

## DECK 1 REQUIRMENTS CHECKLIST

Name: \_\_\_\_\_ Initial date: \_\_\_\_\_

| Item  | Date | Approver Signature | Approver Rank |
|---|------|--------------------|---------------|
| <input type="checkbox"/> Certified at deck 2  |      |                    |               |
| <input type="checkbox"/> Current member of DOT drug testing pool.   |      |                    |               |
| <input type="checkbox"/> Demonstrate proper attire and behavior with passengers and crew                    |      |                    |               |
| <input type="checkbox"/> Demonstrate how to haul and ease a line through a hawse or chock to a cleat.       |      |                    |               |
| <input type="checkbox"/> Demonstrate how to perform deck 1 activities to remove and secure off shore spring |      |                    |               |
| <input type="checkbox"/> Demonstrate how to set up stern lines for arrival                                  |      |                    |               |
| <input type="checkbox"/> Explain and demonstrate the deck 1 single up activities.                           |      |                    |               |
| <input type="checkbox"/> Explain and demonstrate the deck 1 departure activities                            |      |                    |               |
| <input type="checkbox"/> Describe steps to secure ship for sailing  |      |                    |               |
| <input type="checkbox"/> Demonstrate how to manage a landing using the arrival spring                       |      |                    |               |
| <input type="checkbox"/> Explain and demonstrate the deck 1 landing activities                              |      |                    |               |
| <input type="checkbox"/> Demonstrate proper line handling for the Ballard locks.                            |      |                    |               |
| <input type="checkbox"/>  |      |                    |               |
| <input type="checkbox"/> Explain deck 1 roles and responsibilities during an MOB emergency.                 |      |                    |               |
| <input type="checkbox"/>  |      |                    |               |

Steamer Virginia V Foundation  
Deck Crew Advancement Procedure

DECK 1 REQUIRMENTS CHECKLIST

Name: \_\_\_\_\_ Initial date: \_\_\_\_\_

| Item   | Date  | Approver Signature | Approver Rank |
|--|---|--------------------|---------------|
| <input type="checkbox"/> Explain deck 1 roles and responsibilities during fire emergency                                       |   |                    |               |
| <input type="checkbox"/> Explain deck 1 roles and responsibilities during grounding emergencies                                |   |                    |               |
| <input type="checkbox"/> Explain deck 1 roles during a medical emergency   |   |                    |               |
| <input type="checkbox"/> Name all deck lines and functions   |   |                    |               |
| <input type="checkbox"/> Show location for fire stations and fire extinguishers  |   |                    |               |
| <input type="checkbox"/> Explain the channel marker types and position of ship relative to those markers.                      |   |                    |               |
| <input type="checkbox"/> Explain and demonstrate the set up for all lines for approaching the Ballard Locks in each direction. |   |                    |               |
| <input type="checkbox"/> Demonstrate ability to train and coach crew at deck 2 3, and 4 positions                              |   |                    |               |
| <input type="checkbox"/> Completion of minimum training sea time within the past year.   | _____ 1<br>_____ 2<br>_____ 3<br>_____ 4<br>_____ 5 |                    |               |

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Deck Crew Advancement Procedure

DECK 1 REQUIRMENTS CHECKLIST

Name: \_\_\_\_\_ Initial date: \_\_\_\_\_

The candidate has successfully demonstrated proficiency in all of the above areas and is ready for a captain's review

|       |                |       |
|-------|----------------|-------|
| _____ | _____          | _____ |
| name  | (bosun/deck 1) | date  |

I have reviewed the candidate and approve / disapprove certification to deck 1 for the following reasons:

|       |           |       |
|-------|-----------|-------|
| _____ | _____     | _____ |
| name  | (captain) | date  |