



# 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: -	Team: -

## **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, \_\_\_\_\_, Skipper of \_\_\_\_\_, hereby declare that all necessary protective and control measures relating to the COVID-19 pandemic have been implemented on board my vessel according but not limited to the checklist below:

Questions	Yes	No	Remarks
<ul style="list-style-type: none"><li>Has the vessel carried out a COVID-19 risk assessment? (As per SAMSA MN31 of 2020 Ref: SM 6/5/2/1 dated 2 June 2020 – Covid19 Level and allowed activities of Vessel)</li></ul>			
<ul style="list-style-type: none"><li>Has there been a case /suspected case of COVID-19 onboard your vessel/facility?</li></ul>			
<ul style="list-style-type: none"><li>Is the number of personnel limited for the purpose of the SAMSA surveyor visit? And limited to the one crew member per 1,5 metre of the vessel's length?</li></ul>			
<ul style="list-style-type: none"><li>Are there adequate sanitizing/ handwashing on the vessel?</li></ul>			
<ul style="list-style-type: none"><li>Will the recommended social distancing be manageable?</li></ul>			
<b>NOTES:</b> 1) SALTBAA reserves a right to refuse attendance should the above conditions not be satisfactorily complied with.			
Signature: -		Date: -	

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

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

**Details, Screening and Declaration signed: -**

<b>Details of Person – Skipper</b>			
Name and Surname: -			
ID No: -		Contact No: -	
<b>Physical Symptoms Screening - Skipper</b>			
Temperature: -	_____ °C		
Questions: -	<b>No</b>	<b>Yes</b>	<b>If “Yes” since when</b>
1 Dry Cough			
2 Chills			
3 Sore Throat			
4 Shortness of Breath			
5 Vomiting			
6 Diarrhoea			
7 Myalgia/Body pains			
8 New-onset loss of taste & smell			
9 Have you been in contact with a confirmed/suspected Covid-19 case in the past 14 days			
<b>Declaration - Skipper</b>			
Do you understand and undertake to: -			
Declarations: -	<b>No</b>	<b>Yes</b>	
• Wear face mask or buff at all times:			
• Frequently wash your hands as prescribed, and sanitize your hands:			
• Maintain social distancing of at least 1,5m:			
• Inform the Launch Site Controller or Covid-19 Compliance Officer as soon as any symptoms, as mentioned above, are present or when you come in contact with any person who has tested positive with Covid-19:			
• Abide by any site rules set by the management body:			
• By my signature hereunder, I hereby confirm to be in good health and show no signs or symptoms as reflected here above.			
<b>Signature: -</b>		<b>Date: -</b>	

<b>Details of Person / Crew Member 1</b>			
Category of participation: -			
Name and Surname: -			
ID No: -		Contact No: -	
<b>Physical Symptoms Screening – Crew Member 1</b>			
Temperature: -	_____ °C		
Questions: -	<b>No</b>	<b>Yes</b>	<b>If “Yes” since when</b>
1 Dry Cough			
2 Chills			
3 Sore Throat			
4 Shortness of Breath			
5 Vomiting			
6 Diarrhoea			
7 Myalgia/Body pains			
8 New-onset loss of taste & smell			
9 Have you been in contact with a confirmed/suspected Covid-19 case in the past 14 days			
<b>Declaration - Crew Member 1</b>			
Do you understand and undertake to: -			
Declarations: -	<b>No</b>	<b>Yes</b>	
• Wear face mask or buff at all times:			
• Frequently wash your hands as prescribed, and sanitize your hands:			
• Maintain social distancing of at least 1,5m:			
• Inform the Launch Site Controller or Covid-19 Compliance Officer as soon as any symptoms, as mentioned above, are present or when you come in contact with any person who has tested positive with Covid-19:			
• Abide by any site rules set by the management body:			
• By my signature hereunder, I hereby confirm to be in good health and show no signs or symptoms as reflected here above.			
<b>Signature: -</b>		<b>Date: -</b>	

<b>Details of Person / Crew Member 2</b>			
Category of participation: -			
Name and Surname: -			
ID No: -		Contact No: -	
<b>Physical Symptoms Screening – Crew Member 2</b>			
Temperature: -	_____ °C		
Questions: -	<b>No</b>	<b>Yes</b>	<b>If “Yes” since when</b>
1 Dry Cough			
2 Chills			
3 Sore Throat			
4 Shortness of Breath			
5 Vomiting			
6 Diarrhoea			
7 Myalgia/Body pains			
8 New-onset loss of taste & smell			
9 Have you been in contact with a confirmed/suspected Covid-19 case in the past 14 days			
<b>Declaration - Crew Member 2</b>			
Do you understand and undertake to: -			
Declarations: -	<b>No</b>	<b>Yes</b>	
• Wear face mask or buff at all times:			
• Frequently wash your hands as prescribed, and sanitize your hands:			
• Maintain social distancing of at least 1,5m:			
• Inform the Launch Site Controller or Covid-19 Compliance Officer as soon as any symptoms, as mentioned above, are present or when you come in contact with any person who has tested positive with Covid-19:			
• Abide by any site rules set by the management body:			
• By my signature hereunder, I hereby confirm to be in good health and show no signs or symptoms as reflected here above.			
<b>Signature: -</b>		<b>Date: -</b>	

<b>Details of Person / Crew Member 3</b>			
Category of participation: -			
Name and Surname: -			
ID No: -		Contact No: -	
<b>Physical Symptoms Screening – Crew Member 3</b>			
Temperature: -	_____ °C		
Questions: -	<b>No</b>	<b>Yes</b>	<b>If “Yes” since when</b>
1 Dry Cough			
2 Chills			
3 Sore Throat			
4 Shortness of Breath			
5 Vomiting			
6 Diarrhoea			
7 Myalgia/Body pains			
8 New-onset loss of taste & smell			
9 Have you been in contact with a confirmed/suspected Covid-19 case in the past 14 days			
<b>Declaration - Crew Member 3</b>			
Do you understand and undertake to: -			
Declarations: -	<b>No</b>	<b>Yes</b>	
• Wear face mask or buff at all times:			
• Frequently wash your hands as prescribed, and sanitize your hands:			
• Maintain social distancing of at least 1,5m:			
• Inform the Launch Site Controller or Covid-19 Compliance Officer as soon as any symptoms, as mentioned above, are present or when you come in contact with any person who has tested positive with Covid-19:			
• Abide by any site rules set by the management body:			
• By my signature hereunder, I hereby confirm to be in good health and show no signs or symptoms as reflected here above.			
<b>Signature: -</b>		<b>Date: -</b>	

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