



## VENTIS MARITIME CORPORATION DEBRIEFING SHEET

"K" Line Building  
Coral Way Drv., Central Buss. Park-1  
Island A, Pasay City  
Tel. No.: 556-2921 to 26  
Fax No.: 556-2935  
Website: www.ventis.com.ph

Name: \_\_\_\_\_ Rank: \_\_\_\_\_ Seafarer Code: \_\_\_\_\_

Permanent Address: _____ _____ _____	Vessel : _____
Area Code: _____	Departure Date Manila : _____
Contact No.: _____	Date Embarked : _____
Email Add: _____	Port of Embarkation : _____
Civil Status: _____ Next of Kin: _____	Date Disembarked : _____
Relationship to Next of Kin: _____	Port of Disembarkation : _____
Contact No. (in case of emergency): _____	Date Arrived in Manila : _____
Boiler Suit: _____ Tops: _____ Waistline: _____	Date Reported to Office : _____
Winter Jacket: _____ Shoes (in cm.): _____	Date Promoted : _____
	Date Transferred to Other Ship: _____
	Higher License (if any) : _____

PHILIPPINE DOCUMENTS			FOREIGN DOCUMENTS		
Type	Document Number	Valid Until	Type	Document Number	Valid Until
SEAMAN'S BOOK			PANAMA BOOK		
SRC			PANAMA LIC.		
PASSPORT			LIBERIAN BOOK		
TESDA-COC / COP MARINA			LIBERIAN LIC.		
NTC GOC			JAPAN. SEAMAN'S BK.		
PRC LIC./LEVEL			JAPAN. M.O.T. (if any)		
PRC-COC			U. S. VISA		
PRC END. STCW '95			AUSTRALIAN MCV		
YELLOW FEVER					

**UNDERTAKING**

I hereby undertake to process my expiring documents starting \_\_\_\_\_ to be completed on \_\_\_\_\_

**A. Performance Records:** (To be filled-up by the Fleet Manager)

1. Evaluation/Potential for Promotion : \_\_\_\_\_
2. Availability for Re-Hire : \_\_\_\_\_
3. Next Vessel Assignment/Date : \_\_\_\_\_

**B. Seafarer's Comments:**

1. Did you like your job? ☐ YES ☐ NO ☐ UNCERTAIN  
Reason: \_\_\_\_\_
2. Was there too much pressure in your job? ☐ YES ☐ NO ☐ UNCERTAIN  
Explain: \_\_\_\_\_
3. State any problem/complaint on board: \_\_\_\_\_
4. State any problem at home that needs your presence : \_\_\_\_\_
5. How would you evaluate yourself in general performance? \_\_\_\_\_
6. How would you evaluate the training you receive onboard? \_\_\_\_\_
7. How would you evaluate the training you receive onshore? \_\_\_\_\_
8. Suggestions for VMC / Principal to improve working conditions onboard: \_\_\_\_\_  
\_\_\_\_\_



**C. Evaluation:****1. How would you rate your Master / Chief Engineer using the following scales?**

Master	Name: _____	Very Good	Good	Poor
a)	Relationship with crew			
b)	Attitude towards work			
c)	Well-liked by crew			
d)	Concern for crew			
e)	Ability to communicate			
f)	Food management			
g)	Over-all performance			

C/E	Name: _____	Very Good	Good	Poor
a)	Relationship with crew			
b)	Attitude towards work			
c)	Well-liked by crew			
d)	Concern for crew			
e)	Ability to communicate			
f)	Food management			
g)	Over-all performance			

**2. How would you rate your Chief Cook and the food he served?**

C/Ck	Name: _____	Very Good	Good	Poor
a)	Food quantity sufficient			
b)	Food quality/taste acceptable			
c)	Hygiene and sanitation			
d)	Food handling and management			
e)	Human relations			
f)	Suggestions			

**3. Working Gears / Office Administration / Others**

	Particular: _____	Very Good	Good	Poor
a)	Working Gears			
b)	Benefit Package			
c)	Welfare service, Work conditions, Recreational facilities			
d)	Ship's physical condition			
e)	Others, specify			

**D. Debriefing Officers:**

\_\_\_\_\_  
Asst. Fleet Manager / Fleet Manager

\_\_\_\_\_  
Senior Fleet Manager

**E. Remarks of Debriefing Officer:**

Service on Board: \_\_\_\_\_ Months \_\_\_\_\_ Days

Finished Contracts: \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please state reason for not finishing the contract: \_\_\_\_\_

Other Remarks: \_\_\_\_\_

**F. Evaluation Shown to Crew by Present Master / Chief Engineer:** Yes ☐ No ☐ Grade: \_\_\_\_\_

**G. Training Requirements:**

Yes ☐ No ☐ SDG Manager: \_\_\_\_\_

Yes ☐ No ☐ Training Staff: \_\_\_\_\_

**H. Updates on Insurance Coverage:**

Yes ☐ No ☐ Welfare Officer: \_\_\_\_\_

**I. For P&I Case Only:**

Yes ☐ No ☐ Admin Manager/QMR: \_\_\_\_\_

**J. Documents Collected:**

Yes ☐ No ☐ Operations Assistant: \_\_\_\_\_

If no, why? \_\_\_\_\_

**K. Settling of Accounts:**

Yes ☐ No ☐ Acctg. Sec. / Fin. Mgr.: \_\_\_\_\_

**L. Updating of Data Base:**

Yes ☐ No ☐ I. T. Supervisor: \_\_\_\_\_

**M. All Deck & Engine Officers must report to the VP-OPNS.**

\_\_\_\_\_  
VP-Operations

*Certified true and correct:*

\_\_\_\_\_  
Seafarer's Signature Over Printed Name

*Note: Please submit this form to your respective Fleet Manager.*