. Some processing procedures may not allow for a usable estimate of volume, e.g. the continuous processing of food waste. Such factors should be taken into consideration when making and interpreting entries made in a record.

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- 1: Plastic
- 2: Floating dunnage, wood products, lining, or packing materials
- 3: Ground-down (compacted) paper products, rags, glass, metal, bottles, crockery, etc.
- 4: Paper products, rags, glass, metal, bottles, crockery, etc.
- 5: Food waste
- 6: Incinerator ash

[illegible]

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**INFORMATION TO BE CONTAINED IN HALOCARBON NOTICES**


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<b>FHR Clause #</b>	<b><u>TYPE OF NOTICE</u></b>	<b><u>INFORMATION TO BE CONTAINED</u></b>
8(2)	Dismantling, Disposal or Decommissioning Notice for a System	<input type="checkbox"/> name and address of the ship <input type="checkbox"/> Inventory tag number of the system <input type="checkbox"/> location of the system <input type="checkbox"/> name of service technician and certificate number <input type="checkbox"/> service company name (if applicable) <input type="checkbox"/> type and quantity of halocarbon and date recovered <input type="checkbox"/> type and capacity of system <input type="checkbox"/> final destination of system
10(1)	Leak Test Notice for Refrigeration System and Air Conditioning System	<input type="checkbox"/> name and address of the ship <input type="checkbox"/> Inventory tag number of the system <input type="checkbox"/> location of the system <input type="checkbox"/> name of certified person and certificate number <input type="checkbox"/> service company name (if applicable) <input type="checkbox"/> type of halocarbon contained in system <input type="checkbox"/> dated list of leak tests, leaks detected and leak repairs
31(1)	System Service Log	<input type="checkbox"/> name and address of the ship <input type="checkbox"/> Inventory tag number of the system <input type="checkbox"/> location of the system <input type="checkbox"/> name of certified person and certificate number <input type="checkbox"/> service company name (if applicable) <input type="checkbox"/> Description of service done (leak test, repairs, maintenance) <input type="checkbox"/> type and quantity of halocarbon added or recovered <input type="checkbox"/> type and capacity of system
32(b) and 33(1)	Halocarbon Release Report	<input checked="" type="checkbox"/> name and address of the ship <input type="checkbox"/> Inventory tag number of the system <input type="checkbox"/> type and quantity of halocarbon released <input type="checkbox"/> date of release <input type="checkbox"/> type of system and equipment data (Manufacturer, serial #, etc) <input type="checkbox"/> circumstances leading to the release, corrective action and actions to prevent subsequent releases
30(3)	System Recharge Halon	<input type="checkbox"/> name and address of the ship <input type="checkbox"/> Inventory tag number of the system <input type="checkbox"/> location of the system <input type="checkbox"/> service company name (if applicable) <input type="checkbox"/> type and quantity of halocarbon and date charged <input type="checkbox"/> capacity of system
	Inventory	<input type="checkbox"/> name and address of the ship <input type="checkbox"/> Inventory tag number of the system <input type="checkbox"/> location of the system <input type="checkbox"/> type and capacity of system <input type="checkbox"/> equipment data (Manufacturer, Model #, serial #) <input type="checkbox"/> type and quantity of halocarbon contained in the system

## INFORMATION TO BE CONTAINED IN NOTICES, CONTINUED

**Halocarbon Notice**

Date of notice: \_\_\_\_\_

## Type of Notice

- |   |   |
|---|---|
| <input type="checkbox"/> Leak test      | <input type="checkbox"/> Disposal of system |
| <input type="checkbox"/> Release Report | <input type="checkbox"/> Other: _____       |
| <input type="checkbox"/> Service        |   |

Inventory tag #: \_\_\_\_\_

Name & data of system: \_\_\_\_\_  
\_\_\_\_\_

## Type of system:

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Refrigeration    | <input type="checkbox"/> Solvent |
| <input type="checkbox"/> Air Conditioning |                                  |

Type of Halocarbon : \_\_\_\_\_ System Capacity \_\_\_\_\_ kW

Halocarbon recovered / released: \_\_\_\_\_ kg

System serviced by: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Company name/address: \_\_\_\_\_

Narrative: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name: _____	Signature: _____	Date: _____
(Site responsible)		

---

**WHEN CONTRACTING WORK ON SYSTEMS CONTAINING HALOCARBON**

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## **Contracting for Refrigeration and Air Conditioning Service**

### **When Issuing a Contract:**

- ☒ Ask for Environmental Awareness Training Card (called by different names in each province) and number (check expiry date)
- ☒ Ask for certificate of trade qualifications number (C of Q number) for each individual who will work on the site and require updating for any changes in personnel
- ☒ Specify they must use approved recovery equipment
- ☒ Specify that all work will need to be conducted according to section 2.7 and 2.8 of the *Code of practice for elimination of fluorocarbon emissions from refrigeration and air conditioning systems*.
- ☒ Specify that all work must comply with FHR, the Refrigerant Code of Practice and any other applicable federal or provincial regulations

### **Notes:**

- Each province has its own version of the Trade Qualification Certificate for any given trade, although the certificate appearance is similar across the provinces.
- Individuals working on site must comply with these requirements.

	<b>SAFETY MANAGEMENT SYSTEM REPORT</b>		<b>NCR #:</b>	
	<b>Major</b>	<b>Minor</b>	<b>Observation</b>	<b>AUDIT #:</b>
	<b>Vessel/Site :</b>			<b>DATE:</b>
<b>Lead Auditor:</b> <b>Auditor:</b> <b>Observer:</b>		<b>Vessel or Site Rep</b>	<b>Procedure #:</b>	
<b>NON-CONFORMITY /OBSERVATION *</b>          Signed _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Vessel or Site Representative</span> <span>Auditor / Employee</span> </div>				
<b>IMMEDIATE CORRECTIVE ACTION</b>          Signed _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Vessel or Site Representative</span> <span>Auditor / Employee</span> </div>				
<b>ACTION TO PREVENT RECURRENCE:</b>          				
Corrective action to be completed by: (Date): _____		Proposed follow-up: (Date): _____ or <input type="checkbox"/> Next Verification Audit		
<b>FOLLOW-UP AND CLOSE OUT</b>          Date NCR Closed Out: _____ SFSS Signature _____				

## NON-CONFORMITY and OBSERVATION REPORT, CONTINUED

### Instructions for Completion of Non-Conformity / Observation Report

This is a dual purpose form to be used for both non-conformities and observations whether identified by the ship, management, or through audit. Strike out the heading that does not apply.

- ① **NCR # - (Non-Conformity / Observation Report #)**  
To be completed when a Non-Conformity / Observation is reported. The NCR #'s will be generated by the vessel or shore site and must be maintained in a strict numerical sequence. The NCR # will use the Regions unique two letter code: HQ, NL, MA, QC, CA, PA, the vessel code as per guidance document of FSM. Shore sites will use unique codes – contact the Superintendent, Fleet Safety and Security for the codes used in your region. NCR numbering will restart at 001 at the beginning each fiscal year.  
  
Example:  
an NCR # for the CCGS BARTLETT from Pacific Region will be PA-B010-YYYY-###. YYYY = fiscal Year.
- ② **AUDIT #**  
Identifies the audit number for control and tracking purposes; this field is to be completed only during a formal internal audit. The specific Audit # will be assigned and controlled by the Director, Fleet Safety and Security. Regions are identified by a unique two letter code: HQ, NL, MA, QC, CA, PA, IC is an Internal Certification Audit, and EA is an External Audit.  
Example: a Pacific Region Audit will be PA-YYYY-### (Sequential number reset annually)  
Each audit observation will be assigned one of the vessel's or shore site's specific NCR#'s.
- ③ **DATE**  
Enter the date the Non-Conformity or Observation was raised, and the form completed.
- ④ **MAJOR          MINOR          OBSERVATION**  
Indicate by striking out the non-applicable word, whether the non-conformity is a Major, a Minor or an observation as defined in Procedure 1.0.
- ⑤ **VESSEL/SITE**  
Enter the name of the vessel/site who the NCR or Observation is raised against.
- ⑥ **AUDITOR/EMPLOYEE:**  
Enter the name of the individual who is raising the NCR or Observation.
- ⑦ **VESSEL/SITE REPRESENTATIVE**  
Enter the name of the individual who receives the form on behalf of the vessel or department.
- ⑧ **PROCEDURE #**  
This refers to the clause or section of the Fleet Safety Manual (FSM), the ISM Code or Regulation (either SOLAS, STCW, or Flag State) to which the Non-Conformity or Observation applies. NCR's may also be written for not following other acts, regulations, policies, orders, circulars etc.
- ⑨ **NON-COMFORMITY/OBSERVATION**  
This section is a common area to clearly state the fact identified as non-compliant with a requirement of the FSM, ISM or ISPS. The deficiencies should be stated for not following the system and the content is to be complete and concise, and written in such a manner to be easily understood by a second party reviewing the non-conformity report. Clarity should not be sacrificed for the sake of brevity. Only one non-conformity or observation can be reported per form.

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**NON-CONFORMITY and OBSERVATION REPORT, CONTINUED**

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⑩

**VESSEL/SITE REPRESENTATIVE SIGNATURE**

The signature in this block only indicates that the person signing the form has received it and understands the contents.

①

**AUDITOR/EMPLOYEE SIGNATURE**

The signature in this block indicates the person raising the non-conformity or observation report.

②

**CORRECTIVE ACTION**

The Commanding Officer or Site Manager must, in consultation with the Superintendent, Fleet Safety and Security (where appropriate), develop an appropriate corrective action to the reported non-conformity and enter that information in this section. Clearly state what immediate action is taken to address the deficiency and any further action taken to ensure that recurrence is avoided.

Where the authorities or resources necessary to complete the corrective action are within the ship's capacity, the corrective action plan should be reported to the Superintendent, Fleet Safety and Security within 7 days of the non-conformity date. When the non-conformity is referred by the ship to senior level authority, the senior level has 30 days from the non-conformity date to develop and report the corrective action that will be taken.

③

**DATE CORRECTIVE ACTION TO BE COMPLETED:**

To be completed by the Auditor. Enter the date that the parties have agreed to have the corrective action implemented. The time required to fully implement a corrective action should not normally be more than 90 days (not including lay-up time). Where the time required will exceed 90 days, written explanation shall be provided.

④

**VESSEL/SITE REPRESENTATIVE SIGNATURE**

This signature block should be that of the Commanding Officer or OIC.

⑤

**PROPOSED FOLLOW-UP**

This date is selected by the Superintendent, Fleet Safety and Security to follow up on the corrective action (when applicable).

⑥

**FOLLOW UP DETAILS**

This section is to be completed by the Superintendent, Fleet Safety and Security or an internal auditor and should indicate how the non-conformity has been corrected. Not all corrective action will require follow-up action by the Superintendent, Fleet Safety and Security; some may be closed on the basis of the information presented in the report. However, major non-conformities or a non-conformity issued as a result of lack of attention to a previously issued non-conformity will always required objective evidence to be observed by the Superintendent, Fleet Safety and Security for close-out.

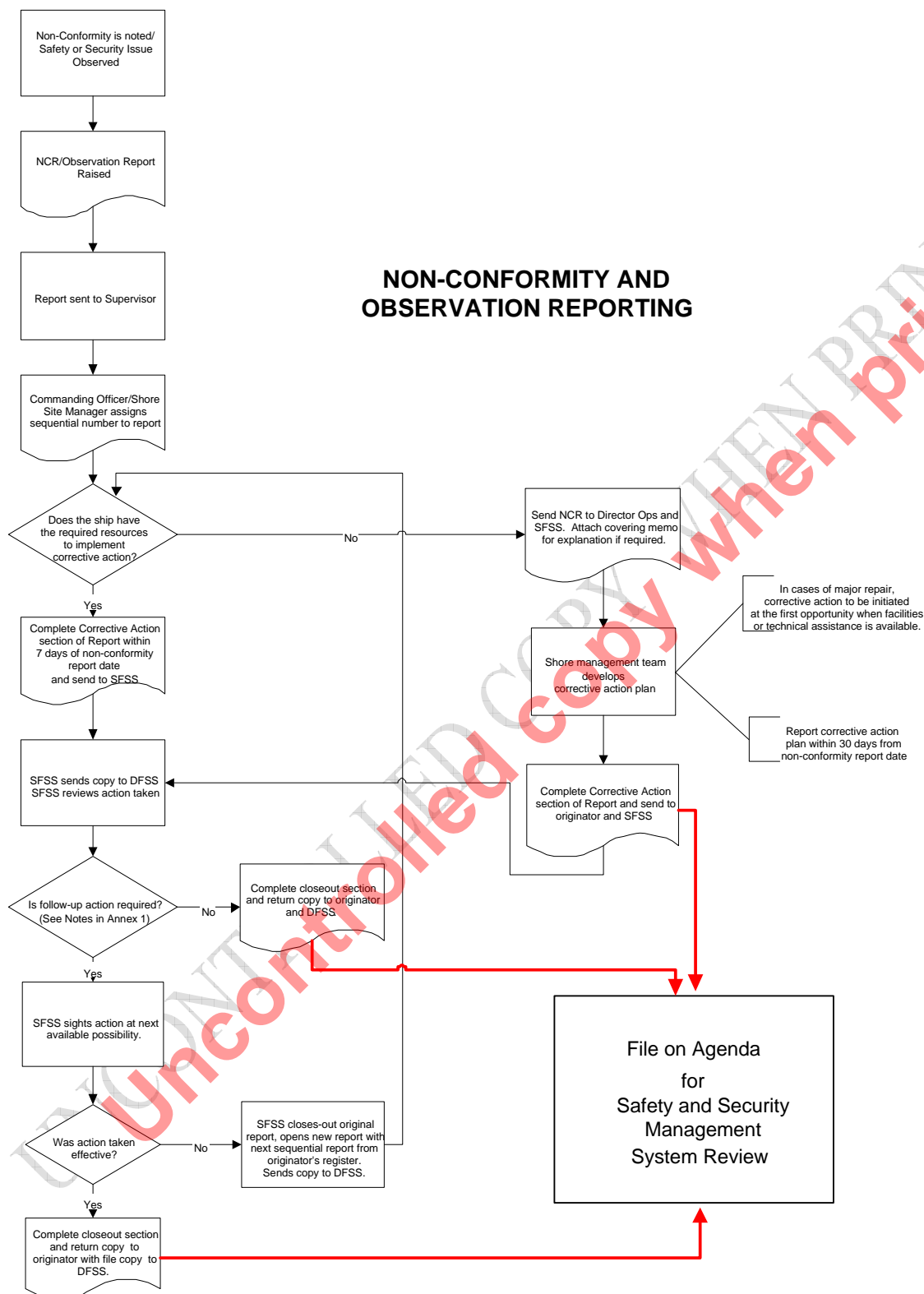
All reports will be examined as a matter of routine at the next internal audit of the ship or site.

⑦

**DATE NCR CLOSED OUT & SIGNATURE**

The date that the internal auditor (or Superintendent, Fleet Safety and Security) has reviewed the corrective action and declared it completed and effective. The signature of the auditor or Superintendent, Fleet Safety and Security, that closed the NCR.

# NON-CONFORMITY and OBSERVATION REPORT, CONTINUED



FISHERIES AND OCEANS CANADA  
CANADIAN COAST GUARD

### INCIDENT INVESTIGATION REPORT

To be **thoroughly** completed by the responsible manager with assistance from the OSH Committee Member or Representative.  
**Please print or type.** Return completed form to Fleet Safety & Security.

A. TYPE OF OCCURRENCE	
<input type="checkbox"/> Minor Injury (First Aid Only) <input type="checkbox"/> Unsatisfactory Condition <input type="checkbox"/> Security Incident <input type="checkbox"/> Near Miss	<input type="checkbox"/> Minor Injury (Visit to Doctor) <input type="checkbox"/> Disabling Injury (Any Time Loss) <input type="checkbox"/> Hazardous Occurrence (select incident from "B")

B. HAZARDOUS OCCURRENCE - TYPE OF INCIDENT			
<input type="checkbox"/> Collision <input type="checkbox"/> Fire <input type="checkbox"/> Flooding <input type="checkbox"/> Fouling Underwater Object	<input type="checkbox"/> Grounding/Stranding/Striking <input type="checkbox"/> Mechanical Failure <input type="checkbox"/> Elect. Power Failure <input type="checkbox"/> Propulsion Failure	<input type="checkbox"/> Steering loss <input type="checkbox"/> Person Overboard <input type="checkbox"/> Pollution/Environmental <input type="checkbox"/> Other specify:	

C. GENERAL INFORMATION			
Site or Vessel Name :	Work Nature (Tasking)	Date of Report	
Mailing Address			
Responsible Supervisor's Name	Supervisor's Telephone #		

D. EMPLOYEE DATA* (IF APPLICABLE – ONLY WHERE THERE IS AN INJURY TO AN EMPLOYEE) *ALL FIELDS MUST BE COMPLETED				
Employee's Surname	Given Name	Initials	Employee Date Of Birth	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Age	Number of Years of Experience in the Occupation		
Job Title	Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Term <input type="checkbox"/> Casual / Relief <input type="checkbox"/> Program Client <input type="checkbox"/> Contractor <input checked="" type="checkbox"/> Student <input type="checkbox"/> Other(specify): _____			

E. OCCURRENCE INFORMATION			
Occurrence Location	Date and Time of Occurrence	Hours on Shift This Day Prior to Occurrence	Hours Awake Prior to Occurrence
	hrs	hrs	hrs
Weather Conditions At the Time of the Occurrence			
Description of Injury (if applicable)			
Was a risk assessment performed prior to commencement of the task which resulted in this occurrence? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specify :			
Was accident prevention training in relation to the duties performed provided to the injured employee prior to the time of the hazardous occurrence?			
<input type="checkbox"/> Yes <input type="checkbox"/> No Specify:			

F. INVESTIGATION OF OCCURRENCE
Description of Occurrence- Sequence of Events ( attach additional sheets, chartlets, diagrams as required )

**G. DIRECT CAUSES**

In this section please identify **all** personal, environmental and/or job/system factors

**H. ROOT CAUSES**

In this section please identify all substandard practices and/or substandard conditions if any

**I. WITNESSES (IF MORE PLEASE ATTACH INFORMATION)**

Witness #1 – Name	Telephone #:	Witness #2 – Name	Telephone #:
Witness #3 – Name	Telephone #:	Witness #4 – Name	Telephone #:

**J. CORRECTIVE & PREVENTATIVE MEASURES**

Corrective measures taken and/or recommended to prevent recurrence

**K. RESPONSIBILITY FOR CORRECTIVE & PREVENTATIVE MEASURES/ACTIONS**

Corrective action responsibility assigned to	Date to be completed	Follow-up date

**L. PROPERTY DAMAGE**

Estimated Loss (\$)

Nature & extent of property damage

**M. INVESTIGATION COMPLETED BY**

Name of Manager or Manager Appointee	Telephone #	Signature
Manager's Comment		
Name of OSH Committee Member / OSH Representative	Telephone #	Signature
OSH Committee Member / Representative Comment		

**N. COMMANDING OFFICER / EMPLOYER COMMENTS**

Name of Commanding Officer or Employer	Telephone #	Signature
Additional Comments		

## **General Guidelines**

- Please refer to Procedure 9.B.1 of the Fleet Safety Manual for additional information and definitions.
- This document is PROTECTED A once completed. Employee personal information should only be entered in Section E if required.
- Please TYPE or PRINT. Be thorough and detailed, attaching any additional information as required.

## **Roles**

- All employees are responsible for reporting all hazardous occurrences, injuries, significant near misses and unsatisfactory conditions to their supervisor.
- The Supervisor (investigator) is responsible to investigate and report all hazardous occurrences, injuries, significant near misses and unsatisfactory conditions. An OHS Committee Representative must also be in attendance of the investigation. The Supervisor is responsible for thoroughly and accurately completing the Incident Investigation Report (IIR) according to these guidelines.
- The Commanding Officer is responsible for reviewing and signing the Incident Investigation Report (IIR) and sending all IIRs to the Regional Superintendent, Fleet Safety and Security (SFSS).

## **Section Specific Guidelines**

- Section A: "Type of Occurrence" Identify the incident by checking the relevant boxes. Select only ONE incident. If incident is a Hazardous Occurrence specify the incident in section B.

*Note:* Use "miscellaneous" and "other" options as infrequently as possible. If chosen, ensure explanations are thorough and identify the incident clearly.

- Section B: "Hazardous Occurrence – Type of Incident. Only use when incident is classified as a Hazardous Occurrence otherwise leave blank.
- Section C: "General Information - Vessel" Required information. If the incident occurred in the galley and had no relation to the actual tasking just indicate 'Galley Operations' in the tasking box. Note: The vessel's Official Number is only required if the incident was classified as MOHS in Section A.
- Section D: "Employee Data" Employee data is required ONLY if an employee has received an injury. This section is to be filled out with the injured employee's information. The job title should include current level if applicable.
- Section E: "Occurrence Information" Fill out ALL areas accurately and thoroughly as this information may be used to evaluate procedures in conjunction with all other incident reports. Ensure to identify the date and time of the occurrence as this is a commonly missed field. Actions to be taken regarding risk assessment are as follows: If "Yes," attach completed Pre-Job Safety Assessment (PJSA), Pre-Operation Risk Assessment (PORA), or other acceptable risk assessment formats to the IIR; If "No," provide a reason for failing to perform a risk assessment.

*Note:* Routine work is not a valid reason for failing to conduct a risk assessment.

- Section F: "Investigation of Occurrence" Describe the incident and how it occurred using a sequence of events/narrative. Attach any relevant/required information, diagrams or charts as these add value to the investigation. Since, persons who are not onboard the vessel at the time of the incident are reviewing the facts, a full description of the events prior to and during the incident are required. If the incident required first aid, describe the treatment and include the name of whoever performed the treatment. Note: DO NOT use names; refer to all individuals by title.
- Sections G and H: Root Causes and Direct Causes Identify any and all root causes and direct causes of the incident. It may be beneficial to identify the Direct Causes and work backward to find the Root Cause, a factor without which the incident would not occur.

*Note 1:* Root Cause: An underlying cause which can be attributed to a substandard condition or practice and which management has control to fix and, when fixed, will prevent or significantly reduce the likelihood of the problem's recurrence.

*Note 2:* Direct Cause: An immediate cause or reason for an action/event to occur. The direct causes may include personal, environmental and job/system factors, as well as, an action or set of circumstances which may have led to or allowed for the incident to occur.

- Section I: "Witnesses" Identify any witnesses to the incident. If more witnesses exist than the space given, attach necessary information. Indicate telephone number when the witness cannot be contacted via the vessel telephone number (contractors and other employers for example).
- Section J: "Corrective and Preventative Measures" Indicate and describe corrective or preventative measures to be taken in order to prevent recurrence and fix the root/basic cause(s). This includes short-term actions such as fixing a mechanical problem and long-term action such as changing procedures (upon approval).
- Section K: "Responsibility for Corrective and Preventative Measures/Actions" Indicate the individual responsible for implementing the corrective/preventative measures outlined in Section K. An estimated completion date of no more than 90 days following the incident is to be assigned. A follow-up date must also be assigned to ensure corrective action has been implemented.
- Section L: "Property Damage" Include an accurate and thorough description of any property or facility damage which occurred during or because of the incident. Estimate the monetary loss.
- Sections M and N: "Investigation Completed By" and "Commanding Officer/Employer Comments" To be completed by required individuals. The investigator is to check the box agreeing they have completed the form to this guides specifications. In all cases, the Commanding Officer must review and sign the report. Please use direct landline telephone numbers if applicable.

### **Reporting Guidelines**

- Immediately following the incident, the OHS Committee or a Representative of said committee must be informed and the OHS Committee must receive a copy of the final report as soon as possible.
- A preliminary report must be sent to the SFSS within 24 hours of the incident. This report should include: information from Sections A through F, and indicate whether the incident has caused or is likely to cause an obstruction to navigation, pollution or other hazard. The SFSS is responsible for the dissemination of the report to required parties.
- A copy of the final report and any attachments must be sent to the SFSS within 72 hours. **The original copy of the report must be retained on board.** The SFSS is responsible for the dissemination of the report to required parties.
- If an injury occurs and worker compensation is required, relevant Workers' Compensation Board forms should be completed and sent to the SFSS. If the incident is identified as a hazardous occurrence warranting attention by Human Resources and Skills Development Canada, the SFSS will forward relevant information.

## Contractor Safety and Security

### Canadian Coast Guard Fleet Safety, Security, Quality, and Environmental Requirements and Expectations for Contractors.

#### 1. Application:

This document is provided to outline the general requirements and expectations of contractors working onboard Canadian Coast Guard (CCG) ships and stations that are under the care, custody and control of the CCG.

These arrangements shall be formalized and documented in writing to impart knowledge, comprehension, acknowledgement and compliance with the requirements stated in the **Guide on the Safety Responsibilities of DFO in Relation to Contractual Agreements, Partnering & Volunteers** and **CCG Fleet Safety Manual (FSM)**.

#### 2. Objective:

To ensure compliance with all applicable federal and provincial laws concerning health and safety of employees; in particular [Part II of the Canada Labour Code](#), and relevant regulations, [Maritime Occupational Health and Safety \(MOHS\)](#) and [Canadian Occupational Health and Safety \(COHS\)](#).

The Fleet Safety Manual (FSM) provides guidance and takes every measure possible; to reduce risks, prevent accidents, near misses, and any incident that would potentially result in injury, loss of life, damage to property or the environment, thereby ensuring CCG due diligence and compliance with these requirements.

#### 3. Definitions:

##### **Workplace under the control of the CCG:**

When CCG employees are actively working on the site, the entire workplace is then considered to be the CCG's responsibility under [Part II of the Canada Labour Code](#). The CCG's obligations in relation to the safety of the workplace under its control still apply when work is being performed by contractors and/or subcontractors. As a result, the activities of every contractor and subcontractor must not endanger the health and safety of CCG employees or the security of the vessel.

When the site is under the control of CCG, the CCG must ensure that contractors and subcontractors follow procedures that are at a minimum equivalent to those found in the FSM.

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## Contractor Safety and Security Continued

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### Workplace NOT under the control of CCG:

When the Contractor has care and custody of the site and CCG employees are only doing quality assurance (QA) work related to the contract, the worksite (vessel) is NOT considered a workplace under the control of the CCG for the purpose of the [Canada Labour Code Part II](#).

#### 4. Responsibilities:

##### Commanding Officer or the Competent Person Designated Responsible:

- is responsible, when the workplace is under the control of CCG, to disclose all pertinent information regarding known or foreseeable hazards at the worksite, to ensure all persons are aware of the CCG's responsibilities and to safeguard the health, safety and security, of all persons and the environment in accordance with applicable laws; and
- When the workplace is NOT of the control of the CCG, the Commanding Officer or the Competent Person Designated Responsible should be satisfied that the contractor has acceptable processes in place to prevent accidents and to reduce the risk of damage to the ship. If applicable, prior to contract start, the Contractor shall provide the CCG with documentation indicating processes for care and custody of the vessel or station, the protection of equipment, and the conduct of hazardous activities (e.g. burning and welding, confined space entry etc).

##### Contractors:

##### When work is carried out aboard a CCG vessel under CCG control:

- shall ensure that they disclose any pertinent information, agree to follow all applicable laws, and comply with the requirements of the FSM; and in particular
- that Contractor's employees and/or subcontractors engaged in general housekeeping, maintenance and/or repair activities must not commence work until they have received the contractors basic safety familiarization contained in Annex B and completed a pre-job safety assessment (PJSA).

##### When work is carried out at a station under CCG control:

- Contractor's employees and/or subcontractors engaged in general housekeeping, maintenance and/or repair activities must not commence work until they have received the contractors basic safety familiarization contained in Annex B.

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**All persons including Contractors:**

- have the responsibility to take all reasonable and necessary precautions including stopping the action immediately to ensure the health, safety, security of any person or damage to vessel or the environment.
- must report any injury or infraction immediately to their supervisor. Note: the CCG and the Contractor must disclose immediately to each other any such report or infraction; and
- have a responsibility to communicate any potential hazards to their own safety, the safety of others and to the safety of the vessel as they arise.

Uncontrolled copy when printed

## FSM 10.A.7

## CONTRACTORS BASIC SAFETY FAMILIARIZATION

(This record shall be kept for a period of two years)

**The Commanding Officer or any Qualified Person delegated responsible**, shall ensure that contractors receive a basic shipboard or shore facilities safety familiarization and should including, but is not limited to, knowledge of the following items:

- a) Fire alarm and conduct to follow in case of fire or other emergency situations, and
- b) Off limit spaces, and
- c) Hazards encountered at the worksite (asbestos, fire fighting systems, hazardous material etc).

Date Basic Safety Familiarization completed

\_\_\_\_\_  
mm dd yyyy**Brief description of contract or work to be completed:**

From:

\_\_\_\_\_  
mm dd yyyy

To:

\_\_\_\_\_  
mm dd yyyyName  
(Print)\_\_\_\_\_  
Contractor Representative

(Print)

\_\_\_\_\_  
Competent Person, Designated Responsible

Signature:


\_\_\_\_\_  
Contractor Representative

Signature:

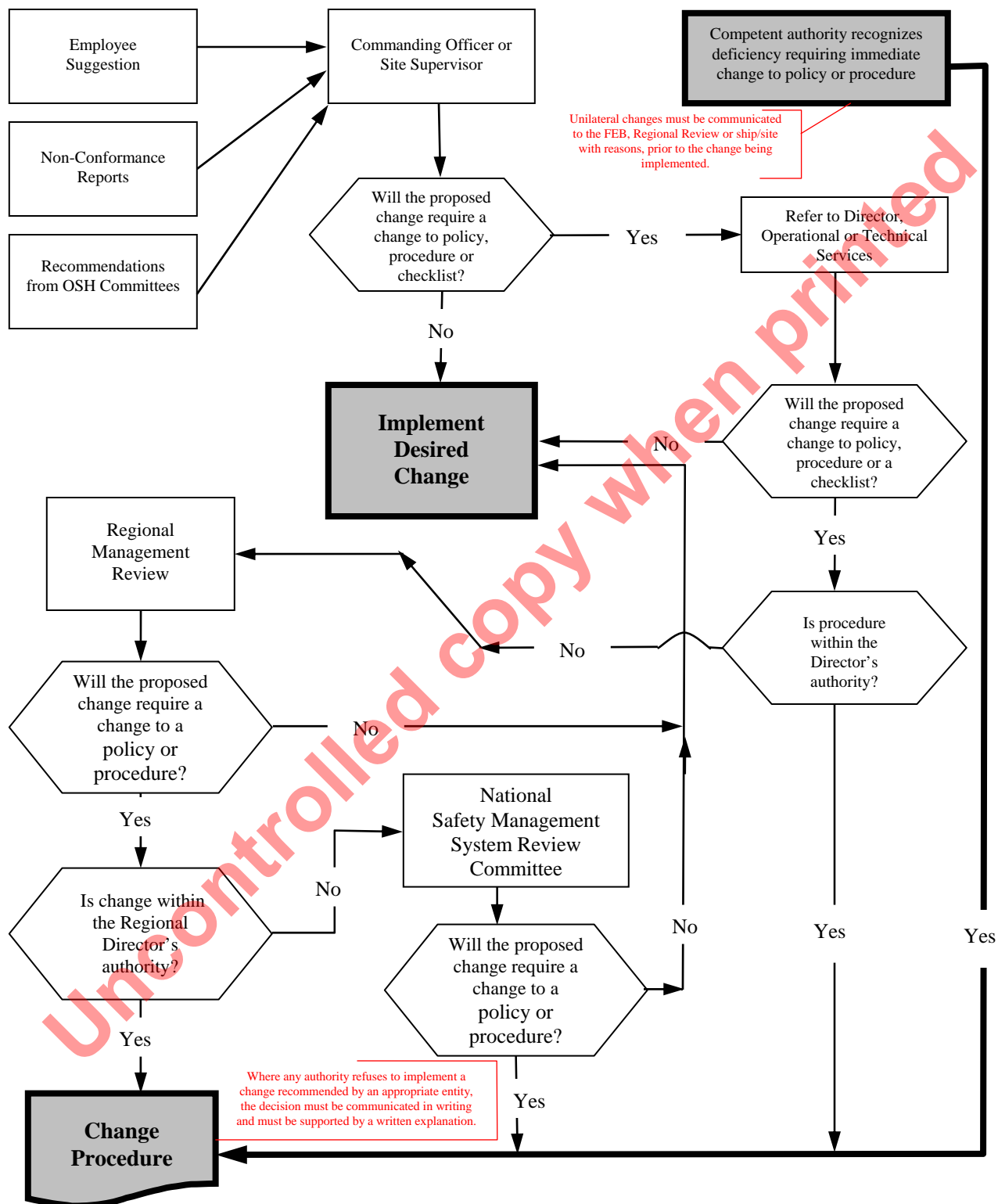
\_\_\_\_\_  
Competent Person, Designated Responsible

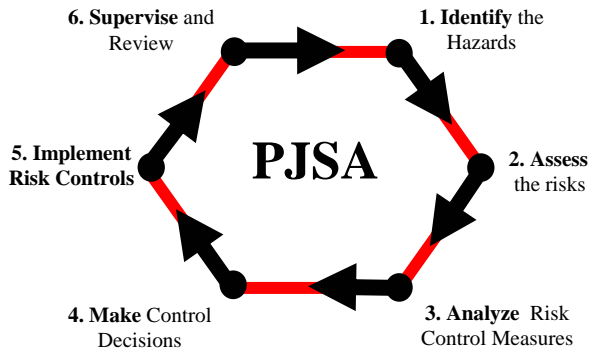

## 11.A.3

<b><u>CERTIFICATES</u></b>		<b><u>Date of Issue</u></b>	<b><u>Expiry Date</u></b>	<b><u>Inter' Survey* Due</u></b>	<b><u>Action Being Taken (As appropriate)</u></b>
1	CERTIFICATE OF REGISTRY				
2	CARGO SHIP SAFETY CONSTRUCTION (SIC 3)				
3	CARGO SHIP SAFETY EQUIPMENT (SIC 4)				
4	INSPECTION CERTIFICATE (SIC 17)				
5	INSPECTION CERTIFICATE NON-PASS'R,<150 GRT (SIC 22)				
6	CARGO SHIP RADIO SAFETY CERTIFICATE				
7	RADIO INSPECTION CERTIFICATE				
8	DECLARATION OF SHORE BASED MAINTENANCE FOR GMDSS FITTED EQUIPMENT				
9	RADIO STATION LICENSE				
10	CANADIAN/INTERNATIONAL OIL POLLUTION PREVENTION CERTIFICATE(Vessel over 400 GRT)				
11	ARCTIC WATERS POLLUTION PREVENTION CERTIFICATE				
12	INTERNATIONAL/LOCAL LOADLINE CERTIFICATE				
13	INTERNATIONAL TONNAGE CERTIFICATE (ITC 69)				
14	LIFERAFT INSPECTION CERTIFICATES				
15	FIRE DETECTION AND EXTINGUISHING INSPECTION CERTIFICATES				
16	CREWING PROFILE – MINIMUM MANNING DOCUMENT				
17	DE-RAT EXEMPTION CERTIFICATE (Vessels on International Voyages except to USA)				
18	PUBLIC HEALTH INSPECTION				
19	CALIBRATION OF OILY WATER SEPARATOR CERTIFICATE				
20	SAFETY MANAGEMENT CERTIFICATE				

 <b>SAFETY MANAGEMENT SYSTEM SUGGESTION</b>		
ATTACH ADDITIONAL SHEETS OR DRAWINGS WHERE NECESSARY	Regional Control Number: (To Be Assigned by SFSS)	National Control Number: (To Be Assigned by HQ)
The Present Situation Is:		
My Suggestion Is:		
My Suggestion Would:		
Received by SFSS:		Acknowledgement Sent:
Reviewed By:		Date:
Recommendation:		Response Sent to Suggestor On:
Date Suggestion Implemented:		
Suggested By:		
Ship/Site:		

## 11.B.1 – SAFETY MANAGEMENT SYSTEM SUGGESTION FLOWCHART



	<h2 style="margin: 0;">PRE-JOB SAFETY ASSESSMENT (PJSA)</h2> <p><b>JOB DESCRIPTION:</b></p>		
	Date :	Ship/Station:	Number of workers :
	Worker/Contractor :		
	Location:	Immediate Supervisor's Name:	
Review the following at the work site and <b>ONLY</b> check the items which apply to the task. List all the hazards you have checked on the back of the card. In the third column detail your methods of <b>CONTROL</b> .			
<b>Shutdowns/Permits-signed / posted</b>	<b>Respiratory Hazard</b>	<b>Working at Heights Hazards</b>	
<input type="checkbox"/> Hot Work	<input type="checkbox"/> Silica / Concrete	<input type="checkbox"/> Barricades / flagging and signs	
<input type="checkbox"/> HVAC	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Dangerous openings	
<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Mould	<input type="checkbox"/> Protect from falling items	
<input type="checkbox"/> Fire Suppression Systems	<input type="checkbox"/> Fibreglass/insulation	<input type="checkbox"/> Powered platforms (man lift)	
<input type="checkbox"/> Electrical	<input type="checkbox"/> Smoke	<input type="checkbox"/> Others working above or below	
<input type="checkbox"/> Water (valves)	<input type="checkbox"/> Airborne particles- chipping	<input type="checkbox"/> Fall arrest	
<input type="checkbox"/> Hydraulic (valves)	<input type="checkbox"/> Spray Painting	<input type="checkbox"/> Ladders	
<input type="checkbox"/> Compressed Gasses	<input type="checkbox"/> MSDS Reviewed	<input type="checkbox"/> Other:	
<input type="checkbox"/> Lockout procedure in place	<input type="checkbox"/> Other	<b>Ergonomics Hazards</b>	
<input type="checkbox"/> Confined Space	<b>Activity Hazards</b>	<input type="checkbox"/> Working in tight area	
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Sensitive equipment in area	<input type="checkbox"/> Part of body in line-of-fire	
<input type="checkbox"/> Other:	<input type="checkbox"/> Burn / Heat sources	<input type="checkbox"/> Working above your head	
<b>Environmental Hazards</b>	<input type="checkbox"/> Energized Equipment in area	<input type="checkbox"/> Pinch points identified	
<input type="checkbox"/> Spill potential	<input type="checkbox"/> Welding / Grinding	<input type="checkbox"/> Repetitive motion	
<input type="checkbox"/> Weather Conditions	<input type="checkbox"/> Electrical cords / tools-condition	<input type="checkbox"/> Repetitive work in awkward position	
<input type="checkbox"/> Ventilation Required	<input type="checkbox"/> Equipment / tools – inspected	<input type="checkbox"/> Other:	
<input type="checkbox"/> Heat stress / cold exposure	<input type="checkbox"/> Housekeeping	<b>Personal Limitations / Hazards</b>	
<input type="checkbox"/> Other workers in area	<input type="checkbox"/> Other:	<input type="checkbox"/> Trained to use tool / perform work	
<input type="checkbox"/> Inadequate lighting	<b>Access / Egress Hazards</b>	<input type="checkbox"/> Clear instructions	
<input type="checkbox"/> Noise levels.	<input type="checkbox"/> Partially obstructed	<input type="checkbox"/> Insufficient number of workers	
<input type="checkbox"/> Biohazards	<input type="checkbox"/> Slip / trip potential identified	<input type="checkbox"/> Physical limitations	
<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	

