

## Fishing vessel safety policy for single handed operators



When completed this policy template can be used as evidence to satisfy elements of the health and safety requirements of the RFS Standard

### Fishing Vessel Safety Policy Statement

VESSEL PARTICULARS	
Name of vessel	
Registration number (PLN)	
Fishing method(s)	

This Safety Policy Statement sets out how I/we intend to operate this vessel in compliance with the Merchant Shipping and Fishing Vessels (Health and Safety at Work) Regulations 1997 and other health and safety regulations, to minimise the risk of accidents and ill health.

Included in this statement are safety equipment, emergency measures and risk assessments (as vessel applicable) for activities and areas of the vessel. These will be reviewed every 12 months or sooner if significant changes have been made.

As part of this policy it shall be a requirement that, where appropriate all contractors and visitors will wear personal floatation devices when there is a risk of falling overboard and whilst at sea on open decks.

PERSON RESPONSIBLE FOR HEALTH AND SAFETY (IF MORE THAN ONE PERSON PLEASE ADVISE BELOW)	
NAME	

ADDITIONAL PERSON RESPONSIBLE FOR HEALTH AND SAFETY	
NAME	

**TO BE SIGNED BY ALL PERSONS RESPONSIBLE FOR OVERSEEING AND ENFORCING HEALTH AND SAFETY ON BOARD THE VESSEL**

	OWNER
SIGNED	
PRINT NAME	
DATED	

	SKIPPER (IF NOT OWNER)
SIGNED	
PRINT NAME	
DATED	



## Annual vessel inspection record



**When completed this record template can be used as evidence to satisfy elements of the health and safety requirements of the RFS Standard.**

The following template should be completed at least yearly to confirm that an inspection of vessel, machinery and equipment has taken place and that all remain compliant of legal requirements.

Name of vessel	
PLN	

ANNUAL REVIEW RECORD			
Date of inspection	Areas/equipment inspected	Signed	Name













## Risk assessment (visitors and contractors) boarding and leaving for single handed operators



When completed, this template can be used as evidence to satisfy elements of the health and safety requirements of the RFS Standard.

### Risk assessment forms, applicable to all vessel types

Activity or area	Possible hazards	Possible Consequences	L	H	LxH	Control measures necessary with respect to your vessel
Visitors and contractors boarding and leaving the vessel	Use of ladder or gangway	Falling onto vessel or into water – serious injuries or death				
	Boarding via dinghy	Dinghy overwhelmed or run down –				
	Poor lighting	Failure to see dangers. Injuries or death				
	Obstructions	Trips and falls – minor/serious injuries				
	Unprotected openings	Falls with serious injury				
	Slippery decks	Falls with minor injuries				
	Unsafe handrails	Falls into water, drowning				
	Access across vessels	Slips, trips and falls – minor/serious injuries				

Standard Risk Assessment Form			BLANK FORM – FOR USE AS REQUIRED			
Activity or area	Possible Hazards	Possible Consequences	L	H	LxH	Control measures necessary with respect to your vessel



## Safety equipment checklists for single handed operators



When completed, this template can be used as evidence to satisfy the RFS Standard requirements in respect of safety equipment provision, inspection and servicing.

WHERE LISTED, ELEMENTS OR EQUIPMENT THAT ARE NOT PRESENT, THE RELEVANT BOXES SHOULD BE MARKED WITH "NOT PRESENT"

### Safety equipment check lists

#### Life rafts

Life rafts			
Model, size & No of units			
Service dates			
Unit 1			
Unit 2			
Unit 3			
Hydrostatic release fitted	Y/N	Type	Service due date
Unit 1			
Unit 2			
Unit 3			
Hydrostatic release replacement date			
Unit 1			
Unit 2			
Unit 3			
Launching procedures and number of crew required to launch			

#### Rockets and Flares

Rockets and flares			
Type	Quantity	Location	Service Due

**Line Throwing Apparatus**

Line Throwing Apparatus			
Type	Quantity	Location	Service Due

**Lifejackets**

Lifejackets			
Location	Type	Quantity	Service /Inspection Due Date

**Lifebuoys**

Lifebuoys		
Location	Type	Service/Inspection Due Date

**EPIRB and EPIRB Release**

EPIRB and EPIRB release		
Location	Type	Service Date

**Fire Extinguishers**

Fire extinguishers			
Location	Type	Use For	Service Date

**Fire hoses and Pump**

<b>Fire hoses and pumps</b>			
<b>Location</b>	<b>Service frequency</b>	<b>Service date check</b>	<b>Operational</b>

**Engine room smothering systems**

<b>Engine room smothering systems</b>			
<b>Location</b>	<b>Service check frequency</b>	<b>Service date check</b>	<b>Operational</b>
Operating procedures			

**Emergency Fuel Shut-Offs**

<b>Emergency fuel shut-offs</b>			
<b>Location</b>	<b>Service check frequency</b>	<b>Service date check</b>	<b>Operational</b>
Operating procedures			

**Emergency Lighting**

<b>Emergency lighting</b>			
<b>Location</b>	<b>Service check frequency</b>	<b>Service date check</b>	<b>Operational</b>

**Emergency Escape routes**

<b>Emergency escape routes</b>			
<b>Location</b>	<b>Service check frequency</b>	<b>Service date check</b>	<b>Operational</b>

**Fire/smoke detectors**

<b>Fire/smoke detectors</b>			
<b>Location</b>	<b>Service check frequency</b>	<b>Service date check</b>	<b>Operational</b>

**Gas detectors**

<b>Gas detectors</b>			
<b>Location</b>	<b>Service check frequency</b>	<b>Service date check</b>	<b>Operational</b>

**Alarms**

<b>Engine alarms</b>			
<b>Type</b>	<b>Service check frequency</b>	<b>Service date check</b>	<b>Operational</b>
Main engine oil pressure			
main engine temp			
Aux engine oil pressure			
Aux engine temp			

As operator I am both competent and responsible for undertaking the checks on the equipment listed above and shall undertake inspections and/or submit for servicing equipment in accordance with the stipulated frequencies and/or dates.

I also confirm that the numbers and types of equipment necessary are in compliance with the minimum standards required for the size of the applicant vessel in accordance with MCA Marine Safety Notices

<b>Name</b>	<b>Owner/Skipper?</b>	<b>Signed</b>

## Personal locator beacon policy for single handed operators



**When completed, this policy template can be used as evidence to partially satisfy RFS Standard requirements in relation to vessels being worked single handed.**

### **Single handed operator Personal Locator Beacon Policy.**

It is the policy of this vessel operator to at all times whilst operating single handed to wear a personal locator beacon once launched or departed port on a fishing trip.

OPERATOR DECLARATION	
SIGNED	
PRINT NAME	
DATE	





## Fishing gear inspection and repair record for single handed operators



**When completed, this template can be used as evidence to partially satisfy the RFS Standard requirements in respect of vessel safety.**

### Fishing equipment record and repair form

The table below can be used to record the frequency of inspection of all gear associated with fishing operations.

EQUIPMENT NAME	FREQUENCY OF INSPECTION
Winches	
Hauler	
Warps	
Bridles	
Back Ropes	
Buoy Ropes	
Net Drum	
Lift winch & rigging	
Sheaves, rollers, fairleads	
Power block & crane bag	
Towing chains and tow point	
Hydraulic pipes and fittings	
Lifting beackets	
Lazy decky ropes	

## Repair record

The table below can be used to record any equipment faults found together with how the fault was fixed.

Equipment	Date of inspection or failure	Corrective action	Date of correction or replacement

As the operator I am both competent and responsible for undertaking the checks on fishing equipment and shall undertake inspections of all equipment in accordance with the minimum stipulated frequencies.

Name	Position

Other than through routine observation the following equipment will be formally inspected at intervals of not less than those shown above.

Where found, faults should be recorded in the above table.

## Engine maintenance record



When completed, this template can be used as evidence to partially satisfy the RFS Standard requirements in respect of vessel safety.

## Main engine maintenance and repair record

<b>Vessel Name</b>		<b>PLN</b>	
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<b>Check</b>	<b>Name of person(s) responsible and positions</b>
<b>Coolant level</b>	
<b>V belt tension</b>	
<b>Oil level</b>	
<b>Exhaust gas</b>	
<b>Battery charge (alternator)</b>	
<b>Warning light (oil pressure)</b>	
<b>Warning light (temperature)</b>	
<b>Battery charge (alternator)</b>	

Date	Repair type	Carried out by	signed

Vessel Name		PLN	
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..... hours running checks/actions

Check/Action	Name of person(s) responsible and positions
Lube oil change	
Oil filter replacement	
Gear box oil replacement	
Fuel filter change	
Engine mount check	
Shaft coupling check	
Hose integrity check	
Hose clip condition and tightness	

## Refrigeration system maintenance record



**When completed, this template can be used as evidence to partially satisfy the RFS Standard requirements in respect of catch quality and safety.**

Use this template to record checks in relation to mechanical refrigeration systems and thermometers used on board.

<b>Vessel Name</b>		<b>PLN</b>	
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<b>Equipment checked</b>	<b>Checked by</b>

Date	Type of service (scheduled /repair/annual calibration)	Outcome

Service contractor (if not done by owners).....Frequency of servicing.....



## Electrical equipment maintenance record



When completed, this template can be used as evidence to partially satisfy the RFS Standard requirements in respect of vessel safety.  
 Electrical systems maintenance and repair record; (12, 24, 110 or 240 volt equipment)

Vessel Name		PLN	
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Equipment/system to be checked	Responsibility	Frequency

Date	Repair type	Carried out by	signed





## Alcohol and drugs policy for single handed operators



**When completed, this template policy can be used as evidence to satisfy the requirements of the RFS Standard in respect of the use of alcohol or illegal drugs.**

### **Prohibition from using alcohol and/or illegal drugs.**

The below declaration should be ***signed by the operator*** to confirm their understanding and compliance with the RFS Schemes alcohol and illegal drugs requirements.

<b>Vessel Name</b>		<b>PLN</b>	
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### **Alcohol and drugs policy.**

I recognise that prohibited drugs and alcohol and other intoxicants can have a detrimental effect on the health and safety of individuals and that I must be in a fit condition at all times to deal with any emergency situation that might arise.

In the context of this declaration, I accept that drugs include any hallucinogenic, narcotic, stimulant or other illegal substance likely to alter an individual's state of mind or physical condition. (Controlled drugs defined in the Home Office Misuse of Drugs Act 1971).

As the operator of this vessel I agree that I am expected to be in a suitable mental and physical condition at work in order to perform my duties in a satisfactory manner and behave appropriately.

I understand and accept that should I be found to be involved in the sale, purchase, transfer, use or possession of any amount of illegal drugs whilst working with this vessel that I will be ineligible for Scheme membership.

I understand it is my responsibility that whilst on duty on board the vessel that I will not at any time consume alcohol or use illegal drugs.

Name	Signed	Dated



## Single handed operator particulars



When completed, this template document can be used as evidence to partially satisfy the RFS Standard requirements in respect record keeping.

Operator name	Address	Emergency contact
		Name: Relationship: Contact No:



# Single handed operator medical questionnaire - self-declaration



## MEDICAL QUESTIONNAIRE / SELF CERTIFICATION FORM

When completed, this document can be used as evidence to partially satisfy the RFS Standard requirements in respect of record keeping

Complete all parts by ticking the boxes and providing more details if required.

Name.....

Date of last health check: .....

This form needs to be updated within a period of 2 years for over 18s, annually for under 18s.

Have you ever had the following?	No	Yes	If yes please give further details
Anaemia or other blood disorders?			
Disorders of the nervous system including epilepsy, balance problems, dizziness or light-headedness?			
Recurrent or persistent headaches?			
Psychiatric illness or trouble with nerves, stress, depression or anxiety, early waking or unpleasant dreams or difficulty sleeping?			
Disease of the heart or circulation including angina, chest pains, palpitations swollen ankles, leg cramps when walking and high blood pressure?			
Allergy to any food, drug or other substance at home or at work? Please describe the effect.			
Asthma, bronchitis or chest disease such as persistent cough or breathlessness?			
Stomach or duodenal ulcer, indigestion, heartburn or stomach pains?			
Bowel disorder or problems?			
Kidney or bladder disorder, pain, blood or frequency in passing urine?			
Diabetes or thyroid disease?			
Hernia or rupture?			
Disorder of the back, neck, joints or muscles?			

Disorder affecting the hands or arm?			
Skin disease or dermatitis?			
	<b>No</b>	<b>Yes</b>	<b>If yes please give further details</b>
Ear disease or deafness?			
Eye disorders including colour blind-ness? Have you had laser/corneal surgery?			
Hepatitis, jaundice or other liver or gall bladder disease?			
Disturbed sleep from snoring or breathing difficulty, daytime sleepiness, or diagnosed with a sleep disorder?			
Do you take illegal drugs or believe you have an alcohol problem?			
Have you ever had a serious injury or broken bones?			
Have you ever had an operation?			
Have you had or are you waiting for any tests, investigations or treatment?			
Are you taking any drugs or medicines? If yes, please list.			
Have you left a job for medical reasons?			
Have you ever had an illness caused by your work?			
Have you been away from work for at least two weeks due to illness in the past two years?			
Do you suffer from any other health problem or disability, which is relevant to your job or the proposed job?			

**Declaration**

I declare that the information I have provided about my medical fitness is to the best of my belief true and complete. As a result of completing this form I understand that I may be asked for clarification of one or more points arising from the questionnaire, and I may be asked to gain a medical fitness certificate from an MCA approved doctor.

I also understand that if, in the event that I am offered work, it is subsequently shown that I have knowingly provided misleading or false information, or knowingly withheld medication information, I may be in breach of my work agreement.

Print name..... Date..... Signature.....

The information captured on this form will remain confidential. During an RFS audit this form may be asked to be shown to an RFS Auditor. The information will not be copied or removed from the vessel in any format.

## Operational changes record



**When completed, this document can be used as evidence to partially satisfy the RFS Standard requirements in respect of record keeping.**

The following form should be completed to confirm any significant changes that have occurred in working practices, structural changes, or fishing methods.

Name of vessel	
PLN	

AMENDMENT RECORD LOG		
Date of change	Change of circumstance (eg change of fishing method)	Actions taken and forms amended





## Operating policy for single handed operators



**When completed, this document can be used as evidence to satisfy the RFS Standard requirements in respect of the vessel and its mission to operate legally.**

### Operating policy

The below signees on behalf of the vessel owner(s) and skipper(s) recognise the requirement to, at all times operate within and comply with any and all legal requirements as they may apply to the vessel named in this application.

It is further confirmed that it shall, whilst at sea be the responsibility of the skipper to ensure that whilst under their command that operations are conducted within the legal frameworks set out in the applicable RFS standard.

Such compliance will include the correct and timely maintenance of, and when requested submission for scrutiny of records to the relevant authorities.

In addition such compliance will include the correct maintenance, operational state and functioning of any and all equipment legally required to be operational as part of fisheries management measures and legislation. Further that any malfunctioning equipment will be repaired as soon as is practically possible after the discovery of malfunction or failure.

Further it is the policy of the vessel named in this application, that its skipper(s) will, at all times fully cooperate and assist all agencies and authorities with respect to the provision of any appropriate information and records (as relevant to their respective powers), with boarding of and disembarkation from the applicant vessel, with any inspection of the vessel and its gear.

In addition where there are voluntary agreements in place within the fishery or for the species concerned, the vessel applicant shall have a compliant policy committing to comply with these relevant agreements in place.

OWNER DECLARATION	
SIGNED	
PRINT NAME	
DATE	

SKIPPER DECLARATION (IF NOT OWNER)	
SIGNED	
PRINT NAME	
DATE	



## Cleaning products record



**When completed, this document can be used as evidence to partially satisfy the RFS Standard requirements in respect of food hygiene and cleanliness.**

Use this template to record all cleaning products and chemicals used on board. Product safety data information should also be held for all cleaning products used.

Cleaning product	Used on	Used by	Storage area	Health and Safety data held



## Cleaning procedures record



**When completed, this template can be used as evidence to partially satisfy the RFS Standard requirements in respect of food hygiene and cleanliness.**

### Cleaning procedures record

The following tables identify various vessel elements and equipment together with frequencies and methods of cleaning. If the tables do not exactly reflect what happens on your vessel, the content of the tables should be amended to include any additional areas or equipment that require cleaning inclusive of frequency of cleaning and the method used.

Area or Item of Equipment	Vessel applicable Y/N	Recommended Frequency of Clean	Method of Application
Net Pounds		<i>When nets are shot away from stowage area. One full clean per trip.</i>	<i>Hose down. Wash down, hose rinse.</i>
Fish Working Deck Area		<i>As necessary. Significant breaks in fishing. End of trip.</i>	<i>Hose down. Chemical clean, hose down. Chemical clean, soak, rinse.</i>
Fish Hopper or Pound		<i>Between hauls. Significant breaks in fishing. End of trip.</i>	<i>Hose down. Chemical clean, hose down. Chemical clean, soak, rinse</i>
Fish Conveyor and Elevator		<i>Between hauls. Significant breaks in fishing. End of trip.</i>	<i>Hose down. Chemical clean, hose down. Chemical clean, soak, rinse.</i>
Gutting Tables and Boards		<i>As necessary. Significant breaks in fishing/when not in use. End of trip.</i>	<i>Rinse. Chemical clean, hose down. Chemical clean, leave in sanitising dip till next trip.</i>

Grading Bins		<p><i>Between hauls.</i></p> <p><i>Significant breaks in fishing.</i></p> <p><i>End of trip.</i></p>	<p><i>Hose down.</i></p> <p><i>Chemical clean, hose down.</i></p> <p><i>Chemical clean, soak, rinse.</i></p>
Gutting Machine		<p><i>As necessary.</i></p> <p><i>Significant breaks in fishing.</i></p> <p><i>End of trip.</i></p>	<p><i>Hose out.</i></p> <p><i>Chemical clean, hose out.</i></p> <p><i>Chemical clean, soak, hose out.</i></p>
Fish Washer		<p><i>Between hauls.</i></p> <p><i>Significant breaks in fishing.</i></p> <p><i>End of trip.</i></p>	<p><i>Hose down.</i></p> <p><i>Chemical clean, hose down.</i></p> <p><i>Chemical clean, soak, rinse</i></p>
Baskets		<p><i>Between hauls.</i></p> <p><i>Significant breaks in fishing.</i></p> <p><i>End of trip.</i></p>	<p><i>Hose down.</i></p> <p><i>Chemical clean, hose down.</i></p> <p><i>Chemical clean, soak, rinse</i></p>
Scales		<p><i>As necessary.</i></p> <p><i>End of trip.</i></p>	<p><i>Rinse platform.</i></p> <p><i>Chemical clean and rinse platform, and wipe down keypad.</i></p>
Hold		<p><i>End of trip.</i></p>	<p><i>Chemical clean for all surfaces; soak, and rinse off.</i></p> <p><i>Ensure no residual taint - use freshwater to rinse.</i></p>
Other (specify)			
Other (specify)			

### Vessel (galley, toilets, shower and accommodation) cleaning schedule

Area or Item of Equipment	Vessel applicable Y/N	Recommended Frequency of Clean	Method of Application
Cooker		<i>Daily</i>	
Fridge		<i>End of trip</i>	
Freezer		<i>Defrost as required</i>	<i>Defrost and wipe clean</i>
Sink		<i>Daily</i>	
Microwave		<i>Daily</i>	
Shower			
Toilet			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			
Other (specify)			





## Handling practices annual review record



**When completed, this template can be used as evidence to partially satisfy the RFS Standard requirements in respect of food hygiene and cleanliness**

The following form should be completed to confirm that an annual review of handling practices has taken place to ensure continued compliance with recognised best practice guidance. It should also be used to record any changes in handling practices that take place between annual reviews.

Name of vessel	
PLN	

AMENDMENT RECORD LOG		
Date of review/change in practice	Review or change in practice	Actions taken or procedures amended



## Catch handling – High/Low temperature management record



When completed, this template can be used as evidence to partially satisfy the requirements of the RFS Standard in respect of food hygiene and catch quality and or safety control.

### Catch handling – High/low temperature management record.

The following template can be completed on each occasion where the catch remains outside of temperature control (either above 4°C for more than 4 hours or accidentally frozen).

DATE	PROBLEM	ACTIONS TAKEN TO RECTIFY	RECTIFIED Y/N	ACTIONS TAKEN IF NOT RECTIFIED	SIGNED



## Catch hygiene problem record for single handed operators



**When completed, this template can be used as evidence to partially satisfy the requirements of the RFS Standard in respect of food hygiene and catch quality and or safety control.**

### **Catch or hygiene problem record.**

The following template can be completed on each occasion where vessel hygiene limits are exceeded and either catch or crew food safety have been compromised.

DATE	PROBLEM	CATCH SAFETY IN DANGER Y/N	ACTIONS AND OUTCOME	SIGNED



## Continuous improvement policy for single handed operators



When completed, this template policy can be used as evidence to partially satisfy the requirements of the RFS Standard in respect of demonstrating continual improvement.

It should be signed by the operator to demonstrate their commitment to continuous improvement and complaints handling

Vessel Name		PLN	
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### Continuous improvement policy

It shall be the policy of the owner(s) and skipper(s) of this applicant vessel to have an established complaints procedure in place and will endeavour to investigate any complaints received as soon as is practically possible after receipt. The owner(s), skipper(s) and or agents acting on behalf of the applicant vessel shall provide, upon request complaints forms for completion by their customers and shall respond to any complainants in an attempt to resolve the matter.

The following form shall be used for the purpose and shall be retained for a minimum of 18 months from the date of the complaint.

OWNER DECLARATION	
SIGNED	
PRINT NAME	
DATE	

SKIPPER DECLARATION (IF NOT OWNER)	
SIGNED	
PRINT NAME	
DATE	





## Customer complaints record



When completed, this template can be used as evidence to partially satisfy the RFS Standard requirement in respect of demonstrating continual improvement.

The following template can be used to capture and record complaints made in respect of landings together with corrective actions taken.

<b>Customer Complaint Form</b>	
Date of landing:	
Location of landing:	
<b>What happened to cause you to be dissatisfied?</b>	
<b>How can we make this right?</b>	
Name:	
Address:	
Postcode:	
Phone:	
Email:	

<b>Corrective actions undertaken following complaint</b>



## Environmental impact operating policy for single handed operators.



**When completed, this can be used as evidence to partially satisfy the RFS Standard requirements in respect of caring for the environment.**

**Vessel Name..... PLN.....**

As a vessel certified under the Responsible Fishing Scheme, the operator of the above named vessel commits to the following principles: That;

- They will take all necessary and appropriate measures to ensure that the fisheries and ecosystems in which the vessel operates are accessed responsibly, to preserve their responsible use for current and future generations.
- They will abide by all environmental laws and will cooperate with regulatory authorities in pursuit of sustainable management of the fisheries in which the vessel operates.
- They will make all reasonable efforts to minimise the capture of unintended by-catch.
- They will ensure the vessel is well maintained and that any waste produced and any disused fishing gear is appropriately disposed of on land, and recycled where possible.
- They will actively support and encourage participation of the crew in any available training to achieve the above objectives.
- The operators of the vessel will not deliberately discharge oils, fuels or oily mixtures into the seas. Any oily mixtures collected will be suitably held on board and safely disposed of on return to port.
- Any leakage of fuel, oil or engine cooling water will be immediately addressed. If suitable repair cannot be carried out at sea, the vessel will undertake to carry out the repair as soon as practical after the vessel reaches port.
- The operators of the vessel will undertake to maintain all seals, glands and gaskets from all machinery, engines and propeller shafts in good condition.
- Where design allows, the vessel will have a fitted drip tray beneath the engine with adequate drainage into a holding tank; or similar method of collection and storage.
- Vessels over 400 tonnes will have suitable oil filtering/separating equipment to control oily discharge to within allowable limits as referenced in Marpol Annex 1.  
**(NOT APPLICABLE IF VESSEL LESS THAN 400 TONNES)**
- Provisioning of the vessel will be carefully managed to minimise the generation of on board waste whilst at sea.

- The vessel will have a suitable storage area in which to hold on board waste / waste generated whilst at sea.
- Vessel operators will not dispose of any type of inorganic waste / waste material into the seas.
- The vessel operators will have suitable waste management procedures for the collection, storage, and disposal or recycling of waste / waste material.
- Vessels over 12 meters will have a suitable placard displayed to highlight information on waste / waste laws in areas where it may be generated. **(NOT APPLICABLE IF VESSEL LESS THAN 12m LOA)**
- Vessel operators will follow any relevant national standards or guidelines which will minimise or reduce the emission of dangerous substances in engine exhaust gases.
- Where applicable, the vessel owner and/or operator will follow industry guidelines for the safe disposal of refrigerant gases. **(NOT APPLICABLE IF VESSEL HAS NO MECHANICAL REFRIDGERATION)**
- Vessel operators will undertake to ensure that the responsible crew members are fully conversant with the proper running and correct maintenance of all machinery on board.
- Where in operation at ports of landing, vessel operators will actively participate in organised waste retrieval programmes.

OWNER DECLARATION	
SIGNED	
PRINT NAME	
DATE	

SKIPPER DECLARATION (IF NOT OWNER)	
SIGNED	
PRINT NAME	
DATE	

## Research engagement policy for single handed operators



**When completed, this template policy can be used as evidence to satisfy the RFS Standard requirements in respect of scientific and research engagement.**

It is the policy of this vessel operator that at all times it commits to co-operating with scientists in the acquisition and sharing of resource knowledge that will include, but is not limited to, the following:

Commit to participating in fishery data collection programmes by agencies or government research bodies relevant to the fishery, or non-target fish species.

If requested, and where possible and safe to do so, co-operate and participate in observer programmes by agencies or government research bodies.

OWNER DECLARATION	
SIGNED	
PRINT NAME	
DATE	

SKIPPER DECLARATION (IF NOT OWNER)	
SIGNED	
PRINT NAME	
DATE	





