Record of Hours of Rest

(Maritime Labour Convention 2006)

Nō te rere moana Aotearoa
MARITIME NEW ZEALAND

Name of Ship:_____ **IMO Number:**_____ **Flag of Ship:** New Zealand

Seafarer (Full name)**:**_____ **Position/rank:**_____

Month:_____ **Year:**____

Please mark periods of rest with an X or using a continuous line or arrow below. More space is provided on the next page.

Date	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	Total hours of rest per day

I confirm that this is an accurate record of the hours of rest for the seafarer named above

Name of Master or Authorised Person: _____ Signature of Seafarer: _____

Signature: _____ Date: _____

A copy of this record is to be given to the seafarer. This form is subject to examination or inspection under procedures established by Maritime New Zealand. Please provide any comments relating to hours of rest on a particular date on the next page

Date	00:00	01:00	02:00	03:00	04:00	05:00	06:00	07:00	08:00	09:00	10:00	11:00	12:00	13:00	14:00	15:00	16:00	17:00	18:00	19:00	20:00	21:00	22:00	23:00	Total hours of rest per day

Comments

Date	Comments