



ST. VINCENT AND THE GRENADINES

MARITIME ADMINISTRATION

INSPECTION REPORT

Vessel	Off. No	IMO No
Port		
Date	Date Last Inspection:	
Inspector	Class	

The undersigned duly authorized by St. Vincent and The Grenadines Maritime Administration, hereby declares that the above mentioned vessel has been inspected as indicated below. The inspection was performed under the authority of St. Vincent and The Grenadines Maritime Administration which provides that each vessel sailing under St. Vincent Flag in Foreign Service and dedicated to International Commerce and other lucrative activities should be subject to an inspection, in order to determine whether it complies with the National and International Laws and Regulations in force.

INSPECTION REPORTS: This inspection form should be signed by the Flag State Inspector and the vessel's Master. The original should be retained on board by the Master as one of the vessel's official documents.

Part A : GENERAL

Type of Inspection: Annual Special (upon detention)

GRT/NRT: _____ Number of engines: _____ Power kW (per engine): _____

Registration No.: _____ Permanent Provisional Call Sign _____

Vessel's Type: _____ Year Built: _____

Actual Trade: Unrestricted Restricted (please specify): _____

Next Port of Call & Estimated Time of Arrival _____

Classification status: Classed Class notation: _____ Not classed

Name & Address of Local Agent: _____

Name & Address of Company or Ship's Operator:
(Company: ISM Code Req 1.1.2 and 3.1) _____

4. Chemical tanker/Gas carrier

ISSUED BY

ISSUED ON

EXPIRES

LAST SURVEY

International Certificate of Fitness for the Carriage of Dangerous Chemicals in Bulk

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5. Gas carrier

International Certificate of Fitness for the Carriage of Liquefied Gases in Bulk

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6. Miscellaneous

Special Purpose Ships Safety Certificate or MODU Code Safety Certificate

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Additional Certificate for Offshore Supply Vessels

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Diving System Safety Certificate

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Dynamically supported craft Construction and Equipment Certificate

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Mobile Offshore Drilling Units Safety Certificate

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Noise Survey Report

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Part C: PLANS, RECORDS AND LISTS

	ON BOARD		POSTED		REMARKS
	Yes	No	Yes	No	
Updated Muster List and Emergency Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Damage Control Booklets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Control Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Safety Operation booklet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil Record Book/Ozone Depleting Substances Rec.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SOPEP/SEEMP, FO change over pr. and log book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garbage Log Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Waste Management Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stability Information (Trim and Stability Booklet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSA-Instruction for on-board maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ballast Water Management Plan and Record Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GMDSS Radio Log Book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cargo Securing Manual, STS Operations Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manual for Loading, Unloading and Stowage of Bulk Cargoes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part D: BRIDGE RECORDS

Language:

	LOGGED LAST DATE			LOGGED LAST DATE			
	Yes	No		Yes	No		
Fire Drills	<input type="checkbox"/>	<input type="checkbox"/>	Tests prior arrival/dep	<input type="checkbox"/>	<input type="checkbox"/>
Abandon Ship	<input type="checkbox"/>	<input type="checkbox"/>	Soundings	<input type="checkbox"/>	<input type="checkbox"/>
Lowering in water	<input type="checkbox"/>	<input type="checkbox"/>	On board familiariz.	<input type="checkbox"/>	<input type="checkbox"/>
Em. Steering Drill	<input type="checkbox"/>	<input type="checkbox"/>	Fire Doors	<input type="checkbox"/>	<input type="checkbox"/>
MOB Drill	<input type="checkbox"/>	<input type="checkbox"/>	Radar Log	<input type="checkbox"/>	<input type="checkbox"/>
Antipollution Drill	<input type="checkbox"/>	<input type="checkbox"/>	Watertight Doors	<input type="checkbox"/>	<input type="checkbox"/>
LSA Inspection	<input type="checkbox"/>	<input type="checkbox"/>	Loss of life/Injury rep.	<input type="checkbox"/>	<input type="checkbox"/>
Master's Inspec.	<input type="checkbox"/>	<input type="checkbox"/>

Part E: AIDS TO NAVIGATION AND COMMUNICATION EQUIPMENT

	FITTED		OPERATES			FITTED		OPERATES	
	Yes	No	Yes	No		Yes	No	Yes	No
Magnetic compass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	On-board communication sys.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date last adjusted (card)				EGC/Navtex	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Echo Sounding Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Watch Receiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rudder Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MF/HF Transceivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gyro Compass/Repeaters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSC VHF/MF; MF/HF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auto-Pilot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPIRB(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radar(s) (Pcs.....)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SARTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ARPA/Radar Plotting Fac.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GMDSS Link Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Navigation Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BNWAS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signal Lights and Shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signal Flags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Satcom Communication systems (A, B,C or M)				
Aldis Lamp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Emergency Alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Rate of Turn Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GMDSS Portable Radio/VHFs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed and Distance Ind.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spare Batteries for above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AIS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LRIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VDR(S-VDR)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GPS (Pcs.....)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Course Recorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part F: NAVIGATION CHARTS, LOG BOOKS, PUBLICATIONS AND RECORDS

	ON BOARD		DATE OF LAST ENTRY/CORRECTION/EDITION	
	Yes	No		
Navigational Charts	<input type="checkbox"/>	<input type="checkbox"/>	
ECDIS; (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	
Pilot Charts (latest edition)	<input type="checkbox"/>	<input type="checkbox"/>	
Pilot Books/Sailing Directions	<input type="checkbox"/>	<input type="checkbox"/>	
Notices to Mariners	Date/week	<input type="checkbox"/>	<input type="checkbox"/>
IMO Routing Schemes		<input type="checkbox"/>	<input type="checkbox"/>
List of Lights	Year	<input type="checkbox"/>	<input type="checkbox"/>
Tide Tables		<input type="checkbox"/>	<input type="checkbox"/>
Navigation Tables		<input type="checkbox"/>	<input type="checkbox"/>
Nautical Almanac		<input type="checkbox"/>	<input type="checkbox"/>
Int. Code of Signals and Illustrated Table		<input type="checkbox"/>	<input type="checkbox"/>
Ship's Log Book		<input type="checkbox"/>	<input type="checkbox"/>
Compass Error Book		<input type="checkbox"/>	<input type="checkbox"/>
Chronometer Rate Book		<input type="checkbox"/>	<input type="checkbox"/>
Radar Maintenance Record Book		<input type="checkbox"/>	<input type="checkbox"/>
Radar Log Book		<input type="checkbox"/>	<input type="checkbox"/>
Bridge Bell Book		<input type="checkbox"/>	<input type="checkbox"/>
Engine Room Bell Book		<input type="checkbox"/>	<input type="checkbox"/>
List of Coast Stations		<input type="checkbox"/>	<input type="checkbox"/>
IAMSAR Volume III / ITU Publications		<input type="checkbox"/>	<input type="checkbox"/>
Up-to-date Flag State Circulars, Shipping Act 2004 and Articles of Agreement		<input type="checkbox"/>	<input type="checkbox"/>
COLREG 72		<input type="checkbox"/>	<input type="checkbox"/>
SOLAS, as amended		<input type="checkbox"/>	<input type="checkbox"/>
MARPOL 73/78 as amended		<input type="checkbox"/>	<input type="checkbox"/>
International Medical Guide for Ships		<input type="checkbox"/>	<input type="checkbox"/>
Voyage Plan (berth to berth)		<input type="checkbox"/>	<input type="checkbox"/>
SMS Manuals		<input type="checkbox"/>	<input type="checkbox"/>
Ship Security Plan		<input type="checkbox"/>	<input type="checkbox"/>
Security Records		<input type="checkbox"/>	<input type="checkbox"/>
Company emergency contacts known including DPA and CSO		<input type="checkbox"/>	<input type="checkbox"/>

Part G: CREW

OFFICERS	NAME AND NATIONALITY	CERTIFICATE NATIONALITY	COMPETENCE	EXPIRATION
Master
Chief Mate
Second Mate
Deck Officer(s)
Dedicated Radio Operator(s)
Chief Engineer
Second Engineer
Engineer Officer(s)

Ratings: Number of crew (except Officers)

Deck: _____ AB _____ Other _____ Engine: _____ Greasers _____ TOTAL _____

Nationality of crew (except Officers) _____

Is the number and competence of the crew according to the Minimum Safe Manning Certificate?
(Is the MSM Document form in accordance with Circular SOL 058 available on board?) Yes No

Are there two (2) deck/navigation Officers with GMDSS General Operator Certificates available? Yes No

Considering the type of vessel and emergency duties, are the seafarers' qualification covered by appropriate certificates and documentary evidence? Yes No

If not, please state missing certificates/documentary evidence:

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- Is the knowledge of English satisfactory? Yes No
- Is the Crew Training Manual available? Yes No
- Are records of seafarers Rest Hours followed as required by ILO/STCW ? Yes No
- Are shipboards working arrangements available? Yes No
- Is the evidence of on board familiarization with safety, security, MLC duties available? Yes No

Please attach the crew list and a copy of the Minimum Safe Manning Certificate to this Report.

Part H: CONDITION OF SAFETY EQUIPMENT

Number of lifeboats _____ with motor _____ Without motor _____ Date last tested _____
 Number of liferafts _____ date(s) of last inspection _____ For _____ persons

Life saving equipment	A	B	C	D	E*	Fire fighting Equipment	A	B	C	D	E*
Lifeboats/Davits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	International Shore Connection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liferafts/Launching Arr.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Main	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rescue Boat/Laun. Arr.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Hoses and Nozzles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Life jackets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Doors/Means of Escape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifebuoys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Immersion Suits/TPA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fireman's Outfit(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifeboat ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Dumpers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pilot Embarkation Arr.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>Fixed Fire Extinguishing Systems</u>					
Distress Signals(Pyrotechn.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engine Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Line Throwing Apparatus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deck/Cargo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Safety/Pollution Equipment	A	B	C	D	E*	Tested	
						Yes	No
<u>Emergency Generator</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Emergency Fire Pump</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Emergency Lightning</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Lifeboat engine(s)</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oily Bilge Water Separator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EEBD (Pcs.....)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTE: THE UNDERLINED ITEM SHOULD BE TESTED IN THE PRESENCE OF THE SURVEYOR

Fire/smoke detection and alarm systems

Engine room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cargo spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

State visible Conditions of:

OTHERS:	A	B	C	D	E*
Hull / freeboard marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crew Quarters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Galley and Mess Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Anchor Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steering Gear Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mooring Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accommodation Ladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical Chest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spec. Arr mach/cargo spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ships classed UMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS

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Part I: PASSENGER SHIPS fire detection, fire protection and fire extinction

	A	B	C	D	E*	REMARKS
Automatic sprinkler, fire alarm and fire detection system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Muster List	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Part J: TANKERS - Fire safety measures

	A	B	C	D	E*	REMARKS
General safety condition of cargo pump room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General safety condition of fixed deck froth system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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General safety condition of inert gas system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	Yes	No
Instruction manual-inert gas system	<input type="checkbox"/>	<input type="checkbox"/>

Part K: REMARKS (please add a separate sheet if necessary)

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*A = Excellent, B = Good, C = Fair, D = Poor, E = Inoperable/Unusable

Part L
MLC Checklist

1	Documentation	YES	No
1.1	Is the Maritime Labour Certificate (MLC) available and has a copy been posted?	<input type="checkbox"/>	<input type="checkbox"/>
1.2	Is the Declaration of Maritime Labour Compliance (DMLC) available and has a copy been posted?	<input type="checkbox"/>	<input type="checkbox"/>
1.3	Is the MLC Inspection Report available and has a copy been posted?	<input type="checkbox"/>	<input type="checkbox"/>
2	Requirements for seafarers to work on a ship		
2.1	Are all seafarers on board more than 16 years old?	<input type="checkbox"/>	<input type="checkbox"/>
2.2	Are valid training and competence Certificates available for all seafarers?	<input type="checkbox"/>	<input type="checkbox"/>
2.3	Has a private seafarer recruitment and placement service or agency been contracted by the Shipowners and is it, as far as practicable, operated in accordance with MLC 2006, Standard A1.4?	<input type="checkbox"/>	<input type="checkbox"/>
2.4	Is there evidence that no night work or work that is likely to jeopardise the safety and health of seafarers under the age of 18?	<input type="checkbox"/>	<input type="checkbox"/>
3	Seafarers Employment Agreements (SEAs)		
3.1	Is a valid SEA in accordance with A2.1 for each seafarer, signed by the seafarer and the shipowner, or his authorised representative available?	<input type="checkbox"/>	<input type="checkbox"/>
3.2	Do the seafarers not employed by the shipowner have evidence of a contractual or similar arrangement?	<input type="checkbox"/>	<input type="checkbox"/>
3.3	Is each seafarer in possession of a St. Vincent and The Grenadines Seaman's Book with the record of employment entered?	<input type="checkbox"/>	<input type="checkbox"/>
4	Wages		
4.1	Wages are paid in accordance with the SEA (and CBA, if any) but not greater than one month period. Are payment slips available?	<input type="checkbox"/>	<input type="checkbox"/>
4.2	Are all seafarers provided with a means to transfer all or part of their earnings to their families or dependants or legal beneficiaries?	<input type="checkbox"/>	<input type="checkbox"/>
5	Repatriation		
5.1	Are the Flag State's provisions regarding repatriation available on board	<input type="checkbox"/>	<input type="checkbox"/>
5.2	Is there evidence of the Shipowner's financial security for repatriation?	<input type="checkbox"/>	<input type="checkbox"/>
6	Accommodation and recreational facilities		
6.1	Are the alterations of accommodation and recreational facilities from general arrangement plans noted?	<input type="checkbox"/>	<input type="checkbox"/>
6.2	Are records of the Master's inspections of the vessel's accommodation maintained and available?	<input type="checkbox"/>	<input type="checkbox"/>
6.3	Are accommodation spaces clean and in a good state of repair, and fixtures and fittings in place and in good working order?	<input type="checkbox"/>	<input type="checkbox"/>
6.4	Are mess rooms clean, hygienic and comfortable?	<input type="checkbox"/>	<input type="checkbox"/>
6.5	Do cabins have hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>
6.6	Is the bedding clean and hygienic?	<input type="checkbox"/>	<input type="checkbox"/>
6.7	Is heating and ventilation, including air conditioning, where fitted. Adequate and well-maintained?	<input type="checkbox"/>	<input type="checkbox"/>
6.8	Are sanitary facilities accessible, hygienic and working correctly?	<input type="checkbox"/>	<input type="checkbox"/>
6.9	Are the laundry facilities in good working order?	<input type="checkbox"/>	<input type="checkbox"/>
6.10	Is adequate natural and artificial light available?	<input type="checkbox"/>	<input type="checkbox"/>
6.11	Are noise and vibration experienced within the accommodation within acceptable limits?	<input type="checkbox"/>	<input type="checkbox"/>
6.12	Are recreational facilities appropriate and in good working order?	<input type="checkbox"/>	<input type="checkbox"/>
7	Food and catering		
7.1	Are the galley and spaces used for the storage of food clean, hygienic and in a good state of repair?	<input type="checkbox"/>	<input type="checkbox"/>
7.2	Are food and drinking water of good quality and quantity and provided free of charge for seafarers?	<input type="checkbox"/>	<input type="checkbox"/>
7.3	The cook should be over 18 years old and hold appropriate qualifications. Is all catering staff adequately trained?	<input type="checkbox"/>	<input type="checkbox"/>
8	Medical care on board ship and ashore		
8.1	Are valid medical certificates in accordance with ILO/WHO guidelines available for all seafarers on board?	<input type="checkbox"/>	<input type="checkbox"/>
8.2	Are health protection and medical care, including essential dental care available and free of charge to all seafarers?	<input type="checkbox"/>	<input type="checkbox"/>
8.3	Is the ship's hospital clean and hygienic and for medical use only?	<input type="checkbox"/>	<input type="checkbox"/>
8.4	Are medical equipment and supplies provided and certified?	<input type="checkbox"/>	<input type="checkbox"/>
8.5	Are Medical publications available on board?	<input type="checkbox"/>	<input type="checkbox"/>
8.6	Is an up-to-date list of radio contacts where medical advice can be obtained readily available?	<input type="checkbox"/>	<input type="checkbox"/>
8.7	Is a standard medical report form for Master and relevant offshore and on-board medical personnel used?	<input type="checkbox"/>	<input type="checkbox"/>
9	Health and safety protection and accident prevention		
9.1	Are Occupational Health and Safety (OHS) policy, procedures and programmes in place and implemented?	<input type="checkbox"/>	<input type="checkbox"/>
9.2	Are accidents and incidents investigated and reported and records available?	<input type="checkbox"/>	<input type="checkbox"/>
9.3	Are safe working practices implemented?	<input type="checkbox"/>	<input type="checkbox"/>
9.4	Is on board training and familiarization carried out and are records available?	<input type="checkbox"/>	<input type="checkbox"/>
9.5	Is Personal Protective Equipment (PPE) readily available and used as appropriate for the tasks?	<input type="checkbox"/>	<input type="checkbox"/>
9.6	Are OHS risks associated with sub-contractors working on board addressed?	<input type="checkbox"/>	<input type="checkbox"/>
9.7	Is there evidence of the Shipowner's financial security in the event of the death or long term disability due to an occupation injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>

10	Seafarers' complaints		
10.1	Does each seafarer have a copy of the complaints procedure?	<input type="checkbox"/>	<input type="checkbox"/>
10.2	Are contact details available for the Flag State and the competent authority in the seafarer's country of residence?	<input type="checkbox"/>	<input type="checkbox"/>
10.3	Are complaints handled in a timely, fair and effective manner?	<input type="checkbox"/>	<input type="checkbox"/>
10.4	Have any complaints been received during the inspection?	<input type="checkbox"/>	<input type="checkbox"/>
<p><i>In case of complaint, the seafarer should be referred to the onboard complaint procedure.</i></p> <p><i>If the seafarer feels unable to use the complaints procedure then a written complaint signed by the seafarer should be submitted along with this report. The Flag State Inspector should discreetly conduct the investigation taking into account the seafarer's complaint(s) and forward details of his investigation to this Administration together with this Report. Please include additional sheets if necessary.</i></p>			

Describe in details each discrepancy

Part M

Company's Name:	DOC issued by:	RO responsible for SMC audit:
<p>CHECK COLUMN</p> <p>A. Technical deficiencies</p> <p>A-1. Have Class/Statutory related technical deficiencies been found?</p> <p><input type="checkbox"/> No (Action to be taken)</p> <p><input type="checkbox"/> Yes (go to A-2)</p> <p>A-2. If A-1 is yes, are such technical deficiencies not dealt with adequately by the company/ship?</p> <p><input type="checkbox"/> No (Action to be taken)</p> <p><input type="checkbox"/> Yes (To be reported)</p>		
<p>B. Documentary deficiencies</p> <p>Have documentary deficiency been found?</p> <p><input type="checkbox"/> No (action to be taken)</p> <p><input type="checkbox"/> Yes (to be reported)</p>		
<p>C. Operational deficiencies</p> <p>Have operational deficiencies been found?</p> <p><input type="checkbox"/> No (action to be taken)</p> <p><input type="checkbox"/> Yes (to be reported)</p>		
<p>D. Other deficiencies</p> <p>Have any other deficiency which may seriously affect the safety of ship, personnel or the environment been found?</p> <p><input type="checkbox"/> No (action to be taken)</p> <p><input type="checkbox"/> Yes (to be reported)</p>		
<p>Conclusion</p> <p><input type="checkbox"/> The following deficiencies should be reported to the Head Office)</p> <p><input type="checkbox"/> Nothing should be reported</p>		
<p>Surveyor's comments:</p>		

IMPORTANT NOTICE:

Neither the inspection nor this Report is a certification, warranty or other representation that the vessel described is seaworthy, nor do they affect the responsibilities and obligations of any person or organisation in respect of seaworthiness.

For deficiencies which should be rectified prior departure, the Master should advise the Surveyor prior departure that they have been corrected failing which a re-inspection will have to take place to ascertain that the vessel can safely leave the Port. The Master is requested to notify the Representative of the Office of the Commissioner for Maritime Affairs of St. Vincent and The Grenadines, that the following deficiencies (if any) have been corrected. If this notification is not made, it may cause this Administration to pursue other actions to have the deficiencies corrected.

RECTIFICATION OF EACH DEFICIENCY SHOULD BE TIMELY REPORTED BY THE COMPANY TO THE FLAG ADMINISTRATION AS PER CIRCULAR FSI 004

Codes	List of deficiencies to rectify:	PRIOR DEPARTURE	NEXT PORT/ 15 DAYS *	WITHIN ONE MONTH
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Whichever comes first

DIGITAL PHOTOS INDICATING SERIOUS DEFICIENCIES SHOULD BE SUBMITTED TOGETHER WITH THE REPORT

Surveyor's signature _____

Print name _____

Master's signature _____

Print name _____

Date _____