**WORK PLAN/ PROPOSAL**

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| **VESSEL** |  |

|  |  |  |  |
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| **WORK OVERVIEW** | | | |
| **JOB TITLE** |  | **JOB NUMBER (YY-xxx)** |  |
| **RESPONSIBLE OFFICER** |  | | |
| **PERSONNEL INVOLVED** |  | | |
| **PLANNED START DATE** |  | | |
| **EST. TIME REQUIRED** |  | | |

|  |  |
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| **HSQE** | |
| Has a risk assessment been carried out (either now or recently) for this job? | **Y / N** |
| If “NO”, explain in detail why it is not necessary, and record appropriate safety considerations: | |
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| **work scope** |
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| **work sequence & REFERENCES** | | |
| Is this work part of a manufacturer’s maintenance routine? | | **Y / N** |
| **If “YES”**, i. what manufacturer’s manual is work sequence found in? |  | |
| ii. what is the page number/ reference for the work routine? |  | |
|  | | |
| **If “NO”**, provide details of the work sequence below: | | |
| **1.** | | |
| **2.** | | |
| **3.** | | |
| **4.** | | |
| (ADD LINES AS REQUIRED) | | |

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| **tools, equipment & parts** | | | | |
|  | | | | |
| **TOOLS REQUIRED** | | | | |
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|  | | | | |
| **EQUIPMENT REQUIRED** | | | | |
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| **PARTS / STORES REQUIRED** | | **ONBOARD?** | **REQUISITION NO.** | |
| 1. | | **Y / N** | NO ITEMS WILL BE PURCHASED FOR THE VESSEL  WITHOUT A COMPLETED WORK PLAN/ PROPOSAL | |
| 2. | | **Y / N** |
| 3. | | **Y / N** |
|  | | **Y / N** |
| (ADD LINES AS REQUIRED) | | **Y / N** |

|  |  |  |
| --- | --- | --- |
| ⃝ Master  ⃝ Chief Engineer |  |  |
|  | **Name & Signature** | **Date** |