

Record of hours of rest of seafarers

Name of ship:	Signal letters:						
Flag of ship:	IMO-number, if any:						
Seafarer (full name):	Position/rank:						
Month and year:	Watch duties Yes No						
Record of hours of rest Mark periods of rest using a continous line or arrow. Complete the table on page 2.							
The following national laws, regulations and/or collective agreements governing limitations of minimum rest periods apply to the	nis ship:						
I agree that this record is an accurate reflection of the hours of rest of the seafarer concerned.							
Name of Master or person authorized by master to sign this record Signature	e of master or authorized person						
Signature	Signature of seafarer						
A copy of this record is to be given to the seafarer and to the company This form is subject to examination and endorsment under procedures established by the Norwegian Maritime Directorate							

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Year/Month (yyyy/mm):										Please mark periods of rest using a continous line or arrow														tin	arrow	Not to by the	Not to be completed by the seafarer ¹					
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¹ For completion and use in accordance with the procedures established by the competent authority in compliance with the relevant requirements of ILO Convention No 180 on Seafarer's Hours of Work and the Manning of Ships Convention 1996.

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² Additional calculations or verification may be necessary to ensure compliance with the relevant requirements of ILO Convention No 180 on Seaferer's Hours of Work and the Manning of Ships Convention 1996 and the International Convention on Standards of Training, Certification and Watchkeeping, 1978, as amended.