



# PORT OF ESPERANCE DEPARTURE PASSAGE PLAN

<b>SHIP NAME:</b> _____	<b>BERTH:</b> _____	<b>PILOT:</b> _____						
<b>DRAFT FWD:</b> _____ m <b>DRAFT MID:</b> _____ m <b>DRAFT AFT:</b> _____ m		<b>DATE:</b> _____						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;"><b>EBB</b> <input type="checkbox"/>    <b>FLOOD</b> <input type="checkbox"/>    <b>SLACK</b> <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>		<b>EBB</b> <input type="checkbox"/> <b>FLOOD</b> <input type="checkbox"/> <b>SLACK</b> <input type="checkbox"/>		Time: _____	Height _____ m	Time: _____	Height _____ m	<b>SIDE ALONGSIDE</b>  <b>Port</b> <input type="checkbox"/> <b>Starboard</b> <input type="checkbox"/>
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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
• Pilot Ladder rigged? <input type="checkbox"/> Yes <input type="checkbox"/> No	• Mobile phone returned? <input type="checkbox"/> Yes <input type="checkbox"/> No
• Both anchors cleared? <input type="checkbox"/> Yes <input type="checkbox"/> No	• POB :                    DATE: ___/___/2017    TIME: _____
• Main engine tested ahead/astern? <input type="checkbox"/> Yes <input type="checkbox"/> No	• Last Line :                    DATE: ___/___/2017    TIME: _____
• Bow/Stern thruster ? _____ kW <input type="checkbox"/> Yes <input type="checkbox"/> No	• Pilot off :                    DATE: ___/___/2017    TIME: _____
• Steering gear tested? <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.
• Gyro error? _____ H/L <input type="checkbox"/> Yes <input type="checkbox"/> No	
• Does the vessel have any defects? <input type="checkbox"/> Yes <input type="checkbox"/> No	

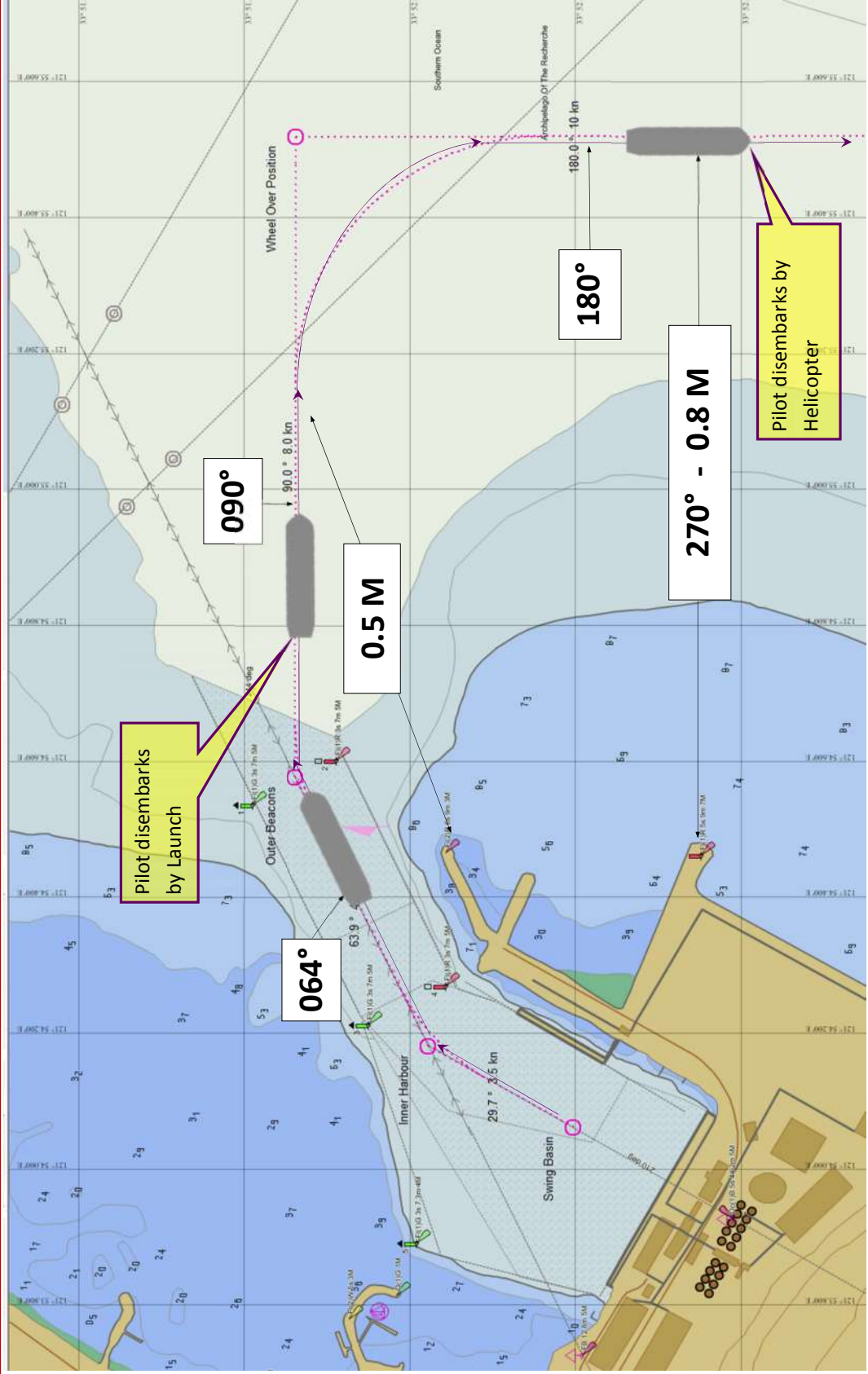
Any other condition which may affect manoeuvrability? _____	The Bridge Team should constantly monitor the ship's position and immediately bring any matter to the Pilot's attention that causes concern or is not understood.
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**By signing this document 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.**

<b>MASTER</b> _____	<b>PILOT</b> _____	<b>DATE:</b> ___/___/2017 <b>TIME:</b> _____
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# OUTBOUND



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