

**STEVEDORE OPERATION**

DECLARATION OF GANG LIST FORM (One form per Hatch)

<u>Vessel / Barge</u>	<u>Hatch No.</u>	<u>Berth</u>
<u>Work Process</u>		<u>Date/Time</u>

I, as per gang list below, have been briefed based on the risk assessment of the work process and fully understand all the control measures mentioned in the risk assessment prior to work commencement and will abide to it.

**GANG LIST**

S/N	Name	NRIC / FIN	Appointment	Employed by	Signature

Planned start time: \_\_\_\_\_, Actual start time: \_\_\_\_\_

Planned completion time: \_\_\_\_\_, Actual completion time: \_\_\_\_\_

Planned break timing (start/stop): \_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_

Actual break timing (start/stop): \_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_, \_\_\_\_\_/\_\_\_\_\_

I, \_\_\_\_\_ being the authorized representative of \_\_\_\_\_ (Name)  
(Company)

\_\_\_\_\_ hereby confirm that I have made the necessary inspection before completing the said declaration. I have also briefed and ensured all the workers (as per gang list above) understand the risk assessment prior to work commencement.

My contact telephone no: \_\_\_\_\_

Company stamp: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation: \_\_\_\_\_ \*LS / \*SLO / \*SS  
\* Lifting Supervisor / Safety Liaison Officer / Safety Supervisor