



PORT OF ESPERANCE ARRIVAL PASSAGE PLAN

SHIP NAME:	BERTH:	PILOT:						
DRAFT FWD: _____ m DRAFT MID: _____ m DRAFT AFT: _____ m		DATE:						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">EBB <input type="checkbox"/> FLOOD <input type="checkbox"/> SLACK <input type="checkbox"/></td> </tr> <tr> <td style="width: 50%;">Time: _____</td> <td style="width: 50%;">Height _____ m</td> </tr> <tr> <td>Time: _____</td> <td>Height _____ m</td> </tr> </table>		EBB <input type="checkbox"/> FLOOD <input type="checkbox"/> SLACK <input type="checkbox"/>		Time: _____	Height _____ m	Time: _____	Height _____ m	SIDE ALONGSIDE Port <input type="checkbox"/> Starboard <input type="checkbox"/>
EBB <input type="checkbox"/> FLOOD <input type="checkbox"/> SLACK <input type="checkbox"/>								
Time: _____	Height _____ m							
Time: _____	Height _____ m							
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">GAUGE:</td> </tr> <tr> <td style="width: 50%;">Time: _____</td> <td style="width: 50%;">Height _____ m</td> </tr> <tr> <td>Depth: _____ m</td> <td>U.K.C: _____ m</td> </tr> </table>		GAUGE:		Time: _____	Height _____ m	Depth: _____ m	U.K.C: _____ m	
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Spring Lines _____ Breast Lines _____ Head Lines _____ (F)						
Spring Lines _____ Breast Lines _____ Stern Lines _____ (A)						

All bridge and navigational equipment was tested at _____ hrs on ___/___/17.

Passing abort zone, 5 cables from entrance beacon at _____ hrs. Master and Pilot agree to enter Yes No

VESSEL INFORMATION	PORT INFORMATION
• Both anchors cleared? <input type="checkbox"/> Yes <input type="checkbox"/> No	• Anchored : ___/___/2017 Time: _____
• Main engines tested ahead/astern? <input type="checkbox"/> Yes <input type="checkbox"/> No	• POB : ___/___/2017 Time: _____
• Bow/Stern thruster tested? ___kW <input type="checkbox"/> Yes <input type="checkbox"/> No	• First Line : ___/___/2017 Time: _____
• Steering gear tested? <input type="checkbox"/> Yes <input type="checkbox"/> No	• All Fast : ___/___/2017 Time: _____
• Gyro error? _____ H/L <input type="checkbox"/> Yes <input type="checkbox"/> No	If the pilot will be disembarking by pilot launch on departure, please ensure that the pilot ladder is rigged prior to letting go.
• All Local Marine notices received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Does the vessel have any defects? <input type="checkbox"/> Yes <input type="checkbox"/> No	The Bridge Team should constantly monitor the ship's position and immediately bring any matter to the Pilot's attention that causes concern or is not understood.
Any other condition which may affect manoeuvrability? _____	

By signing this document the master verifies that the pilot has explained this passage plan to the master's satisfaction and has answered this master's questions.

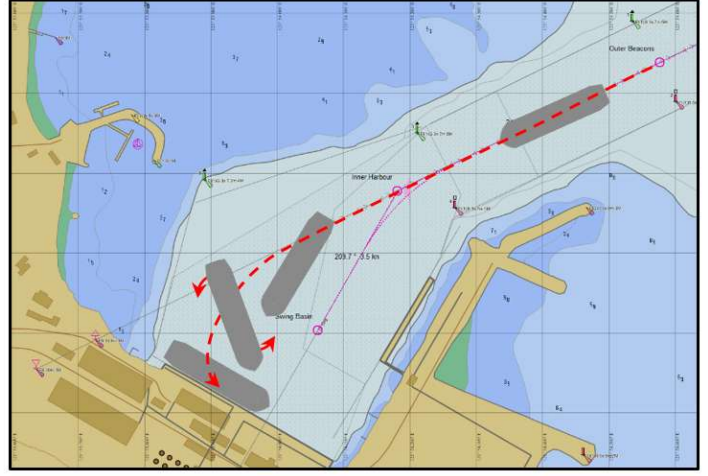
Please note that bridge conversations may be recorded.

MASTER _____ **PILOT** _____ **DATE:** ___/___/2017 **TIME:** _____

BERTHING MANOEUVRES

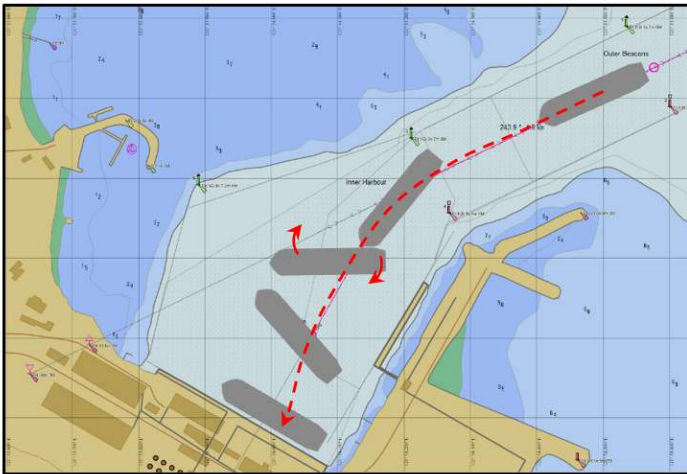
Berth 1. Port side alongside

Berth 1. Starboard side alongside



Berth 2. Port side alongside

Berth 2. Starboard side alongside

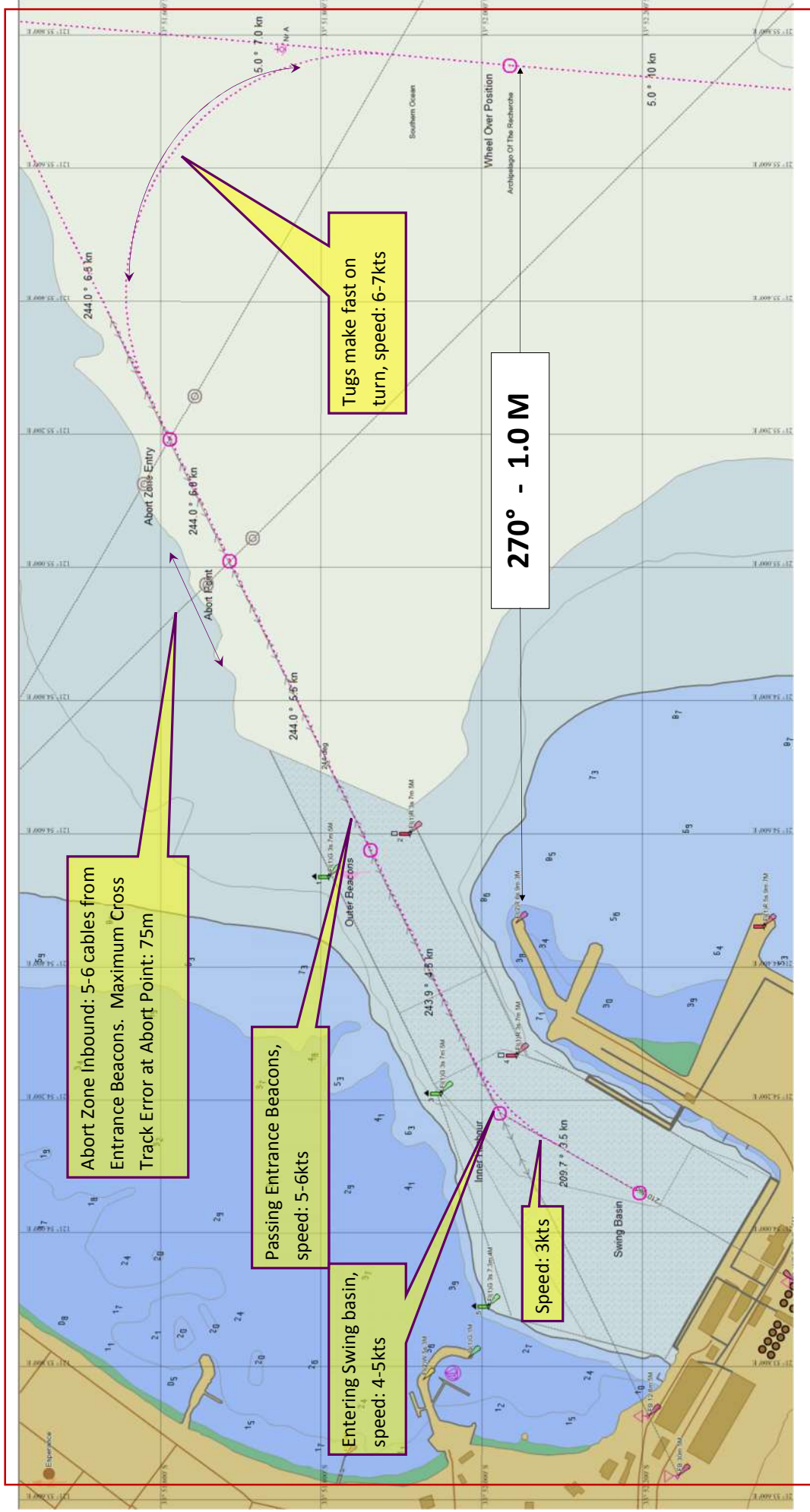


Berth 3. Bow to Port

Berth 3. Bow to Starboard



STANDARD PASSAGE INBOUND



Not to be used for navigation. For Information purposes only.

