

Inlands Light Tackle Boat Angling Association

Skipper & Vessel Crew Declaration, as per 2020 COVID- 19 Regulations proclamation – Declaration, Checklist and attendance register according to SALTBAA / SASACC and SAMSA requirements.

SALTBAA Tournament Name: -								
Venue: -								
Tournament Competition No. & Date: -								
Skippers Name: -								
Vessel Name: -								
Marking: -								
Skippers Contact No. (on board during competition):								
Province: - Te	am: -							
COVID-19 PRE-BOARDING DECLARATION (As per SAMSA MN28 of 2020 Ref: SM 6/5/2/1) dated 21 May 2020 – Annex 1 & SASACC Annexure's C&D)								
I,		_						
Questions	Ye	s No	Remarks					
 Has the vessel carried out a COVID-19 risk assess (As per SAMSA MN31 of 2020 Ref: SM 6/5/2/1 dated 2020 – Covid19 Level and allowed activities of Vessel) Has there been a case /suspected case of COVID- 	2 June							
onboard your vessel/facility?								
 Is the number of personnel limited for the purpose SAMSA surveyor visit? And limited to the one cre member per 1,5 metre of the vessel's length? 								
 Are there adequate sanitizing/ handwashing on t vessel? 	ne							
Will the recommended social distancing be managed.	geable?							
NOTES: 1) SALTBAA reserves a right to refuse attendance sho complied with. Signature: -	Date: -	condition	ons not be satisfact	orily				
Signature	LUALE: -	1						

<u>List, Screening results and declarations of Persons / Crew</u> <u>members Onboard vessel for the tournament participation as</u> <u>titled in the header of this document</u>

(As per SAMSA MN28 of 2020 Ref: SM 6/5/2/1) dated 21 May 2020 - Annex 2 & SASACC Annexure B)

Details, Screen	ing and Dec	laration signed: -						
Details of Per	son – Skipp	er						
Name and Sur	name: -							
ID No: -	- Contact No: -							
Physical Symp	toms Scree	ning - Skipper						
Temperature:		°C						
-								
Questions: -			No	Yes	If "Ye	s" since when		
1 Dry Cough								
2 Chills								
3 Sore Throat								
4 Shortness of	Breath							
5 Vomiting								
6 Diarrhoea								
7 Myalgia/Boo	ly pains							
8 New-onset I	oss of taste	& smell						
9 Have you be	en in conta	ct with a						
confirmed/sus	spected							
Covid-19 ca	ise in the pa	st 14 days						
Declaration -								
Do you under	stand and u	ndertake to: -						
Declarations:	-						No	Yes
• Wear	face mask	or buff at all times:						
• Frequ	ently wash	your hands as prescribe	ed, and	l sanitize '	your ha	nds:		
Main	tain social d	istancing of at least 1,5	m:					
Infor	m the Laund	h Site Controller or Cov	id-19 (Compliand	ce Office	er as soon as		
any s	ymptoms, a	s mentioned above, are	prese	nt or whe	n you c	ome in contact		
with	any person	who has tested positive	with 0	Covid-19:				
 Abide 	by any site	rules set by the manag	ement	body:				
By m	y signature	hereunder, I hereby con	firm to	be in go	od heal	th and show no		
signs	or sympton	ns as reflected here abo	ve.					
Signature: -	_			Date: -				

Details of Perso	on / Crew I	Member 1						
Category of par	ticipation:	-						
Name and Surn	ame: -							
ID No: -				Conta	act No: -			
Physical Sympt	oms Scree	ning – Crew Member 1	•					
Temperature:		°C						
-								
Questions: -			No	Υe	es If "Yes	s" since when		
1 Dry Cough								
2 Chills								
3 Sore Throat								
4 Shortness of E	Breath							
5 Vomiting								
6 Diarrhoea								
7 Myalgia/Body	pains							
8 New-onset los								
9 Have you bee		ct with a						
confirmed/susp								
Covid-19 cas	•	•						
Declaration - Co								
Do you underst	and and ur	ndertake to: -				T		
Declarations: -							No	Yes
		or buff at all times:						
• Freque	ently wash	your hands as prescribe	d, and	saniti	ize your har	nds:		
 Mainta 	ain social d	istancing of at least 1,5n	n:					
Inform	the Launc	h Site Controller or Covi	d-19 C	ompli	ance Office	r as soon as		
	•	s mentioned above, are	•		•	ome in contact		
with a	ny person v	who has tested positive	with Co	ovid-1	L9:			
• Abide	by any site	rules set by the manage	ement l	body:				
	_	nereunder, I hereby conf		be in	good healt	h and show no		
signs o	r symptom	ns as reflected here above	∕e.	-				
Signature: -					Date: -			

Details of Per	rson / Cr	ew N	/lembe	er 2								
Category of p	articipat	ion:										
Name and Su	rname: -											
ID No: -							Conta	act No	: -			
Physical Sym	ptoms S	ree	ning –	Crew Me	mber 2				•			
Temperature	:			_°C								
-						N 1-		_ 1	£ ((\)	// -t		
Questions: -						No	Ye	es i	T "Yes	" since when		
1 Dry Cough												
2 Chills												
3 Sore Throat	:											
4 Shortness o	f Breath											
5 Vomiting												
6 Diarrhoea												
7 Myalgia/Bo	dy pains											
8 New-onset loss of taste & smell												
9 Have you be	een in co	ntac	t with	а								
confirmed/su	spected											
Covid-19 c	ase in th	e pa	st 14 d	ays								
Declaration -	Crew M	emb	er 2									
Do you under	stand ar	d ur	dertak	ce to: -								
Declarations:	-										No	Yes
• Wea	r face m	ask c	r buff	at all tim	es:							
• Freq	uently w	ash	your h	ands as p	rescribe	d, and	saniti	ze you	ır han	ds:		
• Mair	ntain soc	ial di	stancii	ng of at le	east 1,5n	n:						
Infor	rm the La	unc	h Site (Controlle	r or Covi	d-19 C	ompli	ance C	Office	r as soon as		
any s	sympton	ıs, as	ment	ioned abo	ove, are	preser	nt or v	vhen y	ou co	me in contact		
with	any pers	on v	vho ha	s tested	positive	with C	ovid-1	L9:				
• Abid	e by any	site	rules s	et by the	manage	ement	body:					
By m	ny signat	ıre h	ereun	der, I her	eby conf	firm to	be in	good	healtl	h and show no	·	
signs	s or symp	tom	s as re	flected h	ere abov	e.						
Signature: -								Date	e· -			_

Details of Perso	n / Crew Member 3						
Category of part	ticipation: -						
Name and Surna	ame: -						
ID No: -			Contac	t No: -			
Physical Sympto	oms Screening – Crew Member 3	II.					
Temperature:	°C						
-							
Questions: -		No	Yes	If "Ye	s" since when		
1 Dry Cough							
2 Chills							
3 Sore Throat							
4 Shortness of B	reath						
5 Vomiting							
6 Diarrhoea							
7 Myalgia/Body	pains						
8 New-onset loss of taste & smell							
•	n in contact with a						
confirmed/susp							
	e in the past 14 days						
Declaration - Cr							
•	and and undertake to: -						ı
Declarations: -						No	Yes
Wear f	ace mask or buff at all times:						
• Freque	ntly wash your hands as prescribe	ed, and	sanitize	e your har	nds:		
 Mainta 	in social distancing of at least 1,51	m:					
 Inform 	the Launch Site Controller or Cov	id-19 C	ompliai	nce Office	er as soon as		
	nptoms, as mentioned above, are	-		-	ome in contact		
	ny person who has tested positive			:			
Abide l	by any site rules set by the manag	ement l	body:				
	signature hereunder, I hereby con		be in g	ood healt	th and show no		
signs o	r symptoms as reflected here abo	ve.	•				
Signature: -				Date: -			

Should the above list change, the Skipper is to notify SALTBAA of the changes prior to attendance / participation.