SHIP- STAFF HOURS OF WORK / REST *

m.v./m.t:

Record retention :1year on board

THIS COLUMNNOT TO BE COMPLETED BY THE SEAFARER

Seafarer's Name : **Rank** : **Month/Year:**

Hours	Sea/Port	Work or Rest hours *																									**Hours of rest/work* in 24 - hour period**	**Comments**	**Hours of rest/work* as applicable in any**	
Date																													**24-hour period**	**7-day period**
1																														
2																														
3																														
4																														
5																														
6																														
7																												**Weekly Total**		
8																														
9																														
10																														
11																														
12																														
13																														
14																												**Weekly Total**		
15																														
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19																														
20																														
21																												**Weekly Total**		
22																														
23																														
24																														
25																														
26																														
27																														
28																												**Weekly Total**		
29																														
30																														
31																												**Monthly Total**		

DRAFT

Master/Authorized Officer

Seafarer

DR = Drills

EM= Emergencies

1. For completion and use in accordance with the procedures established by the competent authority in compliance with the relevent requirements of MLC 2006 and STCW of the Seafarer's Hours of Rest or Work

* Delete as applicable