

Reporting Authority	
Address	
Telephone	
Email	
Website	

SHIP PARTICULARS

Name		IMO number		Gross tonnage	
Flag		MMSI Number		Old Tonnage	
Type		Date keel laid/ Major conv.		Main engine (KW):	
Call sign		Deadweight		Emission Abatement method	

ISM COMPANY

Name				IMO Company number	
Address		City		Country	

MLC SHIPOWNER

Name				
Address		City		Country

CHARTERER *(only ships carrying liquid or solid cargoes in bulk, pref. 1st charterer record)*

Name				
Address		City		Country
<input type="checkbox"/> Demise Charter		<input type="checkbox"/> Time Charter		<input type="checkbox"/> Voyage Charter
Name and signature of master to confirm the receipt of the inspection report and to certify that the information on charterer is correct:				
Name		Signature		

*) This inspection report has been issued solely for the purpose of informing the master and other port States that an inspection by the port State, mentioned in the heading, has taken place. This inspection report cannot be construed as a seaworthiness certificate in excess of the certificates the ship is required to carry.

**) Masters, Shipowners and/or Operators are advised that detailed information on the inspection will be reported to the appropriate authorities and organisations and is subject to publication.

***) "Outstanding deficiencies" are listed for information only and will not be taken into account for the calculation of the Ship Risk Profile and Company performance.

Name of ship		IMO number		Date of report		Place of inspection	
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Classification Society(ies) responsible for issuance of class certificates					
Issuing entity		date of issue		date of expiry	
Issuing entity		date of issue		date of expiry	

Recognised Organization (s) responsible for issuance of certificates on behalf of the flag State	
Issuing entity	
Issuing entity	

INSPECTION PARTICULARS			
Date of first visit		Place of inspection	
Date report		If detained: Date of issue of detention notice	

Type of inspection			
<input type="checkbox"/> Initial inspection	<input type="checkbox"/> More detailed inspection	<input type="checkbox"/> Expanded inspection	<input type="checkbox"/> CIC

Operational control (<i>if any</i>)	Additional comment
<input type="checkbox"/> Abandon ship drill	
<input type="checkbox"/> Fire drill	
<input type="checkbox"/> Damage control drill	
<input type="checkbox"/> Enclosed space entry drill	
<input type="checkbox"/> SOPEP drill	
<input type="checkbox"/> SMPEP drill	
<input type="checkbox"/> Emergency steering drill	
<input type="checkbox"/> MOB drill	
<input type="checkbox"/> Rescue boat drill	
<input type="checkbox"/> Other (<i>specify</i>)	

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Title certificate	issuing authority	date of issue	date of expiry	date of survey	surveying authority	country

INSPECTION ACTIONS	
Ship related inspection action taken (<i>if any</i>)	Additional comment
<input type="checkbox"/> Inspection suspended	
<input type="checkbox"/> Dismissed on AFS grounds	
<input type="checkbox"/> Excluded on AFS grounds	
<input type="checkbox"/> Ship expelled on security grounds	
<input type="checkbox"/> Ship expelled on other grounds	
<input type="checkbox"/> MARPOL investigation	

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Ship related reporting action taken (<i>if any</i>)	Additional comment
<input type="checkbox"/> Flag State informed	
<input type="checkbox"/> RO informed	
<input type="checkbox"/> Next port informed	
<input type="checkbox"/> Coastal State informed	
<input type="checkbox"/> ILO informed	
<input type="checkbox"/> Shipowner & seafarer organisation informed	
<input type="checkbox"/> Flag state requested to submit action plan within	
<input type="checkbox"/> Other authority informed	
<input type="checkbox"/> Overriding factor	
<input type="checkbox"/> Observations to inspection	

<u>DEFICIENCIES</u>	<input type="checkbox"/> no	<input type="checkbox"/> yes (see attached FORM B)
<u>OUTSTANDING DEFICIENCIES</u>	<input type="checkbox"/> no	<input type="checkbox"/> yes (see attached copy of FORM B from previous inspection(s))
<u>SUPPORTING DOCUMENTATION</u>	<input type="checkbox"/> no	<input type="checkbox"/> yes (see annex)

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PORT STATE PARTICULARS			
Head office/District office		Telephone	
Address		E-mail	
		Website:	
<i>Name(s) of duly authorized PSCO('s) of reporting authority)</i>	<i>signature</i>	<i>visit date</i>	

This report must be retained on board for a period of at least three years and must be readily available for consultation by Port State Control Officers at all times.

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DEFICIENCIES FOUND AND FOLLOW UP ACTIONS											
Nr.	Code	Defective item	Nature of defect ¹	Convention ref.	Action taken	Due date	Ground for detention	Accidental damage ²	RO resp.	ISM related	Additional comments
							<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"/>	

¹ This inspection was not a full survey and deficiencies listed may not be exhaustive. In the event of a detention, it is recommended that a full survey is carried out. All deficiencies should be rectified before an application for re-inspection is made.

² Deficiencies marked as Accidental Damage are not taken into account for calculating the company performance and the Ship Risk Profile.

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Nr.	Code	Defective item	Nature of defect ³	Convention ref.	Action taken	Due date	Ground for detention	Accidental damage ⁴	RO resp.	ISM related	Additional comments
							<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"/>	

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<i>Name(s) of duly authorized PSCO('s) of reporting authority</i>	<i>signature</i>	<i>visit date</i>