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

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

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

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