

# Deep Water Pre-placement H&S Assessment



**Fisheries New Zealand**

Tini a Tangaroa

Vessel name		PPHSA number	
Date inspected		Departure port	
Assessor name		Call-Sign	
Vessel representative			

☒ - Condition met   ☒ - Condition not met   ☐ - Condition does not apply

## General requirements

CoS expiry date

If date close, date for resurvey

☐ Assessor has been shown communication devices' location

## Health, safety, and hazards

☐ Assessor has been given a safety induction and vessel tour

Vessel master understands and has shown the assessor the following policies:

☐ Bullying and harassment   ☐ Drug and alcohol   ☐ Fatigue management

☐ Does the vessel have a smoking policy? Does not have to be written policy. Please describe.

☐ The vessel maintains constant (24/7) look-out while at sea (includes periods when the vessel is set to drift or on anchor)

☐ Assessor has been shown the hazard register

☐ Vessel's hazards and their management have been explained and understood by the assessor

☐ Hazard and incident reporting procedures have shown to and understood by the assessor

What actions does the vessel take if a crew member is experiencing COVID-19 symptoms?

What is the vessel's plan for combatting COVID-19 if a crew member tests positive on board?

Does the vessel have any COVID-19 testing procedures for testing crew that the observer would be expected to adhere to (i.e. pre-deployment testing, testing symptomatic crew at sea, etc)?

First aider/medical person

Location of first aid equipment

☐ Emergency alarms explained to & understood by the assessor (fire, general alarm, MOB, refrigerant leak)

## Life Saving Appliances

☐ All vessel's life-rafts and hydrostatic release units (if applicable) have current service dates

Location of observer's allocated life raft

Date of earliest expiring life raft	
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Date of earliest expiring HRU (if applicable)	
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- ☐ Vessel's float-free EPIRB battery and hydrostatic release have current service dates

Location	
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EPRIB Battery service dates	
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HRU service date (required)	
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- ☐ Vessel's minimum PPE requirements will be met by Observers standard issue PPE
- ☐ The Observer will be able to store their lifejacket in an area accessible during an emergency

Location	
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- ☐ Firefighting equipment is located in key areas, and has current service dates

Location	
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Earliest expiring Service date	
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Pressure Tested	
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- ☐ There are lifejackets (and/or survival suits) for every person on board including the observer
- ☐ There are survival suits for every person on board including observer, may not be required
- ☐ Life buoys are in good condition

### Accommodation

- ☐ Emergency escape route is explained and accessible
- ☐ Berth dimensions are at least 1.9m x 0.68 (interior) and 0.3 m off the floor
- ☐ Mattress is clean, comfortable and fits the berth
- ☐ Minimum clear floor space in cabin of not less than 1 metre square
- ☐ Desk, workspace, and lighting meets standard
- ☐ Suitable ventilation in living areas
- ☐ Firefighting equipment is located near observer cabin, and has current service dates

Location	
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Service dates	
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Pressure Tested	
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Additional comments:

### Amenities

- ☐ Facilities for washing and drying clothes, including washing machine, soap powder and fresh water
- ☐ Toilet that can be flushed after use
- ☐ Hand basin, running water and soap dispenser in or adjacent to toilet
- ☐ Hand basin, soap and towelling are in the galley
- ☐ Shower with hot and cold water
- ☐ Adequate table/desk space and seating for observer
- ☐ Food storage facilities and potable water source are hygienic
- ☐ Galley crew familiar with NZFSA guidelines for handling food

Additional comments:

### Observer workstation

- ☐ Clear headroom of no less than 1.90 metres
- ☐ Obstacles that reduce head height are clearly marked and/or padded
- ☐ Workstation is as close as possible to the pounds to minimise the need to move whole fish
- ☐ Workstation height is between 0.75 – 1.00m
- Workstation allows for ☐ Secure placement of scales ☐ Measuring fish up to 1.50m
- ☐ Emergency escape route from workstation and factory is explained and functional

Additional comments:

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Role Pre-Placement Health and Safety Assessor

Signature \_\_\_\_\_  
Name \_\_\_\_\_  
Role \_\_\_\_\_

