Please note: The work instructions are uncontrolled and may not be current. The current version is maintained on the AMC website.

The MV BLUEFIN is a value education, training, assessment and research platform. It is a floating laboratory and is governed by internal OH&S rules as well as the requirements of the Marine Authorities.

Going to sea is inherently dangerous; however, it is important for the staff and students to experience work and learning in the seagoing environment in order to develop the knowledge, skills and attitude to be safe.

In order to minimise the risks to students, staff and passengers the AMC has a duty of care to ensure that our staff, students and passengers are medically fit and have undertaken appropriate sea safety training and assessment before departing the wharf on MV BLUEFIN. Following is a collection of Working Instructions, checklists, templates and forms that may need to be completed before travelling on the MV BLUEFIN.

Attached are the following:

- Staff, student and passenger requirements to be onboard (Work Instruction)
  - Outside harbour waters field trip checklist (Template)
  - Inside harbour waters field trip checklist (Template)
  - Field Work Safety and Medical Declaration (Form)
  - Medical Assessment Cruise Participation (Form)
  - Personal Questionnaire for Cruise Participation (Form)

- High Risk Onboard Training (Work Instruction)
  - Hazard Identification Checklist (Form)
  - Lessons Learnt (Template)
WORK INSTRUCTION

WI Title: MV BLUEFIN staff, student and passenger safety training  WI Number: WI.BF.1  WI applies to:

All persons who travel on MV BLUEFIN

WI Owner: Master MV BLUEFIN

Approved by: General Manager

Date Approved Current Version: December 2007

Review Date: December 2010

Related Policies/Documents: Policy OH&S 2

AMC Rules for the use of AMC facilities AMC Rules for the use of Training Vessels BLUEFIN and REVIRESCO. Marine and Safety Act Tasmania.

Marine Orders Part 50
AMC Field Safety & Medical Declaration Form

WI Control DPA MV BLUEFIN

Part D NMSC Code.

WI control DPA MV BLUEFIN requirements of the Marine Authorities. Going to sea is inherently dangerous; however, it is important for the staff and students to experience work and learning in the seagoing environment in order to develop the knowledge, skills and attitude to be safe. In order to minimise the risks to students, staff and passengers the AMC has a duty of care to ensure that our staff, students and passengers are medically fit and have undertaken appropriate sea safety training and assessment before departing the wharf on MV BLUEFIN.

Objective

AMC graduands may go on to work at sea or in a shore based operational role and it is important for them to understand that to work at sea in a commercial environment some seagoing safety training is necessary. OH&S policy ‘OHS 02 Laboratory and Workshop Safety’ makes this point in objective 4:

‘...to ensure that, through an appropriate learning experience, students are able to transfer appropriate occupational health and safety practices and procedures into the working environment after graduation from AMC’.

Policy Guideline

Students, staff and passengers are to have the appropriate level of medical fitness and sea safety training to be on the MV BLUEFIN for the planned activities. This procedure applies to all teaching staff, students, visiting staff and passengers on board the MV BLUEFIN once all lines have let go.
Definitions and Acronyms

Elements of Shipboard Safety  A sea safety certificate as defined by the Marine Authority, Certificate currently Part D of the NMSC code.

<table>
<thead>
<tr>
<th>Field Safety &amp; Medical Declaration Form</th>
<th>An AMC form used to alert AMC of student and staff conditions or situations that responsible AMC staff need to be aware of.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harbour Limits</td>
<td>An inshore area defined by the Port Authority.</td>
</tr>
<tr>
<td>Passenger</td>
<td>A person who observes operations, but is not to participate in any activities. This person has restricted access to parts of the vessel, as identified by the Master, such as the main deck area during fishing operations.</td>
</tr>
<tr>
<td>Staff</td>
<td>AMC staff members involved in instructing or supporting students onboard the MV BLUEFIN and not onboard as a passenger.</td>
</tr>
<tr>
<td>Student</td>
<td>A student onboard MV BLUEFIN undertaking instruction, research or experience as part of an academic program and not onboard as a passenger.</td>
</tr>
<tr>
<td>Visiting Staff</td>
<td>A Scientist, lecturer or observer from a research body, another educational institute, industry organisation, a private company that boards MV BLUEFIN to collect data, gain experience or knowledge, or to assist in the delivery of the onboard teaching program. This person may have restricted access to parts of the vessel, as identified by the Master, such as the main deck area during fishing operations.</td>
</tr>
</tbody>
</table>
| Up-to-date Cruise Participation Medical Assessment | 1. Completion of the Medical Assessment for Cruise Participation, carried out by a doctor.  
2. Completion of a self-assessment medical declaration within the last 12 months. |

Procedure

1. Voyage within harbour limits

1.1 Prior to departure the Master of the vessel is to be satisfied that the students, staff, visiting staff and passengers have the appropriate level of medical fitness and sea safety training to be onboard for the activities that will be undertaken. The following is the minimum requirement to be onboard during voyages within harbour limits:

   a. Staff
      i) Possess an Elements of Shipboard Safety Certificate as a minimum requirement of sea safety training.
      ii) Completion of the Field Safety & Medical Declaration Form.
      iii) Awareness of restricted areas within the vessel and limitations of activities during operations as determined by the Master.
b. Students
   i) Possess an Elements of Shipboard Safety Certificate as a minimum requirement of sea safety training.
   ii) Completion of the Field Safety & Medical Declaration Form.
   iii) Awareness of restricted areas within the vessel and limitations of activities during operations as determined by the Master.

c. Visiting Staff
   i) Awareness of visiting staff restricted areas within the vessel and limitations of activities during operations as determined by the Master.
   ii) Completion of the Field Safety & Medical Declaration Form.

d. Passenger
   i) Awareness of passenger restricted areas within the vessel and limitations of activities during operations as determined by the Master.
   ii) Completion of the Field Safety & Medical Declaration Form.

1.2. Prior to departure the MV BLUEFIN crew will carry out a safety induction for all staff, students visiting staff and passengers.

2. Voyage outside harbour limits

2.1. Prior to departure the Master of the vessel is to be satisfied that the students, staff, visiting staff and passengers have the appropriate level of medical fitness and sea safety training to be onboard for the activities that will be undertaken. The following is the minimum requirement to be onboard during voyages outside harbour limits:

a. Staff
   i) Possess an Elements of Shipboard Safety Certificate as a minimum requirement for sea safety training.
   ii) Completion of an up-to-date MV BLUEFIN cruise participation medical assessment.
   iii) Awareness of restricted areas within the vessel and limitations of activities during operations as determined by the Master.

b. Students
   i) Possess an Elements of Shipboard Safety Certificate as a minimum requirement of sea safety training.
   ii) Completion of an up-to-date MV BLUEFIN cruise participation medical assessment.
   iii) Awareness of restricted areas within the vessel and limitations of activities during operations as determined by the Master.

c. Visiting Staff
   i) Awareness of visiting staff restricted areas within the vessel and limitations of activities during operations as determined by the Master.
   ii) As a minimum the completion of the Field Safety & Medical Declaration Form for voyage less than 24 hours. For voyages over 24 hours, completion of an up-to-date MV BLUEFIN cruise participation medical assessment or equivalent.
d. Passenger
   i) Awareness of passenger restricted areas within the vessel and limitations of activities during operations as determined by the Master.
   ii) As a minimum the completion of the Field Safety & Medical Declaration Form for voyage less than 24 hours. For voyages over 24 hours, completion of an up-to-date MV BLUEFIN cruise participation medical assessment or equivalent.

2.2. Prior to departure the MV BLUEFIN crew will carry out a safety induction for all students and staff.

Revisions

<table>
<thead>
<tr>
<th>Date:</th>
<th>5 Dec 2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amended by:</td>
<td>Neil Stanesby</td>
</tr>
<tr>
<td>Nature of amendment:</td>
<td>1. Changed the WI number from WI.SMIO.10 to WI.BF.1</td>
</tr>
<tr>
<td></td>
<td>2. Clarified the definition of up-to-date Cruise Participation Medical Assessment to be in line with current AMC practice</td>
</tr>
<tr>
<td></td>
<td>3. Addition of Field Safety &amp; Medical Declaration from to within harbour limits voyages</td>
</tr>
<tr>
<td></td>
<td>4. Addition of a minimum the completion of the Field Safety &amp; Medical Declaration Form for voyage less than 24 hours. For voyages over 24 hours completion of an up-to-date MV BLUEFIN cruise participation medical assessment or equivalent. For voyage outside harbour limits for visiting staff and passengers.</td>
</tr>
</tbody>
</table>
OUTSIDE HARBOUR WATERS FIELD TRIP

CHECKLIST AND NOTIFICATION

Please complete checklist for each trip and send one week before voyage to:
Master MV BLUEFIN
Locked Bag 1409

Field Trip Coordinator  Contact number Start voyage End voyage Voyage purpose:
Number of participants Will minors (under 18) participate?

☐ NO Checklist:  ☐ YES

1. Completion of Medical Assessment for Cruise Participation
2. Completion of a self-assessment medical declaration (within past 12 months)
3. Minimum of ESS certificate
4. Complete following for each person on voyage

<table>
<thead>
<tr>
<th>Name</th>
<th>ESS Cert No.</th>
<th>Date issued</th>
<th>Medical assessment</th>
<th>Medical declaration</th>
<th>Classification</th>
<th>Rollcall Onboard</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

1 Individuals that do not have the minimum of the ESS may be refused to undertake the voyage or maybe classified as a Passenger. The Master is responsible for the safety of all persons while they are onboard the vessel. Final approval for anyone to be on the vessel is a decision of the Master.

2 Passenger: A person who observes operations, but is not to participate in any activities. This person has restricted access to parts of the vessel, as identified by the Master, such as the main deck area during fishing operations.

Signature Field Trip Coordinator Signature Master MV BLUEFIN
INSIDE HARBOUR WATERS FIELD TRIP

CHECKLIST AND NOTIFICATION

Please complete checklist for each trip and send one week before voyage to:
Master MV BLUEFIN
Locked Bag 1409

Field Trip Coordinator  Contact number Start voyage End voyage Voyage purpose:
Number of participants Will minors (under 18) participate?

☐ NO Checklist:  ☐ YES

1. Completion of Field Safety Declaration Form
2. Minimum of ESS certificate
3. Complete following for each person on voyage

<table>
<thead>
<tr>
<th>Name</th>
<th>ESS Cert No.</th>
<th>Date issued</th>
<th>Field Safety Form</th>
<th>Classification</th>
<th>Rollcall Onboard</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

1. Individuals that do not have the minimum of the ESS may be refused to undertake the voyage or maybe classified as a Passenger. The Master is responsible for the safety of all persons while they are onboard the vessel. Final approval for anyone to be on the vessel is a decision of the Master.

2. Passenger: A person who observes operations, but is not to participate in any activities. This person has restricted access to parts of the vessel, as identified by the Master, such as the main deck area during fishing operations.

Signature Field Trip Coordinator Signature Master MV BLUEFIN
FIELD WORK SAFETY AND MEDICAL DECLARATION FORM

The Australian Maritime College (AMC) will take all reasonably practicable steps to protect the health, safety and welfare of its employees, contractors, students and other people who may be in or near a place where AMC conducts its operations, and is committed to the continuous improvement of management standards to achieve best practice.

In order for the AMC to meet its duty of care obligations all employees, students, contractors and visitors who are intending to participate in field work must complete this form prior to the commencement of the activity and submit it to the field work supervisor for approval. When completed this form may contain confidential information which will kept secure by the field work supervisor.

<table>
<thead>
<tr>
<th>Participant-Surname</th>
<th>Given Names</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field Work Location</td>
<td></td>
</tr>
<tr>
<td>Field Work Date/s</td>
<td>Supervisor Name</td>
</tr>
<tr>
<td>Emergency Contact</td>
<td>Alternative Contact</td>
</tr>
<tr>
<td>Relationship to Contact</td>
<td>Relationship to Contact</td>
</tr>
<tr>
<td>Phone Home</td>
<td>Phone-Home</td>
</tr>
<tr>
<td>Work</td>
<td>Work</td>
</tr>
<tr>
<td>Mobile</td>
<td>Mobile</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
<th>Details if answer is Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you suffer from sea or motion sickness?</td>
<td>Yes/No</td>
<td>.............................................</td>
</tr>
<tr>
<td>During the past five years have you suffered any significant illness or been hospitalised for an extended period?</td>
<td>Yes/No</td>
<td>.............................................</td>
</tr>
<tr>
<td>Do you have any known allergies or suffer from reactions to medication/drugs?</td>
<td>Yes/No</td>
<td>.............................................</td>
</tr>
<tr>
<td>Do you have diabetes, hypertension or heart disease, asthma, epilepsy or suffer from migraines?</td>
<td>Yes/No</td>
<td>.............................................</td>
</tr>
<tr>
<td>Do you take any prescribed medication that the field work supervisor should have knowledge of?</td>
<td>Yes/No</td>
<td>.............................................</td>
</tr>
</tbody>
</table>

**Declaration**

I, .................................................., declare that the answers to the above questions are true, that I have not withheld any relevant information, and that I consider myself medically able to participate in the proposed field work. I guarantee to advise the field work supervisor should there be any changes to my medical condition.

I agree to comply with all AMC policies and procedures relative to the field work and that I will abide by any reasonable directions given by the field work supervisor.

Signed: ................................................. Date: ......................................
MEDICAL ASSESSMENT FOR RESEARCH CRUISE PARTICIPATION

Dear Doctor,

The bearer plans to participate in a research or teaching cruise on the vessel MV BLUEFIN. During the cruise, the ship may be some days away from port and the only source of trained medical assistance is the ship’s captain, who is trained in first aid. The ship is small (35m.) and has a lively motion. Those on board will be required to work for extended periods at all hours in all weather conditions. In the case of an emergency, it may take several days to sail into sheltered waters or to put into port. In the interest of safety, please examine the bearer to ensure their fitness to participate.

A current immunisation for tetanus is desirable, though not compulsory.

Please note that if the bearer is pregnant, suffers from diabetes, heart disease, hypertension or any condition that could become a problem at sea, we may require a second examination by a doctor of our choice. In this case, please complete the form in terms of the bearer’s general medical condition, and in particular, please respond to the question regarding the above conditions.

Please telephone me at the Australian Maritime College on (03) 6335 4705 if you require further information or if you feel that an assessment beyond that required by this form is needed (such as special tests or specialist referral).

The bearer’s self assessment and short history are attached.

Please return this form to the bearer when complete.

Thank you for your assistance.

Student Administration Office
**MEDICAL ASSESSMENT FORM**

(please print)

<table>
<thead>
<tr>
<th>Full Name</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Physique</th>
<th>Good / Normal / Poor</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Height</th>
<th>_________ cm (without shoes)</th>
</tr>
</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Weight</th>
<th>_________ kg (in clothes)</th>
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<thead>
<tr>
<th>Pulse Rate</th>
<th>_________ /minute</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Blood pressure</th>
<th>_________ / _________</th>
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<table>
<thead>
<tr>
<th>Urinalysis</th>
<th>Albumen / Glucose</th>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Clinical Examination</th>
<th>Normal</th>
<th>Abnormal</th>
<th>Comments on abnormalities or restrictions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head and Neck</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision and Hearing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardio-Vascular</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abdomen</td>
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<td></td>
<td></td>
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<tr>
<td>Spine</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other musculo-skeletal</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

| Identifying marks   | | |
|---------------------|| |
| Date of last tetanus toxoid booster | | |
| (immunisation is voluntary) | | |

| Does the subject have diabetes, hypertension, heart disease, or is she pregnant? | | |

Please delete inappropriate statements:

- I consider the subject medically fit for a cruise not exceeding five days duration.
- The bearer requires further assessment before a decision can be made.
- I consider the subject medically unfit for a cruise exceeding five days duration.

Please indicate any medications necessary while at sea:

- |

Please indicate any medications the subject should not be given (allergies etc):

- |

Signed: ............................................ Date: ......................

Provider Number: ............................

Name and professional address: ..........................................................
..........................................................................................
PERSONAL QUESTIONNAIRE FOR CRUISE PARTICIPANTS

Dear Student,

Please complete and sign this form and return it to the S.A. Office (Newnham) at least three weeks before your cruise. If you do not return the form, you will not be allowed to sail. The information will be made available to the Captain however, it will remain confidential.

Personal Details

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Full Name</td>
<td></td>
</tr>
<tr>
<td>Preferred Name</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>Male / Female</td>
</tr>
<tr>
<td>Date of birth</td>
<td></td>
</tr>
<tr>
<td>Home Address</td>
<td></td>
</tr>
<tr>
<td>Person to be notified in case of emergency</td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td>Relationship</td>
</tr>
<tr>
<td></td>
<td>Address</td>
</tr>
<tr>
<td></td>
<td>Phone</td>
</tr>
</tbody>
</table>

Please read the following carefully and sign. I declare that:

• The medical information I have provided on enrolment is accurate regarding my past and present health.
• I am aware that there is no expert medical service available on board.
• I am aware that alcohol, non-prescribed drugs and stimulants are not permitted on the ship, and that smoking is not permitted within the ship.

Signed: ..........................................................

This .................day of ....................  20/.......
Dear Student,

This medical report should be complete, signed and returned on enrolment or at least three weeks before your first cruise of the year. Although positive answers may not disqualify you, if you do not return the completed form you will not be allowed to sail. This medical report will be valid for twelve months and details will be available to the Master of the BLUEFIN.

Please take this form and the medical assessment form with you to the doctor.

**Question Answer Details if answer is 'Yes'**

- Do you suffer badly from seasickness?  
  Yes/No  
  ………………………………

- During the least five years, have you suffered any significant illness or been in hospital?  
  Yes/No  
  ………………………………

- Are you aware of any condition that could incapacitate you at sea or could require expert medical attention?  
  Yes/No  
  ………………………………

- Do you have diabetes, hypertension, heart disease, or are you pregnant?  
  Yes/No  
  ………………………………

- Do you have any allergies or reactions to drugs?  
  Yes/No  
  ………………………………

**Declaration**

I, …………………………………………. declare that the answers to the above questions are true, that I have not withheld any relevant information, and that I consider myself fit to participate in the cruise.

Signed: ……………………………….  Witness: ………………………………

Date: ……………….    Date: ………………..
I, …………………………………………………………………………………………… (full name)
of …………………………………………………………………………………………… (address)
understand that I may be exposed to certain risks of injury, death or loss or damage to
personal property and equipment on the MV BLUEFIN.

I hereby release the Australian Maritime College, its officers, agents and employees from:

(a) any claim or liability for injuries to my person;
b) any loss and damage to property and equipment; and
c) any other loss, cost, liability and expense,

directly arising from my participation on the cruise except to the extent that a claim, loss,
cost, liability or expense is caused or contributed to by any negligent act or omission by
AMC, its officers, agents or employees.

Signed this …………………….day of ……………………………20/…..

by ……………………………………………………………….. (Signature of Participant)
in the presence of …………………………………………... (Signature of Witness)

Date ……/……/20……
WORK INSTRUCTION

Work Instruction Title: High Risk Onboard Training
Work Instruction Number: MTO-D 8
Responsibility of: Head of SMIO
Approved by: SMIO Operations Meeting 24 Aug 2005
Date approved: 24 Aug 2005
Current Version: 18 August 2005
Review Date: 18 August 2007
Related Policies/Documents:
- OHS-01 Occupational Health and Safety Policy
- OHS-02 Laboratory and Workshop Safety
- Workplace Inspection Model Checklist
- RM001 Risk Management Policy

Document control: This document is controlled by Head of SMIO

Purpose

The professional seafarer needs to competently carry out tasks in a potentially dangerous workplace. The at-sea environment for the trainee involves uncertain dangers and hazards that are not normally experienced. Training and assessment in the real work, potentially high risk, environment is necessary for ensuring the future safety of the trainee. However, benefits derived from this training and assessment may be negated by injuring to the trainee.

The purpose of this work instruction is to provide guidance to the vessel training team regarding prudent actions that should be undertaken to prepare for high risk onboard training. This work instruction will also instil in trainees safe work practices and professionalism and will increase their own personal safety through increased situational awareness, attention to detail and care for themselves and others.

Scope

This work instruction applies to MTO-D students on an AMC training vessel and is to be applied in conjunction with the AMC Quality and Improvement Occupation Health and Safety policies and procedures and the training vessels’ specific requirements.
### Definitions and Acronyms

<table>
<thead>
<tr>
<th>Activity</th>
<th>The onboard training exercise undertaken by the trainees which involves more than one trainee.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity Folder</td>
<td>An ongoing record of the activities, debriefing notes and hazard identification checklists.</td>
</tr>
</tbody>
</table>
| Hazard checklist              | Checklist used to assist in determining hazards in an activity. High risk activity shall include, but not be limited to, the following:  
  - Confined space training  
  - BA rescue training  
  - Paraguard training  
  - Life raft training  
  - Height/aloft operations  
  - Pyrotechnic demonstrations  
  - Shooting and retrieval of nets  
  - Rope, cable or wire under tension  
  - Winch operations  
  - Heavy weather work  
  - Handling of marine life  
  - Over the side operations |
| High Risk Training            | The following operations will not normally be considered high risk:  
  - One storey up deck operations  
  - Berthing and unberthing the vessel  
  - Stowage of gangway and equipment  
  - Anchoring and letting go anchor |
| Lecturer                      | The academic staff member responsible for the standard of delivery and assessment of the trainee. |
| Master                        | The person in command of the vessel.                                                            |
| Officer in Charge             | The person designated to be in command of the activity.                                         |
| Risk Treatment                | These are the range of options undertaken to treating the risk and may include:                |
|                               | **Avoiding.** The activity or hazard contains intolerable risk and it is decided not to proceed or choose an alternative more tolerable activity or process that meets the objectives of the training exercise. |
|                               | **Reducing.** The risk the activity or hazard contains is reduced to an acceptable level through management of the hazard. For example: increased supervision, available equipment, information, inspection, communication etc. |
| ‘Stop work’                   | The ‘Stop work’ call can be made by anyone on the vessel to end an activity because of safety concerns or a situation which requires the attention of a person involved in the activity. |
| Trainee                       | An AMC student involved in the activity.                                                       |
Responsibilities

1. Master (or his/her delegate)

1.1. Maintain the safety of the vessel, personnel and environment throughout the activity.
1.2. Determine the risk potential of an activity based on this procedure and prevailing and forecast conditions on the vessel, personnel and weather.
1.3. Inspect the activity site and equipment (if necessary).
1.4. Give input into the determination of hazards and risk treatment.
1.5. Given the level of hazard and risk treatment, determine if the students are competent to undertake the activity safely.
1.6. Determine if the activity should go ahead.
1.7. Monitor the risk treatment (if necessary).
1.8. Monitor the activity progress.
1.9. Call 'stop work' if you believe that the activity risks harm to the personnel, vessel or environment.
1.10. Participate in the activity debriefing (if necessary).

2. Lecturer

2.1. Determine the learning outcomes and assessment criteria of the training activity.
2.2. Determine the training sequence, resource requirements and necessary competence requirements of the participants.
2.3. Determine the risk potential of an activity based on this procedure and prevailing and forecast conditions on the vessel, personnel and weather.
2.4. Inspect the activity site and equipment.
2.5. Give input into the determination of hazards and risk treatment.
2.6. Given the level of hazard and risk treatment, determine if the students are competent to undertake the activity safely.
2.7. Determine if the activity should go ahead
2.8. Monitor the risk treatment.
2.9. Brief the trainees on the learning outcomes, assessment criteria, sequence of the activity and designate the tasks of the trainees.
2.10. Monitor the activity progress.
2.11. Call 'stop work' if you believe that the activity is at risk of harm to the personnel, vessel or environment.
2.12. Lead the activity debriefing.
2.13. Note the lessons learnt (what went well, what did not go so well and what can be done better next time) and file with hazard checklist in the file activity folder.

3. Officer in Charge (OIC) – may be the master or the lecturer

3.1. Determine the risk potential of an activity based on this procedure and prevailing and forecast conditions on the vessel, personnel and weather.
3.2. Inspect the activity site and equipment.
3.3. Give input into the determination of hazards and risk treatment.
3.4. Given the level of hazard and risk treatment, determine if the students are competent to undertake the activity safely.
3.5. Determine if the activity should go ahead.
3.6. Undertake the risk treatment.
3.7. Brief the students on the hazards, risk treatments and the 'Stop work' authorisation available to all participants.
3.8. Act on any safety concerns raised by trainees.
3.9. Call the start of the exercise.
3.10. Monitor the activity progress.
3.11. Call ‘stop work’ if you believe that the activity risks harm to the personnel, vessel or environment.
3.12. Call the completion of the exercise.
3.13. Participate in the activity debriefing.

4. Trainee

4.1. Undertake all risk treatment required of the OIC and the activity.
4.2. Undertake designated tasks in the activity.
4.3. Voice any questions or concerns to the master, OIC or lecturer.
4.4. Monitor the training activity.
4.5. Call ‘stop work’ if you believe that the activity risks harm to the personnel, vessel or environment.
4.6. Participate in the activity debriefing.
Flowchart

Request for training activity

Lecturer
1. Determine training objectives and
learning outcomes

Lecturer/Master
1. Designate OIC
2. Determine risk potential

OIC
Should the activity go ahead?

Yes

OIC
Does the training exercise involve more
than 1 person?

Yes

Lect/Master/OIC
1. Inspect the site and equipment
2. ID hazards on Checklist
3. Determine risk treatments

Lect/Master/OIC
Are the students
competent to undertake
activity?

Yes

Lect/Master/OIC
Are the risks
manageable?

Yes

OIC/Master/Lecturer
1. Carry out risk treatment

Lecturer/Master
1. Brief students on the activity

OIC
Discuss hazards of activity
highlight ‘Stop work’ authorisation
of all participants

OIC
Do participants raise hazards not
considered?

Yes

High risk onboard training activity may include:
- Lifesaving drills
- Shooting Nets
- Fire drills
- Enclosed space
- Working aloft
- Paraguard lift
- Working over the side
- Winch operations
- Heavy weather work

No

All
1. Start training exercise
2. Raise safety concerns

Does any participant call a
‘Stop work’?

Yes

All
1. Complete exercise

Lecturer
1. Conduct activity &
safety debrief
2. Note lessons learnt

No

End

End

End

End

End

End

End

End

End
## Appendix A
### Hazard Identification Checklist

<table>
<thead>
<tr>
<th>Activity</th>
<th>Lecturer</th>
<th>Date</th>
</tr>
</thead>
</table>

**Hazard Identification Questions (not limited to these listed)**

*Please tick (✓) the response*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the activity have situations that can potentially trap, engulf, or drown?</td>
<td></td>
<td></td>
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<tr>
<td>2. Is vision obscured by 1m or less?</td>
<td></td>
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<tr>
<td>3. Does the space contain any mechanical equipment?</td>
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<tr>
<td>4. Does the space have an Entrapment Hazard?</td>
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<tr>
<td>5. Does the activity contain thermal hazards (e.g., extremely hot or cold)?</td>
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<tr>
<td>6. Does the space contain excessive noise levels which could interfere with communication?</td>
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<tr>
<td>7. Can communication be lost with OIC?</td>
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<tr>
<td>8. Is there a Man-Over-Board risk?</td>
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<tr>
<td>9. Can the students be stung, bitten or poisoned by wildlife?</td>
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<tr>
<td>10. Do the participants have any known medical conditions?</td>
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<tr>
<td>11. Does the activity require leaving the vessel?</td>
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<tr>
<td>12. Does the activity present any slip, trip, or fall hazards?</td>
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<td>13. Are there any operations conducted near the space opening which could present a hazard?</td>
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<tr>
<td>14. Are there any hazards from falling objects?</td>
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<tr>
<td>15. Are cleaning solvents or paints going to be used in the space?</td>
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<tr>
<td>16. Is there an electrical hazards in the activity?</td>
<td></td>
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<tr>
<td>17. Does the space have poor natural ventilation which would allow an atmospheric hazard to develop?</td>
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<tr>
<td>18. Are there any conditions which could prevent ‘self-rescue from the space?</td>
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<tr>
<td>19. Are there any substances used in the space which have acute hazards?</td>
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<tr>
<td>20. Does the activity restrict mobility to the extent that it could trap?</td>
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<tr>
<td>21. Are there ropes and lines under dangerous tension?</td>
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<tr>
<td>22. Are there pressurised lines servicing the area?</td>
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<tr>
<td>23. Work permits complete (enclosed space, hot work, work aloft etc)</td>
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<tr>
<td>24. Other</td>
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<td>25.</td>
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<td>26.</td>
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<td>27.</td>
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</tbody>
</table>

A1.1
Appendix B
Lessons Learnt

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>OIC</th>
<th>Lecturer</th>
</tr>
</thead>
</table>

What went well?

What did not go as well as expected?

What can we do better next time?

B1.1