|  |  |
| --- | --- |
| Revisó Damián Dominello | Aprobó Pablo Marassi |
| Fecha: 15/3/2016 | Fecha: 15/3/2016 |
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| **Control de Cambios** |
| FechaDescripciónRevisión |
| 23/03/2004Eliminación de la columna N/A1 |
| 22/04/2004Modificación Item 52 |
| 13/05/2005 Modificacion Items 3 y 4  |
| 13/10/2005 Agregado de planillas de evaluacion (I07 - Evaluation form) |
| 01/09/2006 Cambio Plazo de Archivo |
| 19/07/2010 requerimiento a cumplir por el agente abordo ante cierta situación |
| 15/3/2016 punto 1 – adjuntar habilitaciones |

**Título:** Check List Operaciones

**Objeto:**

Estandarizar el Seguimiento de los Servicios provistos por Alpemar y su correspondiente registro

**Responsables:**

**Personal de Subagencias**

**Desarrollo:**

1. Cada buque deberá tener una planilla de Checklist cuya copia

 deberá enviarse en formato PDF, junto con la documentación y la Planilla de

 gastos, a la Gerencia y Administración vìa Mail. – En la misma es indispensable que se incorpore junto con el mail de la planilla de gastos y checklist, **las copias de las habilitaciones solicitadas por cada buque**

2. Cada empleado que visite un buque deberá llevar la planilla de

 checklist para evitar olvidos e ir completandola

3. Aquel empleado que marque una fila como SI o NO deberá

 poner su inicial en la columna Checked by

4. Al finalizar un buque todas las columnas deberían estar marcadas

 SI o NO, caso contrario se esta ante un incumplimiento

5. Se abrirá un carpeta en donde se archivaran copias de

 Mensaje de nominación emitido por la Gerencia de Operaciones si lo hubiere

 checklist

 planilla de gastos

 de todos los buques ordenadas por numero de carpeta de buque

**Registros:**

|  |  |  |  |
| --- | --- | --- | --- |
| Registro | Ubicación / Ordenamiento | Plazo de Archivo | DisposiciónFinal |
| Check List Operaciones | Carpeta de Planillas de Gastos + Check List | 5 Años | Destrucción |

**Anexo I: Model de Check List Operaciones**

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| Revisó Damián Dominello | Aprobó BLOCH |
| Fecha:  | Fecha: 19/07/2010 |
|  |  |

**Anexo I: Model de Check List Operaciones**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **ALPEMAR S.R.L.** |   |   |   |   |
|  |  |  |  |   |
|   |  **C H E C K L I S T (For vessel's attendance in port)** |  |  |  |
|   |  |  |  |   |
| **VESSEL:** |  | **PORT:** |  | **DATE:**  |
|   |   |   | **YES** | **NOCHECKED BY** |
| COASTGUARD OFFICER TO BE CO-ORDINATED: |   |   |  |  |
| IMMIGRATIONS OFFICER TO BE CO-ORDINATED: |   |   |  |  |
| CUSTOMS OFFICER TO BE CO-ORDINATED: |   |   |  |  |
| PHOTOGRAPHER TO BE CO-ORDINATED: |   |   |  |  |
| HOLDS' SURVEYORS TO BE CO-ORDINATED: |   |   |  |  |
| ON-HIRE SURVEYOR TO BE CO-ORDINATED: |   |   |  |  |
| DRAFT-SURVEY TO BE CO-ORDINATED: |   |   |  |  |
| MAXIMUM INTAKE SURVEYOR TO BE CO-ORDINATED: |   |   |  |  |
| BOAT SERVICE TO BE CO-ORDINATED: |   |   |  |  |
| HARBOUR PILOT TO BE CO-ORDINATED: |   |   |  |  |
| SPARE PARTS TO BE DELIVERED: |  |  |   |  |
| MAILING/ COURIER TO BE DELIVERED: |   |   |  |  |
| CASH-TO-MASTER TO BE DELIVERED: |   |   |  |  |
| ON-SIGNING CREW TO BE ARRANGED: |   |   |  |  |
| OFF-SIGNING CREW TO BE ARRANGED: |   |   |  |  |
| FRESH WATER TO BE SUPPLIED: |  |  |   |  |
| DERATTING CERTIFICATED TO BE RENEWED: |   |   |  |  |
| MEDICAL/DENTIST ATTENTION TO BE ARRANGED: |   |   |  |  |
| SHIPCHANDLER TO BE ARRANGED: |  |  |   |  |
| LIFERAFTS TO BE DISEMBARKED: |  |  |   |  |
| FIRE EXTINGUISHERS/ CO2 TO BE LANDED: |   |   |  |  |
| BOAT SERVICE FOR MASTER/ CREWMEMBERS: |   |   |  |  |
| INT'L TONNAGE/ LOADLINE CERTS TO TAKE COPY: |   |   |  |  |
| SHIP'S PARTICULARS TO TAKE COPY: |   |   |  |  |
| HOLDS' CAPACITIES TO TAKE COPY: |  |  |   |  |
| CARGO SEQUENCE TO ASK TO MASTER: |   |   |  |  |
| PORT STATE CONTROL INSPECTION TB ARRANGED: |   |   |  |  |
| DISKETTE W/ CARGILL'S INSTRUCTIONS: |   |   |  |  |
| CARGO CONDITION CERTIFICATES TO BE DELIVERED: |   |   |  |  |
| ARTIFICIAL SEPARATIONS TO BE PLACED: |   |   |  |  |
| FUMIGATION OF CARGO (AND COMPANY NAME) |   |   |  |  |
| EVALUATION FORM DELIVERED TO THE MASTER  |  |  |  |  |
| EVALUATION FORM RECEIVED FROM MASTER  |  |  |  |  |
| BOARDING AGENTS CHECKED WITH OPERATIONS DPT ABT ANY CRITICAL ISSUES?/ INSTRUCTIONS REQUIRED? |  |  |   |   |
| OTHERS |  |  |   |   |
|   |   |   |   |   |