Identificação da agência responsável pela realização do Briefing de SSMA *Identification of the agency responsible for carrying out the HSE Briefing*	
Empresa (Razão social): *Company*	**CNPJ:** *CNPJ*
E-mail: *e-mail*	**Telefone:** *Phone number*
Data de realização do Briefing de SSMA: *Execution date*	**Horário:** *Time*
Nome do responsável: *Name of person responsible*	**Assinatura:** *Signature*

Identificação do navio e comandante *Identification of the ship and commander*	
Navio: *Vessel*	**Comandante:** *Commander*

I declare that the crew members listed below participated in the Health, Safety and Environmental Briefing in its entirety and are aware of the HSE requirements to be followed in the areas under the responsibility of Portos do Paraná, as established in the Regulations and Procedures of the Port Authority, available on electronic address: http://www.portosdoparana.pr.gov.br/Meio-Ambiente/Pagina/Procedimentos-do-Sistema-de-Gestao-Integrado.

I declare that they have also been informed about the safety warning (NOTICE FOR CREW) to crew members, which consists of: When getting off the ship, for whatever reason, it is mandatory to wear a helmet, reflective vest and fully closed footwear. For your safety, use the exclusive blue lanes for pedestrian circulation. If you do not have protective equipment, it is mandatory to use a private vehicle. Violations will be penalized.

Identificação dos participantes do Briefing de SSMA *Identification of HSE Briefing participants*		
Nome do tripulante *Crew member's name*	**Cargo/função** *Position/function*	**Assinatura** *Signature*