

# The Steamer Virginia V Foundation

Dedicated to the Preservation and Operation of Puget Sound's Last Wooden Passenger Steamship

## Deck Crew Advancement Procedure



Procedure 002 Rev DRAFT

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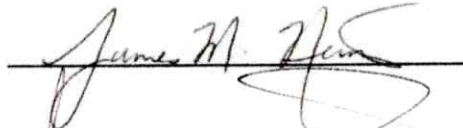
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Deck Crew Advancement Procedure

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Signatures for original release

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Date

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7/8/23  
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Date

Title

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Date

Title

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7/16/2023  
Date

Title

Sign and type: First Name MI Last Name

## INTRODUCTION

The VIRGINIA V is owned and operated by The Steamer VIRGINIA V Foundation, a 501(c)(3), not-for-profit organization. The vessel maintains a Certificate of Inspection (COI) from the United States Coast Guard and is inspected annually, in compliance with all USCG regulations.

This procedure provides the details of the Foundation's Advancement Policy (Policy 1).

Part I of this document describes the details of the advancement process.

Part II of this document is a set of Requirements Checklists to be used by the crew for advancement.

## DECK CREW ADVANCEMENT PROCESS:

### GENERAL REQUIREMENTS:

1. Each crew member is responsible for their personal Advancement Requirements Checklist (Checklist).
2. Crew members will use the checklist found in the most current version of the Deck Crew Advancement Procedure.
3. Each crew member is responsible for contacting and showing proficiency to the Bosun (or Deck 1 in the bosun's absence) to check off the listed requirements when ready to do so.
4. Each crew member will store their in-work checklist aboard the Virginia V in the designated location within the foc'sle area.
5. When all requirements have been met and approved, each crew member is responsible to initiate a meeting with bosun (or deck 1 in the absence of a bosun) and one of the Virginia V captains for a final review and approval.
6. The captain will set up a review session with the crew member and a bosun (or deck 1 in the absence of a Bosun) familiar with the capabilities of the crew member to go over the Checklist.
7. Any crew member who is unable to pass the review will remain at their current level of certification.
8. The captain who signs a completed Checklist is verifying and certifying that the deck crew member is fully qualified to perform all deck crew activities at that new level.
9. Any crew member who fails a checklist review may appeal the decision. They must appeal in writing (email or text) to the executive director.
  - a. A checklist appeal meeting will be set up by the executive director and will have a captain, not in the initial review, and a bosun (or deck 1) in attendance.
  - b. The checklist appeal meeting's decision will be final and notifications will be handled in the same manner as initial checklist reviews.
10. The captain who signs the completed Checklist is responsible to forward the completed Checklist to the Virginia V office for filing.

11. The Virginia V Executive Director is responsible for maintaining all certified Checklists, an authoritative source list of each crew member and their level of certification, and distribution of that list.

#### MAINTAINING CERTIFICATION REQUIREMENTS:

1. Each crew member must perform at least two sailings a year at their current level of certification to maintain their approved level (recency).
2. Any crew member who does not meet the level of recency must meet with a certified bosun to review the checklist activities and validate at which level the crew member is able to perform. The, the bosun (or deck 1) will then set up a review with the candidate and a captain.
3. The reviewing captain is responsible to notify the crew member and Executive Director of a change certification level.
4. Any captain who determines a crew member with current recency is unable to perform at their certified level may request a checklist review with a bosun and the crew member.

#### DECK CREW REQUIREMENTS CHECKLISTS:

The following is the Deck-Crew Requirements Checklists for deck 4, 3, 2, 1, and bosun. Copies of these lists will be used by deck crew for tracking advancement.

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## DECK 4 REQUIREMENTS CHECKLIST

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

Item	Date	Approver Signature	Approver Rank
<input type="checkbox"/> Submission of volunteer application			
<input type="checkbox"/> Demonstrate proper attire and behavior with passengers and crew			
<input type="checkbox"/> Demonstrate proper VHF radio operation protocol			
<input type="checkbox"/> Identify the following parts of the ship: Engine Deck, Salon Deck, Boat Deck, foc'sle, bow, stern, engine, galley, Bridge			
<input type="checkbox"/> Identify Starboard and Port			
<input type="checkbox"/> Identify deck 4 Emergency Stations as defined in the Station Bill			
<input type="checkbox"/> Describe how to muster passengers			
<input type="checkbox"/> Demonstrate proper use of all crowd control lines.			
<input type="checkbox"/> Identify locations of Personal Flotation Devices(PFD)			
<input type="checkbox"/> Demonstrate how to assist a person in donning a PFD			
<input type="checkbox"/> Demonstrate how to track an MOB			
<input type="checkbox"/> Describe what to do when a passengers are engaging in unsafe or CG restricted behaviors			
<input type="checkbox"/> Demonstrate how to log volunteer time			
<input type="checkbox"/> Completion minimum sea time as deck 4.	_____ 1 _____ 2 _____ 3		

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DECK 4 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 4 for the following reasons:

\_\_\_\_\_  
name (captain) date

### DECK 3 REQUIRMENTS CHECKLIST

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

Item	Date	Approver Signature	Approver Rank
<input type="checkbox"/> Certified at deck 4			
<input type="checkbox"/> Pass an Initial DOT drug screening			
<input type="checkbox"/> Demonstrate proper attire and behavior with passengers and crew			
<input type="checkbox"/> Demonstrate proper lookout activities and reporting to wheelhouse.			
<input type="checkbox"/> Demonstrate proper radio etiquette.			
<input type="checkbox"/> name all deck lines			
<input type="checkbox"/> Demonstrate how to coil, hang, and deck fake a line			
<input type="checkbox"/> Demonstrate how to haul and make lines fast			
<input type="checkbox"/> Demonstrate how to remove and install hawse and chock plugs			
<input type="checkbox"/> Demonstrate how ease lines			
<input type="checkbox"/> Explain and demonstrate how to perform deck 3 departure activities			
<input type="checkbox"/> Explain and demonstrate how to perform deck 3 landing activities			
<input type="checkbox"/> Explain and demonstrate proper fender handling and storage			
<input type="checkbox"/> Explain and demonstrate deck 3 role and responsibilities during MOB			
<input type="checkbox"/> Explain and demonstrate deck 3 roles and responsibilities during fire emergency			
<input type="checkbox"/> Explain and demonstrate deck 3 roles and responsibilities during grounding/abandon ship emergency			
<input type="checkbox"/> Explain and demonstrate deck 3 roles and responsibilities during medical emergency			

### DECK 3 REQUIRMENTS CHECKLIST



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

Item	Date	Approver Signature	Approver Rank
<input type="checkbox"/> Explain and demonstrate deck 3 roles and responsibilities during an anchoring emergency			
<input type="checkbox"/> Explain and demonstrate wheel house etiquette			
<input type="checkbox"/> Show locations for fire stations and fire extinguishers			
<input type="checkbox"/> Demonstrate ability to train and coach crew at deck 3, and 4 positions			
<input type="checkbox"/> Demonstrate wheel watch activities: read compass, steer by bearing or landmark, use of telegraph, use of sound powered phone,			
<input type="checkbox"/> Complete minimum training sea time as deck 3.	<div>_____ 1</div> <div>_____ 2</div> <div>_____ 3</div>		

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 3 for the following reasons:

\_\_\_\_\_ name (captain) \_\_\_\_\_ date

## DECK 2 REQUIRMENTS CHECKLIST

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

Item	Date	Approver Signature	Approver Rank
<input type="checkbox"/> Certified at deck 3			
<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 ability to tie a bowline, and robber's hitch.			
<input type="checkbox"/> Demonstrate how to pass and receive a monkey fist.			
<input type="checkbox"/> Demonstrate how to haul and ease a line			
<input type="checkbox"/> Explain how to perform deck 2 activities to remove and secure off shore spring			
<input type="checkbox"/> Demonstrate deck 2 activities to remove and secure off shore spring			
<input type="checkbox"/> Demonstrate securing a line to a dock cleat and a bull rail.			
<input type="checkbox"/> Describe deck 2 single up activities			
<input type="checkbox"/> Demonstrate deck 2 single up activities.			
<input type="checkbox"/> Explain how to perform deck 2 departure activities			
<input type="checkbox"/> Demonstrate deck 2 departure activities			
<input type="checkbox"/> Describe steps necessary to secure ship for sailing			
<input type="checkbox"/> Demonstrate how to move from the ship to a dock during docking.			
<input type="checkbox"/> Explain how to perform deck 2 landing activities			
<input type="checkbox"/> Demonstrate deck 2 landing activities			
<input type="checkbox"/> Demonstrate proper line handling for the Ballard locks.			

## DECK 2 REQUIRMENTS CHECKLIST

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

Item	Date	Approver Signature	Approver Rank
<input type="checkbox"/> Demonstrated the ability to handle a boat hook during landing and MOB drills.			
<input type="checkbox"/> Explain deck 2 roles and responsibilities during an MOB emergency.			
<input type="checkbox"/> Explain deck 2 roles and responsibilities during fire emergency			
<input type="checkbox"/> Explain deck 2 roles and responsibilities during grounding emergencies			
<input type="checkbox"/> Explain deck 2 roles and responsibilities during a medical emergency			
<input type="checkbox"/> Explain deck 2 roles and responsibilities during an anchoring emergency.			
<input type="checkbox"/> Demonstrate proper command and response protocol			
<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"/> Demonstrate ability to train and coach crew at deck 3, and 4 positions			
<input type="checkbox"/> Completion of minimum training sea time within the past year.	_____ 1 _____ 2 _____ 3 _____ 4 _____ 5		

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DECK 2 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 2 for the following reasons:

_____	_____	_____
name	(captain)	date

## 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"/>			

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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 _____ 2 _____ 3 _____ 4 _____ 5		

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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

## BOSUN REQUIRMENTS CHECKLIST

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

Item	Date	Grade (1 – 5)	Approver Signature	Approver Rank
<input type="checkbox"/> Certified at deck 1				
<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"/> Perform all the departure checklist activities.				
<input type="checkbox"/> Demonstrate management of single up activities.				
<input type="checkbox"/> Demonstrate management of departure activities				
<input type="checkbox"/> Demonstrate management of landing activities.				
<input type="checkbox"/> Demonstrate management of line handling for the Ballard locks.				
<input type="checkbox"/> Explain and demonstrate bosun roles and responsibilities during an MOB emergency.				
<input type="checkbox"/> Explain and demonstrate bosun roles and responsibilities during fire emergency				
<input type="checkbox"/> Explain and demonstrate bosun roles and responsibilities during grounding emergencies				
<input type="checkbox"/> Explain and demonstrate bosun roles during a medical emergency				
<input type="checkbox"/> Demonstrate proper command and response protocol				
<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.				



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BOSUN REQUIRMENTS CHECKLIST

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

Item	Date	Grade (1 – 5)	Approver Signature	Approver Rank
<input type="checkbox"/> Demonstrate VHF radio proficiency for proper ship to ship and ship to shore communications.				
<input type="checkbox"/> Explain how to set up all lines for approaching the Ballard Locks in each direction.				
<input type="checkbox"/> Demonstrate the set up for all lines when approaching the Ballard Locks in each direction.				
<input type="checkbox"/> Demonstrate ability to train and coach crew at deck 1,2 3, and 4 positions				
<input type="checkbox"/> Demonstrate ability to manage deck crew activities				

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BOSUN REQUIRMENTS CHECKLIST

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

Item	Date	Grade (1 – 5)	Approver Signature	Approver Rank
<input type="checkbox"/> Completion of minimum training sea time within the past year.	_____			
	1			
	_____			
	2			
	_____			
	3			
	_____			
	4			
	_____			
	5			

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

\_\_\_\_\_ name \_\_\_\_\_ (mate) \_\_\_\_\_ date

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

\_\_\_\_\_ name \_\_\_\_\_ (captain) \_\_\_\_\_ date

Revision Record (after first release)

<b>Revision Letter</b>	<b>A</b>		
<b>Changes in this Revision</b>			
<b>Signatures</b>			
AUTHOR:	<hr/>	<hr/>	<hr/>
		Title	Date
REVIEWER:	<hr/>	<hr/>	<hr/>
		Title	Date
APPROVER:	<hr/>	<hr/>	<hr/>
		Virginia V captain	Date
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APPROVER:	<hr/>	<hr/>	<hr/>
		Virginia V captain	Date
CONCURRENCE:	<hr/>	<hr/>	<hr/>
	Sign and type: First Name MI Last Name	V5 EXEC. DIRECTOR	Date