

Crew List	Trip Record					NYPD onboard	K-9 Sweep as per CSP	Pilot House Checklists (Initial when complete)			Ballast Operations (Deballast / Ballast)				Trip Remarks
	From	Trip Time	Let Go	Fast	Slip #			Check-03	Check-04	Check-08	Start	Stop	End	Status	
Captain: RUSSELL D															K-9 SWEEP COMPLETED LET GO LINES MOVED UP TO BRIDGE
Pilot (A/C): ALLIED M	SI	0630	0632	0653	1	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
Mate: RAMIREZ P	NY	0700	0702	0724	5	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
Mate: MILLER W	SI	0730	0732	0753	1	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
Mate: COOCHING M	NY	0800	0802	0823	5	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
D/H 1: MICHELL K	SI	0830	0832	0854	1	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
D/H 2: CASSELL T	NY	0900	0902			<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
D/H 3: CARROLL P	SI					<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
D/H 4: HOWACKA A	NY					<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
D/H 5: BARBOUR J						<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
D/H 6: HOSNER W						<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
D/H 7: SYLVESTER D						<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
D/H 8: _____						<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
Other: _____						<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
Other: _____						<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
Other: _____						<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
Attendant: WILLIAMS C						<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
Weather: Clear/Cloudy						<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
Wind Spd/Dir: Light VAR.						<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	
Visibility: Good						<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON						<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> B <input type="checkbox"/> O <input type="checkbox"/> D	

ADDITIONAL REMARKS: (See inside cover of Deck Logbook for additional guidance.)	Other Pilot House Checklists			Tides - Battery		Fuelling Operations		Radio Watch	
	✓ Number	Time	Initials	Times (H) (L)	Height	Slip	Start Time	Call Sign	Time on
S/S START UP COMPLETED	10	0500	AM	0438	4.1			WYR 3370	
	10	0500	AC	1106	0.8				13, 14, 16, 19A
	01	0606	DL	1718	4.7				0500
									Time off
									Fuel Rcvd
									Total OB
									Distress call: <input type="checkbox"/> Yes <input type="checkbox"/> No
									(If yes, note in ADDITIONAL REMARKS)

Received Power from B/H 0605

DRILLS & EXERCISES INFORMATION:		
Drills & Training Performed:	Equipment utilized during drill / exercise:	Drill & exercise details and remarks:
<input checked="" type="checkbox"/> Fire Drill - EPM 3.2 <input type="checkbox"/> Abandon Ship - EPM 3.14 <input checked="" type="checkbox"/> MOB - EPM 3.3 <input type="checkbox"/> Steer. & Prop. Loss - EPM 3.4 <input type="checkbox"/> Anchor - EPM 3.6 <input type="checkbox"/> Security - EPM 3.10 <input type="checkbox"/> QI Notification - EPM 3.8 <input type="checkbox"/> Pollution Incident - EPM 3.8 <input type="checkbox"/> Collision / Allision - EPM 3.5	<input type="checkbox"/> Grounding - EPM 3.7 <input type="checkbox"/> Flooding - EPM 3.9 <input type="checkbox"/> Police Action - EPM 3.11 <input type="checkbox"/> Medical Emergency - EPM 3.12 <input type="checkbox"/> Crowd Control - EPM 3.13 <input type="checkbox"/> Ferry to Ferry Xfer - EPM 3.15 <input type="checkbox"/> Rendering Assistance - EPM 3.16 <input type="checkbox"/> Elevator Extrication - EPM 3.17 <input type="checkbox"/> Other:	Rescue Boat # _____ Fire Stations # _____ and _____ Fog Applicator <input type="checkbox"/> Foam w/ in-line eductor <input type="checkbox"/> SCBA <input type="checkbox"/> Portable Extinguisher <input type="checkbox"/> at _____ Fixed CO2 System <input type="checkbox"/> at _____ Fire dampers <input type="checkbox"/> Other: <input type="checkbox"/>
<p>0500-0600 Boat crew cleaning exercise conducted fire & MOB drill I.A.W. DAILY SUBJECT WEEK 2.</p>		