

**MODEL FORMAT FOR RECORD OF HOURS OF REST OF SEAFARERS <sup>(1)</sup>**

Name of Ship: \_\_\_\_\_ IMO number (if any): \_\_\_\_\_ Flag of Ship: \_\_\_\_\_  
 Seafarer (full name): \_\_\_\_\_ Position /rank: \_\_\_\_\_  
 Month and year: \_\_\_\_\_ Watchkeeper <sup>(2)</sup>:   yes    no

**Record of hours of rest**

Please mark periods of rest, as applicable, with X, or using a continuous line or arrow.

**COMPLETE THE TABLE ON THE REVERSE SIDE**

The following national laws, regulations and /or collective agreements governing limitations on minimum rest periods apply to this ship:  
 The Merchant Shipping (Hours of Work ) Regulations 2002, \_\_\_\_\_

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

Name of master or person authorised by master to sign this record: \_\_\_\_\_

Signature of master or authorised person: \_\_\_\_\_ Signature of seafarer: \_\_\_\_\_

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  
 UK Maritime and Coastguard Agency

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<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>(2)</sup> Tick as appropriate.

