



ST. VINCENT AND THE GRENADINES

MARITIME ADMINISTRATION

ANNUAL FLAG STATE INSPECTION

MONITORING RECTIFICATIONS OF DEFICIENCIES AND PREVENTING THEIR RECURRENCE

Ship's name		Official Number	
Place of Inspection		IMO	
Date of Inspection		Managers/Operators	

NOTE: ONE DEFICIENCY PER PAGE

1. Detailed description of deficiency*:
2. Way of rectifying the deficiency (please also indicate the date its rectification)*:
3. Root Cause of deficiency*:
4. Corrective action(s) taken to prevent the recurrence*:
5. Preventive action (if any):

*** COMPULSORY ENTRY**

**THE ORIGINAL OF THIS DOCUMENT SHOULD BE KEPT ON BOARD TOGETHER WITH THE
PERTAINING ANNUAL FLAG STATE INSPECTION REPORT.**

Name and signature of Operator/DPA