## FISHING VESSEL CREW ORIENTATION CHECKLIST



This checklist is a guideline for conducting safety orientation for crew members.

SA	AFETY ORIENTATION FOR CREW	PERSONAL PROTECTIVE EQUIPMENT (PPE)
	Trained in proper use of fishing gear, equipment, and safe handling and lifting practices	Depending on the job task, the following PPE must be worn to ensure adequate safety:
	<ul> <li>Aware of posting location of safety information including:</li> <li>OHS Act and Regulations</li> <li>Emergency phone numbers or contact information</li> </ul>	<ul> <li>Trained in the proper use and care of the following:</li> <li>Personal flotation devices</li> <li>Head protection</li> </ul>
<u> </u>	<ul> <li>Reporting a serious injury to the 24-hour OHS Emergency Line at 902-628-7513</li> <li>Understands the expectations of being fit for duty</li> </ul>	<ul> <li>Eye and face protection</li> <li>Hearing protection</li> <li>Protective footwear</li> </ul>
	Understands the responsibilities to ensure passageways and work areas are clear of clutter and loose materials are fastened and secured	FIRST AID SUPPLIES, EQUIPMENT, AND TRAINING
	Trained in WHMIS and proper use, storage, disposal, and emergency procedures if hazardous products are present	<ul> <li>Aware of who is responsible for providing first aid treatment</li> <li>Aware of the location of the first aid kit</li> </ul>
En	MERGENCY PREPAREDNESS	
	Trained in the use of emergency equipment and	HAZARDS SPECIFIC TO JOB DUTIES
	procedures, including:	<ul> <li>Awareness of fishing hazards to eliminate or minimize the risk of injury</li> </ul>
	Emergency communication equipment	the risk of injury
	Overboard retrieval procedures and equipment	
	Firefighting procedures	This document is meant to be a quick reference to the relevant <i>PEI Occupational Health and Safety Act</i> and Regulation requirements. It is not a substitute for reviewing the applicable provincial and federal legislation and regulations.
	Medical emergencies	
	Trained in basic vessel operations	
an		checklist have been discussed to the satisfaction of the Captain or maintaining a safe and healthy workplace. Please retain this
Cap	otain Signature:	Date:
Cre	w Signatures:	1
1.	2.	3.

For more information please contact
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