

On-the-Job Briefing Presentation Assessment Evidence

This form must be signed by a bareboat company supervisor (*Operations Manager or a nominated, qualified, permanent member of staff*) and the briefer, and sent with supporting documentation and the completed 'Application for Registration' (**Form 3**) to the Great Barrier Reef Marine Park Authority.

BRIEFING PRESENTATION EVIDENCE CHECKLIST

DATE: _____ / _____ / _____

Initial corresponding box for all briefing areas covered

<u>AREA BRIEF:</u>		<u>BOAT BRIEF:</u>	
1	<input type="checkbox"/>	Area Limits, Hours of Operation	
2	<input type="checkbox"/>	Use of Chart & 100 Magic Miles	
3	<input type="checkbox"/>	Tides	
4	<input type="checkbox"/>	Hazards	
5	<input type="checkbox"/>	Reef Protection Markers	
6	<input type="checkbox"/>	Public Moorings	
7	<input type="checkbox"/>	No Anchoring Areas	
8	<input type="checkbox"/>	No Fishing Areas	
9	<input type="checkbox"/>	Excluded Areas	
10	<input type="checkbox"/>	Marine Park Regulations	
11	<input type="checkbox"/>	Environmental Issues	
12	<input type="checkbox"/>	Anchoring / Mooring	
13	<input type="checkbox"/>	No Rafting Up	
14	<input type="checkbox"/>	Resorts & Marinas	
15	<input type="checkbox"/>	Refuelling & Rewatering	
16	<input type="checkbox"/>	Prevention Of Collision Regulations	
17	<input type="checkbox"/>	Infringement Penalties	
18	<input type="checkbox"/>	Return time	
19	<input type="checkbox"/>	Debriefing & Boat Check	
20	<input type="checkbox"/>	Responsibility for Safety & Operation	
21	<input type="checkbox"/>	Day Planning	
<u>RADIO</u>		<u>CABIN</u>	
1	<input type="checkbox"/>	Channels, Repeaters & Scanning	1
2	<input type="checkbox"/>	Schedule Times	2
3	<input type="checkbox"/>	Result of Missing Radio Schedules	3
4	<input type="checkbox"/>	Radio Base Hours of Operation	4
5	<input type="checkbox"/>	A/H Emergencies	5
6	<input type="checkbox"/>	Prompt Reporting of Problems	6
7	<input type="checkbox"/>	Medical Services	7
8	<input type="checkbox"/>	Test Call by Charterer	8
		<u>DECK</u>	
		1	
		2	2
		3	3
		4	4
		5	5
		6	6
		7	7
		8	8
		<u>TENDER</u>	
		1	1
		2	2
		3	3
		<u>SAIL TEST</u>	
		1	1
		2	2
		3	3
		4	4

Briefer Name: **Briefer Signature:**

Supervisor Name: **Supervisor Signature**

Name of Bareboat Company:

Company Address

Contact Phone Number