

SAFETY CODE ANNEXES



Unless another arrangement has been agreed by those involved, it shall be the duty of the designated Competent Cox to ensure this form is completed.

General			
			Culturiacion Data:
Name of submitter:			Submission Date://
Boat(s) involved: □ St Ba	aldred	□ John B □ Black	kadder 🗆 Other:
□ actual damage		□ potential for injury / near miss □ potential for damage / near miss □ undesired circumstance	
Crew and Witnesses			
Outing Date: / /	Boat Bo	ooking:	Time of Incident:
Competent Cox:			
Crew:			
Other witnesses:			
If any crew members or witness			
Persons Contacted			
Please record which (if any) of to the incident.	the person	ns/organisations listed be	elow have been contacted in relation
Parents / carers	□ Yes	□ No	
Coastguard / RNLI	□ Yes	□ No	
Ambulance	□ Yes	□No	
Police	□ Yes	□ No	
Harbour Master	□ Yes	□ No	

Description of Incident	

This form should be passed on to the Health & Safety Officer within 72 hours of the incident or, if he/she is unavailable, another member of the Committee. If injury or damage has occurred within the fairway or harbour area, it will be necessary to inform the Harbour Master and record in the North Berwick Harbour Trust's Accident Book.



The Competent Cox must obtain details of an emergency contact and any relevant medical disclosures prior to taking a non-member out in a club boat. For under-18s, permission from a child / young person's responsible adult must also be obtained.

CONFIDENTIAL WHEN COMPLETE

This form is intended to be held by the Competent Cox for reference during an outing. It should be securely disposed of when no longer required.

Part A: To be completed by th	ne non-member participant	
Name (please print):		Date: / /
Emergency contact details:	Name:	
	Phone number:	
	Address:	
Can you swim 25 metres unaide	ed? □ Yes □ No	
	ponsible for your safety during the over Evant medical information or specific	
Medical disclosures:		
Part B: To be completed by re	esponsible adult if participant is ag	ged under 18 years
Name (please print):		
I hereby give permission for the	child named in Part A to participate	e in NBRC activities.
Signature:		Date: / /



This document is intended to provide a template for planning short passages in NBRC vessels. The production of a passage plan before heading to sea is a legal requirement under Rule 34 of the SOLAS V regulations; in the UK, this is implemented into national law by The Merchant Shipping (Safety of Navigation) Regulations 2002.

It will be the responsibility of the Competent Cox to ensure that an appropriate passage plan is prepared and, as required, amended. The exact level of planning will be at his/her discretion, and will depend on the type of journey being undertaken. This template highlights some of the key areas that need to be considered; it is not necessarily comprehensive, and will usually be accompanied, as a minimum, with a course plotted on a paper chart.

Vessel Name:		Competent Cox:	
Passage from	to		Date://
Expected duration of passage:			ETA:
Crew:			

1. Planned Waypoints

Give details of planned waypoints (intermediate points in the route), starting from departure point.

Waypoint (Name / Description)	Time (Waypoint ETA)	Position (Lat-Long / Landmark-Bearing-Range)	Course to Next Waypoint (Made Good Over Ground)
	(Waypoint LTA)	(Lat-Long / Landmark-Dearing-Range)	(Made Good Gver Ground)
1.			
2.			
3.			
4.			
5.			
6.			
7.			

2. Navigational Dangers

Identify hazards (rocks, shipping lanes, tidal eddies, etc) and how they are to be handled/avoided.

Hazard	Notes of	n Mitigation		
Trazaru	TVOICS OF	i winganon		
	<u> </u>			
3. Means of Naviga	tion			
Provide details of the	e tools and methods	to be used for navi	gation on the passage).
Position Fixing:	□ GPS fix	□ compass fix	□ pilotage only	□ other:
References:	□ electronic chart	□ paper chart	□ sketches	□ other:
Notes:	- ciccuonic chart		- Sketches	- other.
rotes.				
L				
4. Key Times				
Identify key times si	gnificant to navigat	ion or safety (e.g. h	igh/low water, sunset	, scheduled ferries).

5. Tidal Streams

Address impact of tidal stream. For longer passages, consider multiple times / locations.

Location(s)	Tide Strength (knots)	Tidal Direction (deg)
t		
	Location(s)	

6. Pilotage Plan				
Describe plan for vi	sually navigating in	n/out of harbours/land	lings. Provide a sketc	h for reference.
7. Limits				
physical fitness, etc). Detail the environ	nmental conditions at	d crew (with regard to which safety starts to e necessary to anchor	become marginal.
8. Safety Equipmen	nt			
Note all items of sat	fety equipment that	are to be carried.		
□ towline/painter	□ bailer(s)	□ flares	□ anchor	□ knife
□ radio	□ first aid kit	□ horn/whistle	□ spare clothing	□ lights
□ other, list:				

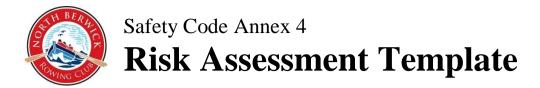
9. Water and Consumables				
Explain how much food and	water must be carried, planning for possible delays in arrival.			
10. Crew Clothing and Pers				
Detail the clothing / equipme	nt requirements for the crew, planning for possible delays in arrival.			
11. Contingency Planning				
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Identify possible havens in ca	ase conditions deteriorate, things go wrong, or there is a need to head to dered for these refuge options.			
Identify possible havens in ca				
Identify possible havens in cashore. Pilotage must be consi	dered for these refuge options.			
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12. Conditions and Forecast

To be competed as close to departure as practicable. Record departure conditions and predicted changes.

	Wind		Seastate	Visibility	Weather
	Speed	Direction	Seastate	Visionity	vv eather
Departure Conditions					
Forecast (for time)					
Impact Assessment					

Pre-Departure Checklist					
☐ Has the crew been briefed on the content of the passage plan?					
☐ Are any required electronics operating correctly? Including: ☐ has a radio check been conducted? ☐ are batteries sufficiently charged?					
☐ Is all the required safety equipment aboard, secured and accessible?					
□ Are the crew appropriately equipped and fit for the journey? Including: □ are they appropriately dressed? □ are lifejackets fitted correctly and, if applicable, within service date? □ do they have any necessary medication with them (asthma inhalers, etc)? □ have they brought adequate food and water? □ are they sufficiently fit, able and experienced for the passage?					
□ are they sufficiently lit, able and experienced for the passage? □ Has a designated person ashore been made aware of you plans? Does he/she know: □ who is aboard □ where you're going □ when you expect to arrive □ what to do if you don't arrive					
□ Are all parties comfortable to proceed?					



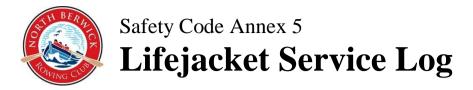
This template has been created to assist in the creation of bespoke risk assessments when required by the Safety Code. It uses the Risk Matrix approach – the same method that is used in the club's Generic Risk Assessment, which can be used for reference. Populate the table overleaf, using multiple sheets if required. The approach is summarised below.

- 1) Create a list of events or occurrences that could have harmful outcomes and record these in the Hazardous Event column
- 2) For each Hazardous Event:
 - a) assess the Likelihood of the event occurring on a scale of 1-5
 - b) assess the Severity of the event if it does occur, on a scale of 1-5
 - c) multiply the Likelihood and Severity together to obtain the Risk
- 3) If the risk is not already at a tolerable level, apply mitigations or control measures to reduce the likelihood, the severity, or both.
- 4) Calculate the Residual Risk which remains after the mitigations have been applied using the same scoring system.
- 5) If the residual risk has been reduced to an acceptable level, the control measures can be considered sufficient. If not, you will need to apply additional control measures to lower the risk further.

			Severity				
		1 - Insignificant	2 - Minor	3 - Moderate	4 - Major	5 - Catastrophic	
	5 - Highly Likely	5	10	15	20	25	
poc	4 - Likely	4	8	12	16	20	
lih	3 - Possible	3	6	9	12	15	
Likelihood	2 - Unlikely	2	4	6	8	10	
	1 - Extremely Unlikely	1	2	3	4	5	

Tolerable
Tolerable if risk cannot reasonably be lowered further
Intolerable

Risk Residual Risk Severity Likelihood Sheet ___ of__ Mitigations or Control Measures Date: ____/ Risk **Unmitigated Risk** Severity Likelihood Hazardous Event Risk Assessment for _ Author:



This template has been aligned with the manufacturer's servicing instructions contained in the User

		BRC's Bluewave manual lifejackets. Add gime. The manufacturer's servicing require			
other	models.				
Mod	del	Bluewave (Manual)	1		
Seri	ial Number	,			
Dat	e of Manufacture				
			_		
1.	General Inspection		Pass	Fail	Comment
1.1	Check for soiling. Ri				
1.2	Ü	cessive wear or abrasion.			
1.3		tape, lifting beckett and whistle are all fitted.			
1.4	Check operation of b				
1.5	Check straps are free	of tangle and easily adjusted.			
2.	Inspection of Lung		Pass	Fail	Comment
2.1	Check for abrasion or	wear.			
2.2	Inflate using foot or h	nand pump; check air is retained for 12 hours.			
If the	lung leaks or is otherw	ise damaged, the lifejacket must be removed fr	om serv	ice and	l disposed of.
3.	Inspection of Cylind		Pass	Fail	Comment
3.1	Check for corrosion of	<u> </u>			
3.2	Check for evidence o	f puncture or marking from firing needle.			
3.3	Weigh cylinder. Ched	ck within ±2 gram of stamped gross weight.			
If the	cylinder fails any of th	e above checks, it must be replaced and reasses	ssed acc	ording	ly.
4.	Inspection of Inflato		Pass	Fail	Comment
4.1	Check firing indicato	r fitted.			
4.2	Check toggle is free.				
-	D 64 COA C 1' 1			1	
5.	Refit CO2 Cylinder]	
6.	Repack Lifejacket			1	
0.	Repack Enegacket			J	
7.	I hereby confirm tha	at this lifejacket has been serviced in accorda	ance wit	th the o	checklist above.
Name: Signature: Date:				Date:	
		e no later than 1 year after the date above. If this it inspection is completed.	date is	missed	, the lifejacket should
		Next in	spection	n due:	



This template should be used to record the full inspection of the club's safety equipment (excluding lifejackets). This should be conducted at least annually by the Health & Safety Officer.

(StB: St Baldred JB: Skiff John B BA: Blackadder)

1.	Permanent Fit	StB	JB	BA	Comment	
1.1	Towline (Painter)					
i	8m long, 14mm towline (min) fitted					
ii	checked for damage					
iii	eyebolt confirmed secure					
1.2	Bailers					
i	2x hand bailers present					
ii	bailers secured to boat					
1.3	Drogue					
i	unpacked					
ii	line checked for damage					
iii	drogue checked for damage					
iv	eyebolt confirmed secure					
V	repacked					
1.3	Rudder-Freeing Tool					
i	fitted (under port gunwale within reach of cox)					

2.	Safety Boxes	1	2	3	Comment
2.1	Flares		•		•
i	2x red smoke flares legible, undamaged and in date				
ii	2x red hand flares legible, undamaged and in date				
2.2	Throwing Line				
i	line unpacked and checked for damage				
ii	security of line attachment to inside of back checked				
iii	line repacked				
2.3	Torch				
i	batteries checked for damage/leakage and charge				
ii	torch confirmed working				
2.4	Knife				
i	opens/closes freely				
ii	blade inspected for damage				
2.5	Whistle				
i	functioning correctly				
2.6	Compass				
i	functioning correctly				
2.7	Rescue Bag				
i	undamaged and unopened				
2.8	First Aid Kit				
i	contents checked for damage or depletion				
2.9	Safety Box				
i	lanyard & shackle fitted and checked for damage				
ii	inside of box confirmed dry				
iii	lubricate seal with Vaseline				
iv	check lid opens/closes freely				
V	repack				

3.	Anchors and Rode (Chain & Rope)	1	2	3	Comment
i	anchor and rode weigh minimum 7kg				
ii	minimum 30m rode fitted				
iii	chain checked for wear				
iv	rope checked for damage				
V	joining knots/splices/shackles inspected				
vi	anchor bucket checked				

4.	General	Number Carried	Comment
4.1	First Aid Kit (Store)		
i	contents checked for damage or depletion		
4.2	Fenders		
i	checked and inflated		
4.3	Paddles		
i	checked for damage		

5. Summary of Outstanding Actions

Any non-conformances that cannot be in attention of the Committee immediately.		nust be recorded below and	brought to the
5. I hereby confirm that a full insp	ection of the above sa	fety equipment has been	conducted.
Name:	Signature:	1	Date:
The next full inspection must be no later	than 1 year after the	date above.	
		Next inspection due:	