



safe work australia

Working Safely with Containers

Checklist Three – Vessel/Work Environment Checklist – Containers



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This checklist is a minimum requirement and may be used in conjunction with this guide to supplement the *Vessel/Work Environment Checklist – General OHS Issues* (Checklist One).

Checklist Three may be used without modification. However, where necessary, the checklist should be adapted to suit the particular circumstances of a workplace. Checklists that are already in place may continue to be used if they address all potential hazards in that particular workplace.

Facility name _____

Vessel name _____

Names of person/s in charge:

1. Ship's Duty Officer _____

2. Of shift _____

Hatches to be worked (*please circle*): 1 2 3 4 5

Please indicate date and time of inspection activities:

Date	Time	Activity	Names of personnel involved
	:	On arrival of ship at port/prior to work commencing	(Supervisor/Foreman)
			(Health and Safety Representative)
			(Ship's representative)
			(Other)
	:	Regular inspection/s [†]	(Supervisor/Foreman)
			(Health and Safety Representative)
			(Ship's representative)
			(Other)

[†]Regular inspections may need to be undertaken more frequently than indicated here – use additional checklists as required.

Transfer any items marked 'No' to 'Actions for follow-up' at the end of the checklist.

VESSEL

General

Item		Circle	
1	Is the lashing plan compatible with the design of the vessel?	Yes	No
2	Is all gear to be used compatible with the lashing plan?	Yes	No
3	Have all reefer cables been secured prior to loading or unloading?	Yes	No
4	Are all lashings and other portable cargo securing devices certified and identified with Maximum Safe Load (MSL)?	Yes	No
5	Is all lashing gear uniform and compatible? (e.g. all twist locks of same type, semi-automatic twist locks used with suitable lashing bars)	Yes	No
6	Has excess lashing gear been correctly stowed?	Yes	No
7	Are unlocking poles, bars, spanners, etc. placed at/near top of gangway?	Yes	No
8	Is an oxygen-deficient atmosphere detection system in place to identify possible loss of containment of hazardous substances or dangerous goods from containers?	Yes	No
9	Is there sufficient distance between containers to enable safe access/egress? (while allowing sufficient space for work processes, gear, etc.)	Yes	No
10	Are areas where people could be struck by falling objects during lashing/unlashing identified?	Yes	No
11	Have appropriate barricades/no-go zones been put in place?	Yes	No
12	Have containers moved/shifted since loading?	Yes	No

Appliances, gear, etc.

Item		Circle	
13	Is there any evidence of wear and tear in lifting gear? (e.g. stretched chains, defective hooks)	Yes	No
14	Has the gear register been sighted for all equipment?	Yes	No
15	Is all gear used in accordance with its marked Safe Working Load (SWL)/Working Load Limit (WLL)?	Yes	No
16	Have all lifting appliances been appropriately tested and serviced?	Yes	No
17	Is all load shifting/bearing equipment suitable for the task?	Yes	No
18	Are there any damaged or non-conforming items?	Yes	No

Sign-off (supervisor/person in charge)

Item	Circle	
Have records of vessel condition and on-forwarding actions been kept?	Yes	No
Has a record of this inspection (including who was involved and when it was completed) been forwarded for record keeping?	Yes	No

Signature _____ Name _____