



Suggested Template: Minimum Safe Manning Proposal

To Supplement the Application for Inspection of U.S. Vessel [CG-3752/3752A]

(Rev. 06-17)

Vessel Name:

IMO#/O.N./CG#:

This suggested template may be used to prepare and submit a minimum safe manning proposal as outlined in Marine Safety Manual Volume III, Sections B1.C - F. *It is not a required or OMB controlled form.* The manning requirements for a particular vessel are determined by the Officer in Charge, Marine Inspection (OCMI) after consideration of the applicable laws, regulations, and all other factors involved, such as: emergency situations, size and type of vessel, installed equipment, proposed routes of operation including frequency of port calls, cargo carried, type of service in which employed, degree of automation, use of labor saving devices, and the organizational structure of the vessel. Pursuant to Title 46, Code of Federal Regulations (CFR) 15.501(b), this template may be used to provide the necessary information. In preparing the minimum safe manning proposal, it is recommended that the following relevant documents be referenced:

- 46 U.S.C Chapter Part F – Manning of Vessels
- 46 CFR Chapter I, Subchapter B – Merchant Marine Officers and Seamen
- Marine Safety Manual Volume II: Materiel Inspection
- Marine Safety Manual Volume III: Marine Industry Personnel
- International Convention for the Safety of Life at Sea (SOLAS), 1974, as amended
- International Convention on Standards of Training, Certification and Watchkeeping for Seafarers (STCW), 1978, as amended
- Principles of Minimum Safe Manning, IMO Resolution A.1047(27), as amended

Title 46 CFR 15.505 requires that all requests for changes in manning be made to the OCMI who last issued the Certificate of Inspection (COI)¹, unless the request is made in conjunction with an inspection for certification, in which case the request should be addressed to the OCMI conducting the inspection. Complete all applicable shaded areas for a single vessel. This template is not all-inclusive and may be modified as necessary. It is recommended that a copy be retained by the Company.

1. Administrative

- 1.1 Officer in Charge, Marine Inspection (OCMI) zone:
- 1.2 Company Point of Contact:
- 1.3 Date of Submittal (DD/MMM/YYYY):
- 1.4 Specify Reason (i.e., New Construction, Reflag, Modification, Change in Service, Other):

2. Operating Company Details²

- 2.1 Name of Registered Owner:
- 2.1.1 IMO Registered Owner #:
- 2.1.2 Address of Registered Owner:
- 2.2 Name of Operating Company:³
- 2.2.1 IMO Company #:
- 2.2.2 Address of Operating Company:

¹ Includes Safe Manning Document (SMD) and Safe Manning Letter (SML)

² Information same as Certificate of Documentation (COD) and Continuous Synopsis Record (CSR), as applicable.

³ Information same as Document of Compliance (ISM), as applicable.



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(Rev. 06-17)

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3.1 Vessel Details

3.1.1	Vessel Name and Call Sign:			
3.1.2	IMO #:			
3.1.3	Official Number (O.N.) or CG Number:			
3.1.4	Hull Number (if available):			
3.1.5	Class Identification Number (if available):			
3.1.6	Hailing Port:			
3.1.7	Vessel Service/Type:			
3.1.8	Inspection Subchapter(s): ⁴			
3.1.9	Design Basis Agreement (DBA)?	(Attach if applicable)		
3.1.10	Multi-Service:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.1.11	Alternate Compliance Program (ACP):	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.1.12	Maritime Security Program (MSP) [& MSP Select]:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.1.13	Streamlined Inspection Program (SIP): ⁵	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.1.14	Safety Mgmt System (SMS) [ISM Code or Sub. M]?:	<input type="checkbox"/> SMS	<input type="checkbox"/> TSMS	<input type="checkbox"/> N/A

3.2 Vessel Particulars

3.2.1	Route Permitted (incl. limitations):			
3.2.2	International Voyages:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3.2.3	Keel Laid Date (DD/MMM/YYYY):			
3.2.4	Gross Tonnage:	GRT -	GT ITC -	
3.2.5	Length:	R -	I -	
3.2.6	Main Propulsion Power (aggregate):	hp -	kW -	
3.2.7	Propulsion Type/Mode (Motor, Steam, Electric):			
3.2.8	Sister Vessels (Name/IMO # or O.N., Hull #):	(Attach list of necessary)		

4. Recommended Attachments

Attached?

4.1	Completed Station Bill:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.2	Completed Watch Schedule (In Port & At Sea):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.3	Record for Hours of Work and Rest or Software Details:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4.4	Shipboard Organization Chart and Position Description & Responsibility Details: ⁶	<input type="checkbox"/> Yes	<input type="checkbox"/> No

⁴ 46 CFR Subchapters D/H/I/IA/K/L/M/R/T/U, Uninspected, etc.

⁵ D8/9 TBSIP not applicable.

⁶ Description of duties including routine maintenance, operational evolutions, and emergencies.



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(Rev. 06-17)

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5. Shipboard Equipment

5.1 Radiocommunications

5.1.1 GMDSS:

☐ Yes

☐ No

5.1.2 At-sea maintenance capability?

☐ Yes

☐ No

5.1.2 Radio Equipment by Sea Area (circle one):

N/A

A1

A2

A3

A4⁷

5.1.3 Number of GMDSS Operators:⁸

5.2 Navigation Equipment

5.2.1 ECDIS:

☐ Yes

☐ No

5.2.2 Radar:⁹

☐ Yes

☐ No

5.2.3 ARPA:¹⁰

☐ Yes

☐ No

5.2.4 Dynamic Positioning System:

☐ Yes (Class:)

☐ No

5.3 Lifesaving Equipment

5.3.1 Total number of persons for which lifesaving appliances are provided:

5.3.2 Lifeboats:

Quantity:

Capacity:

5.3.3 Rescue Boats/Platforms:

Quantity:

Capacity:

5.3.4 Inflatable Liferafts:

Quantity:

Capacity:

5.3.4 Life Floats/Buoyant Apparatus:

Quantity:

Capacity:

5.3.5 Inflatable Buoyant Apparatus:

Quantity:

Capacity:

5.3.6 Number of Lifeboatmen:¹¹

5.4 Accommodation

5.4.1 Stability Letter - maximum number of persons (passengers and crew):

5.4.2 Maximum number of crew berths available:

5.4.3 Marine Sanitation Device – maximum number of persons rated for:

5.5 Vessel Combinations

5.5.1 Combination vessel (e.g., Articulated Tug/Barge)?

☐ Yes

☐ No

5.5.2 Name of other vessel:

IMO#, O.N. or CG#:

5.5.3 Indicate if “permissive crewing” or “conditional occupancy” is requested:¹²

5.5.4 If yes, number of persons:

⁷ See Block 10.6 for vessels operating in Polar Waters.

⁸ See MSM III.B3.L. All deck officers, including the master, on seagoing vessels with GMDSS unless excluded by 46 CFR 15.105(f) & (g).

⁹ See MSM III.B3.J.

¹⁰ See MSM III.B3.K.

¹¹ See Sample Manning Scales in MSM III.B2.

¹² See MSM II.A3 for “permissive crewing” and CG-CVC Policy Letter 16-04 for “conditional occupancy.”



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(Rev. 06-17)

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6. Watch System

6.1	Will a watch system be adopted? ¹³	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.2	If 'yes,' which watch system will be adopted?	<input type="checkbox"/> Two	<input type="checkbox"/> Three <input type="checkbox"/> N/A
6.3	Is the vessel operating with a Periodically Unattended Machinery Space?	<input type="checkbox"/> Yes (See Block 7.10)	<input type="checkbox"/> No
6.4	Will the Master undertake a navigational watch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6.5	Will the Chief Engineer undertake a watch?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. Additional Engineering Details

7.1	Novel System(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.2	Explain (include attachment if necessary):		
7.3	Total internal combustion engine prime movers:		
7.4	Total electrical generators (SSDG):		
7.5	Equipment powered by prime movers identified in 7.3 (not including SSDGs), incl. HP or kW (include attachment if necessary):		
7.6	Identify main control location (Bridge, ECR, etc.):		
7.7	Approved automation test procedures?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.8	Qualitative failure analysis approved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.9	Design verification procedure/testing complete?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.10	Periodically Unattended Machinery Space (PUMS)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.11	Minimally Attended Machinery Space (MAMS)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.12	MSP Reflag: Interim acceptance of PUMS/MAMS? ¹⁴	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
7.12.1	If yes, identify gaps:	(Attach list of necessary)	
7.13	Planned maintenance program (describe) (include attachment if necessary):		
7.14	Reduced manning requested?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7.15	Describe arrangements for reductions based on limited route and availability of shore-based maintenance support (include attachment if necessary):		
7.16	Who is responsible for bunkering/fueling:		

¹³ See MSM III.B5.A.

¹⁴ See NVIC 01-13 CH-1, Enclosure (2)



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(Rev. 06-17)

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8. Cargo & Passenger Operations

8.1	Circle one:	Cargo Vessel (incl. OSV & Towing)	Oil Tanker	Chemical Tanker	Liquefied Gas Carrier	Passenger Vessel	Other:
8.2	Type of cargo to be carried?						
8.3	Dangerous Goods?	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
8.4	What cargo handling gear is fitted?						
8.5	Who operates it?						
8.6	Who undertakes hold/tank cleaning?						
8.7	Who secures the cargo?						
8.8	Number of Tankerman (PICs) for manned tank vessel or tankship:						
8.9	Number of decks with passenger access:						
8.10	Other specialized equipment, explain (e.g., ROV, offshore crane, etc.):						

9. Mooring Operations

9.1	Number of crew required for mooring operations:						
9.2	Are constant/self tension winches fitted?	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
9.3	Number of bow thrusters?						
9.4	Number of stern thrusters?						
9.5	Number of tugs required for mooring operations?						

10. Additional Manning Factors

10.1	Who is responsible for onboard medical care?						
10.2	Is the Vessel Security Officer identified in the Security Plan by position? ¹⁵	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
10.3	Is there a Stewards Department?	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
10.4	If yes, describe?						
10.5	If no, who is responsible for cooking/catering duties?						
10.6	Operations in Polar Waters? ¹⁶	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
10.7	Polar Waters Operating Manual (PWOM)?	<input type="checkbox"/> Yes			<input type="checkbox"/> No		
10.8	Documentary Evident of Polar Training:						
10.9	Voluntary Maritime Labour Convention (MLC)? ¹⁷	<input type="checkbox"/> Yes			<input type="checkbox"/> No		

¹⁵ See MSM III.B3.M.

¹⁶ See CG-OES Policy Letter 01-16.

¹⁷ See Navigation and Vessel Inspection Circular (NVIC) No. 02-13.



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(Rev. 06-17)

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11. Safe Manning Worksheet

The established manning level must not be less than the minimums stipulated by law or regulation. Fill out Section 12 (Alternate Manning Worksheet) if multiple manning levels are requested based on service, route or voyage length.¹⁸

Trading Area/Route: (Oceans, Coastwise, etc.)		Voyage Length: (Unl, 600 NM, 12 hrs, etc.)	
Grade	Endorsement(s): -Detail any additional endorsements (e.g., Towing) ¹⁹ -Specify any trade restricted endorsements (e.g., OSV)	Number of Persons	STCW Reg.²⁰
11.1 Deck Department			
Master	MSM III.B3.C		
Chief Mate	MSM III.B3.D		
Second Mate	MSM III.B3.D		
Third Mate(s)	MSM III.B3.D		
Mate(s)	MSM III.B3.D		
Master FCP(s) ²¹	MSM III.B3.I		
Mate FCP(s) ²¹	MSM III.B3.I		
FCP(s) ²¹	MSM III.B3.I		
Able Seamen	MSM III.B4.D		
Ordinary Seamen	MSM III.B4.D		
Deckhands	MSM III.B4.D		
Maintenance-Persons	MSM III.B4.F		
11.2 Engine Department			
Chief Engineer	MSM III.B3.E		
1 st A/E ²¹	MSM III.B3.F		
2 nd A/E ²¹	MSM III.B3.F		
3 rd A/E(s) ²¹	MSM III.B3.F		
Engineer(s)	MSM III.B3.F		
DDE ²¹	MSM III.C2.B		
QMED ²¹	MSM III.B4.E		
Maintenance-Persons	MSM III.B4.F		

¹⁸ Section 11 should reflect the highest, most stringent manning level based on service, route or voyage length.

¹⁹ See Block 11A.1.

²⁰ Indicate appropriate STCW Reg. under which the crew is qualified to serve in the capacity assigned, as applicable; e.g. Master – STCW II/2, Chief Engineer – STCW III/2, RFPNW – STCW II/4, etc. See Block 11A.3.

²¹ FCP = First Class Pilot; A/E = Assistant Engineer; DDE = Designated Duty Engineer, QMED = Qualified Member of the Engine Department.



(Rev. 06-17)

IMO#/O.N./CG#:

MSM III.B4.F

Radio Officer/GMDSS At-Sea Maintainer²³

11.13 Total Persons Allowed²⁴ (11.6 + 11.7 + 11.8 + 11.9 + 11.10 + 11.11 + 11.12) =

Reg. III/5 – Able Seafarer Engine

²⁵ Documentary evidence, see 46 CFR 15.1103(f).



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12. Alternate Manning Worksheet

The established manning level must not be less than the minimums stipulated by law or regulation. Explain any deviations or reductions in manning levels based on service, route or voyage length.

Service:	Grade:	Number of Persons	STCW Reg. ²⁶
Route:	-Identify grade (e.g., Mate, Asst. Engineer, etc.)		
Voyage Length: (Unl, 600 NM, 12 hrs, etc.)			

13. U.S. Coast Guard Comments – Official Use Only

13.1 Marine Inspector (Name):

13.2 Reviewed By (Supervisor):

13.3 Date of Review (DD/MMM/YYYY):

13.4 MISLE Activity Number:

13.5 For vessels with ISM Code certification (Block 3.1.13);

- ☐ Verify Company procedure to ensure that the vessel is manned with qualified, certificated and medically fit seafarers under ISM Code Clause 6.2.
- ☐ Verify Company procedure, plans and instructions for key shipboard operations, including that they are assigned to qualified personnel under ISM Code Clause 7.

13.6 For vessels under the TSMS option (Block 3.1.13);

- ☐ Verify Company *Employment Procedures* under 46 CFR 138.220(b).
- ☐ Verify Company procedures for *Compliance with Subchapter M* personnel requirements under 46 CFR 138.220(d).

13.7 Comments:

²⁶ Indicate appropriate STCW Reg. under which the crew is qualified to serve in the capacity assigned, as applicable; e.g. Master – STCW II/2, Chief Engineer – STCW III/2, RFPNW – STCW II/4, etc. See Section 11A.3.