Meeting- Medic Policy Review

*Marine Operations*

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| *Vessel Name* | *Date (****01-January-2020****)* | *Name of Party Chief conducting the meeting* ***(PRINT)*** |
|  |  |  |
| *Start time* |  | *End Time* |  | ***HELM #🡺*** |  |

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| **STEP 1:** Party Chief to give the medic a copy of the Medical Policy and review the SOP with him / her before the  start of the job. **STEP 2:** Both Party Chief and Medic to sign this sheet confirming that : \* The medic understands the definitions of first aid and recordables according to OSHA.  \* The medic understands he/ she is expected to consult with the HSE Officer before administering any treatment beyond first aid unless the emergency is life threatening. \* The medic understands that first aid treatments are preferred where appropriate but that the  employee's welfare is the priority at all times.**STEP 3:** Give a copy of this form to the bridge for entry into Helm. Place the original in the project binder. |

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| **Name of Party Chief:(printed)** | **Signature:** |
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| **Name of Medic:(printed)** | **Signature:** |
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