



PUNONGHIMPILAN TANODBAYBAYIN NG PILIPINAS
(Headquarters Philippine Coast Guard)
139 25th Street, Port Area
1018 Manila

PASSENGER'S FEEDBACK FORM

Name of Passenger: _____ Age: _____ Gender: ☐ M ☐ F

Contact Nr. (optional): _____ Address (optional): _____

Name of Vessel: _____ Sailing Date: _____

NOTE: This feedback sheet is form part of the **Emergency Readiness Evaluation (ERE)** conducted by the Philippine Coast Guard in order to improve its policies towards the promotion of Safety of Life and Property at Sea and protection to the Marine Environment.

Please rate the efficiency and execution of the drills conducted by the officers and crew of the vessel.

What kind of the drill did you observed? (Please check one or more)	
<input type="checkbox"/> Abandonship <input type="checkbox"/> Fire (in Port / Underway) <input type="checkbox"/> Steering Casualty <input type="checkbox"/> Collision <input type="checkbox"/> Man overboard	
1. The drill was announced through the Public Address System before it commenced.	<input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor/ Needs Improvement <input type="checkbox"/>
2. Equipment / Paraphernalia were visible and set – up before the drill.	<input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor/ Needs Improvement <input type="checkbox"/>
3. Passenger were guided / advised by a crew member or responsible officer of what to do during the drill.	<input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor/ Needs Improvement <input type="checkbox"/>
4. The drill was conducted in an orderly manner.	<input type="checkbox"/> NO
	<input type="checkbox"/> YES <input type="checkbox"/> Excellent <input type="checkbox"/> Very Satisfactory <input type="checkbox"/> Satisfactory <input type="checkbox"/> Poor/ Needs Improvement <input type="checkbox"/>

Please write your comments or recommendations regarding the conduct of Emergency Readiness Evaluation of the vessel? _____

Signature of Passenger

“Serving Our Nation by Ensuring Safe, Clean and Secure Maritime Environment”