

ON-BOARD TRAINING OFFICE

ON-BOARD TRAINING PROGRESS REPORT

For the Month of _____

Name of Cadet:	Name of Ship:
Student No.:	Manning/Shipping Co.:
Program:	Port of Registry:
Place of Embarkation:	Type of Vessel:
Date of Embarkation:	Gross Tonnage:
	Propulsion Power (kW):

TASKS ACCOMPLISHED				
Week	Officer's Tasks (Watchkeeping)	No. of Hours	Rating Tasks	No. of Hours
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Total No. of Hours				

PROJECTS ACCOMPLISHED		
(as per ISF TRB or Projects assigned by Designated On-board Training Supervisor)		
Title	Date Started	Date Completed

ISF TASKS ACCOMPLISHED			
ISF Number	Task/Duty	Task Completed	Date Considered Competent

Verified by: _____	Noted by: _____	Received by: _____
Designated On-board Training Officer	Master or Chief Engineer	CMET On-Board Training Supervisor