

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: <u>Werner</u> <u>A</u>															<u>K9 Sweep</u>
Pilot (A/C): <u>Rose</u> <u>G</u>	<u>1</u>		<u>Shift</u>		<u>4</u>	<input type="checkbox"/> YON	<input type="checkbox"/> YON					<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
Mate: <u>Guzzo</u> <u>G</u>	<u>SE</u>	<u>0620</u>	<u>0632</u>	<u>0622</u>	<u>1</u>	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON	<u>N</u>	<u>N</u>			<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
Mate: <u>Pacilla</u> <u>J</u>	<u>M</u>	<u>0630</u>	<u>0632</u>	<u>0653</u>	<u>4</u>	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON	<u>N</u>	<u>N</u>			<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
Mate: <u>Palmieri</u> <u>S</u>	<u>SE</u>	<u>0715</u>	<u>0717</u>	<u>0736</u>	<u>1</u>	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON	<u>N</u>	<u>N</u>			<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
D/H 1: <u>Hess</u> <u>B</u>	<u>M</u>	<u>0745</u>	<u>0747</u>	<u>0804</u>	<u>4</u>	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON	<u>N</u>	<u>N</u>			<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
D/H 2: <u>Fiore</u> <u>K</u>	<u>SE</u>	<u>0815</u>	<u>0817</u>	<u>0837</u>	<u>1</u>	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON	<u>N</u>	<u>N</u>			<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
D/H 3: <u>Safsky</u> <u>D</u>	<u>M</u>	<u>0845</u>	<u>0847</u>	<u>0906</u>	<u>4</u>	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON	<u>N</u>	<u>N</u>			<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
D/H 4: <u>Quinones</u> <u>C</u>	<u>SE</u>	<u>0930</u>	<u>0932</u>	<u>0952</u>	<u>1</u>	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON	<u>N</u>	<u>N</u>			<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
D/H 5: <u>Tindley</u> <u>S</u>	<u>M</u>	<u>1000</u>	<u>1002</u>	<u>1023</u>	<u>5</u>	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON	<u>N</u>	<u>N</u>			<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
D/H 6: <u>Rios</u> <u>F</u>	<u>SE</u>	<u>1100</u>	<u>1102</u>	<u>1122</u>	<u>1</u>	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON	<u>N</u>	<u>N</u>			<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
D/H 7:	<u>M</u>	<u>1130</u>	<u>1132</u>	<u>1152</u>	<u>5</u>	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON	<u>N</u>	<u>N</u>			<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
CME: <u>Tetunis</u> <u>M</u>	<u>SE</u>	<u>1230</u>	<u>1232</u>	<u>1254</u>	<u>1</u>	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON	<u>N</u>	<u>N</u>			<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
ME: <u>Franco</u> <u>A</u>	<u>M</u>	<u>1300</u>	<u>1302</u>	<u>1322</u>	<u>4</u>	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON	<u>N</u>	<u>N</u>			<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
Oiler # 1: <u>Hennessey</u> <u>R</u>	<u>SE</u>	<u>1330</u>	<u>1332</u>	<u>1353</u>	<u>1</u>	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON	<u>N</u>	<u>N</u>			<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
Oiler # 2: <u>Berceanas</u> <u>N</u>	<u>M</u>	<u>1400</u>	<u>1402</u>	<u>1423</u>	<u>4</u>	<input checked="" type="checkbox"/> YON	<input checked="" type="checkbox"/> YON	<u>N</u>	<u>N</u>			<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
Other:						<input type="checkbox"/> YON	<input type="checkbox"/> YON					<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
Weather: <u>Rain</u>						<input type="checkbox"/> YON	<input type="checkbox"/> YON					<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
Wind Spd/ Dir: <u>NW 10</u>						<input type="checkbox"/> YON	<input type="checkbox"/> YON					<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		
Visibility: <u>Clear</u>						<input type="checkbox"/> YON	<input type="checkbox"/> YON					<input type="checkbox"/> NY <input type="checkbox"/> SI	<input type="checkbox"/> BOD		

ADDITIONAL REMARKS: (See inside cover of Deck Logbook for additional guidance.)

Other Pilot House Checklists			Tides - Battery		Finish With Engines		Radio Watch	
Number	Time	Initials	Times (H) (L)	Height	Time	Slip	Call Sign	
<u>10</u>	<u>0330</u>		<u>0038</u>	<u>16.4</u>		<u>N/A</u>	<u>WJL 5649</u>	
<u>10</u>	<u>0335</u>						VHF	<u>13, 14, 16, 19A</u>
<u>01</u>	<u>0512</u>		<u>0642</u>	<u>5.6</u>			Time on	<u>0515</u>
<u>000</u>	<u>1445</u>						Time off	<u>1445</u>
			<u>1731</u>	<u>20.6</u>		<u>N/A</u>	Distress call	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<u>1910</u>	<u>4.9</u>			(If yes, note in ADDITIONAL REMARKS)	

DRILLS & EXERCISES INFORMATION:

Drills & Training Performed:	Equipment utilized during drill / exercise:	Drill & exercise details and remarks:	Lessons learned & drill debrief comments:
<input type="checkbox"/> Fire Drill <input type="checkbox"/> Abandon Ship <input checked="" type="checkbox"/> Man Overboard <input checked="" type="checkbox"/> Steering & Propulsion Loss <input type="checkbox"/> Anchor <input type="checkbox"/> Security <input type="checkbox"/> QI Notification <input type="checkbox"/> Pollution Incident <input type="checkbox"/> Collision / Allision	<input type="checkbox"/> Grounding <input type="checkbox"/> Flooding <input type="checkbox"/> Crowd Control <input type="checkbox"/> Ferry to Ferry Transfer <input type="checkbox"/> Elevator Extrication <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"/>	