



MODEL FORMAT FOR RECORD OF HOURS OF REST OF SEAFARERS (1)

Name of ship: _____ IMO number (if any): _____ Flag of ship: CYPRUS
Seafarer (full name): _____ Position/rank: _____
Month and year: _____ Watchkeeper (2): yes no

Record of hours of work/rest

Please mark periods of rest, 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: MLC, 2006 Ratification Law of 2012 issued in conformity with the ILO Maritime Labour Convention, 2006 and with any applicable collective agreement registered or authorized in accordance with that Convention and with the STCW 1978 Convention, as amended.

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 of master or authorized 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
DEPARTMENT OF MERCHANT SHIPPING

- (1) The terms used in this model table are to appear in the working language or languages of the ship and in English.
- (2) Tick as appropriate.

