

# Visitor Log Book

*for check of ship visitors*

Internal document No.: \_\_\_\_\_

Name of vessel \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_



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Genehmigung des Verlages!

\* If this log is distinctly stated in the SSP



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## ***Guidance to the Visitor Log Book***

*Keeping the Ship's Visitor Logbook with respect to ships security care is one of the duties of the gangway watch and must be monitored by the Ship's Security Officer (SSO). All persons, which have passed identification and inspection checks, must be logged into, and when leaving the vessel, logged off the Ship's Visitor Logbook. In cases a visitor has not been booked off, the Master or SSO must be informed and a thorough search of the ship has to be initiated before leaving port or anchorage.*

*When handing over security duties of the gangway watch to reliever report any relevant security incidents and persons rejected from accessing the vessel.*

***Depending on established procedures and/or the SSP, the OOW, the SSO or the Master has to be informed at once.***

*This book consists of 95 numbered double-pages. To tear out pages is prohibited.*

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Sample



Security Level 1  2  3

Security Level 1  2  3

Gangway watch: From: \_\_\_\_\_ to: \_\_\_\_\_ Name: \_\_\_\_\_

Date / Time in	Date / time out	Visitor button/tag Distributed		Button/tag no.*	Visitor button/tag Collected		Remark
		YES	NO		YES	NO	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

\*) if applicable



Security Level 1  2  3

Security Level 1  2  3

Gangway watch: From: \_\_\_\_\_ to: \_\_\_\_\_ Name: \_\_\_\_\_

Date / Time in	Date / time out	Visitor button/tag Distributed		Button/tag no.*	Visitor button/tag Collected		Remark
		YES	NO		YES	NO	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
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/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
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/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
/	/	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

\*) if applicable





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