



## Model format for record of hours of work or hours of rest of seafarers<sup>1</sup>

Name of ship:	IMO number (if any):	Flag of ship:	Page 1 of 2
Seafarer (full name):		Position / rank:	
Month and year:		Watchkeeper: <sup>2</sup> yes ☐ no ☐	
R	ecord of hours of work/r	est <sup>3</sup>	
Please mark periods of work or re	est, as applicable, with an X, or using a continuous li	ne or arrow.	
		ABLE ON THE REVERSE SIDE	
The following national laws, regul	ations and/or collective agreements governing limitat	ions on working hours or minimum rest periods apply to this ship:	
I agree that this record is an accur	ate reflection of the hours of work or rest of the seafar	rer concerned.	
Name of master or person authori	ized by master to sign this record		
Signature of master or authorized	person	Signature of seafarer	
A copy of this record is to be give	en to the seafarer. This form is subject to examination	n and endorsement under procedures established by(name of	competent authority)

<sup>&</sup>lt;sup>1</sup> The terms used in this model table are to appear in the working language or languages of the ship and in English.

<sup>&</sup>lt;sup>2</sup> Check √ as appropriate.

<sup>&</sup>lt;sup>3</sup> Delete as appropriate.

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<sup>&</sup>lt;sup>1</sup> For completion and use in accordance with the procedures established by the competent authority in compliance with the relevant requirements of the Seafarers' Hours of Work and the Manning of Ships Convention, 1996 (Convention No. 180).

<sup>&</sup>lt;sup>2</sup> Additional calculations or verifications may be necessary to ensure compliance with the relevant requirements of the Seafarers' Hours of Work and the Manning of Ships Convention, 1996 (Convention No. 180) and the International Convention on Standards of Training, Certification and Watchkeeping, 1978, as amended (STCW Convention).