

THE REPUBLIC OF VANUATU

RECORDS OF HOURS OF WORK/REST (MLC, 2006)

Name of Ship: _____ IMO Number: _____ Flag of Ship: Vanuatu Seafarer (full name): _____

Position/Rank: _____ Month and Year: _____ Watchkeeper: Yes No

Please indicate whether this records hours of WORK REST

Please mark periods of work or rest with an "X:"

Date	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	Hours of rest in 24-h period	Comments		

I agree that this record is an accurate reflection of the hours of work or rest of the seafarer concerned.

Signature of Master or Authorized Person: _____

Signature of Seafarer: _____

Name of Master or Authorized Person: _____

Date: _____

A copy of this record is to be given to the seafarer. This form is subject to examination and endorsement under procedures established by the Republic of the Vanuatu