**WORK PLAN/ PROPOSAL**

|  |  |
| --- | --- |
| **VESSEL** |  |

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

|  |
| --- |
| **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: |
|  |

|  |
| --- |
| **work scope** |
|  |
|  |
|  |

|  |
| --- |
| **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)  |

|  |
| --- |
| **tools, equipment & parts** |
|  |
| **TOOLS REQUIRED** |
|  |  |  |
|  |  |  |
|  |
| **EQUIPMENT REQUIRED** |
|  |  |  |
|  |  |  |
|  |
| **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** |

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