

Commonwealth of Dominica**Office of the Maritime Administrator**

TO: ALL SHIPOWNERS, OPERATORS, MASTERS AND OFFICERS OF MERCHANT SHIPS OPERATING WITHIN THE PARIS MOU REGION

SUBJECT: INSPECTION PROTOCOL – MANDATORY SELF INSPECTION PROGRAM

REFERENCE: CDP 501 – Flag State Inspection Program

APPLICABILITY: ALL VESSELS REGISTERED WITH DOMINICA MARITIME REGISTRY THAT OPERATE WITHIN THE PARIS MOU REGION

PURPOSE: The purpose of this Circular is to bring to the attention of all concerned the information and instructions to assist owners, operators, masters and crews to mitigate detentions and enhance Flag State and Port State Control inspection results.

06 December 2012

In response to the Commonwealth of Dominica's commitment to gaining "White List" status in the Paris MOU region, all vessels trading in any Paris MOU territory must complete a self-inspection checklist quarterly beginning 1 January 2013.

It should be noted that this program is designed to ensure that Commonwealth of Dominica vessels shall be fully compliant in restricted areas. It shall also be noted, that when deficiencies are discovered, they shall be immediately reported and this office shall be informed to create a mitigation strategy that will satisfy both the Flag State and Port State.

Our goal to be proactive rather than reactive is a joint effort to help shipowners maintain economic viability while also maintaining safe operation.

This requirement includes vessels that are authorized for "worldwide" trade regardless of frequency to Paris MOU ports. The following States are included in The Paris MOU region:

1. Belgium
2. Bulgaria
3. Canada

Page 1of 36

-
4. Croatia
 5. Cyprus
 6. Denmark
 7. Estonia
 8. Finland
 9. France
 10. Germany
 11. Greece
 12. Iceland
 13. Ireland
 14. Italy
 15. Latvia
 16. Lithuania
 17. Malta
 18. Netherlands
 19. Norway
 20. Poland
 21. Portugal
 22. Romania
 23. Russian Federation
 24. Slovenia
 25. Spain
 26. Sweden
 27. United Kingdom

The master or other competent member of the ship's crew or office staff must complete the checklist found in the annex of this circular and submit it to: Inspection@dominica-registry.com before the end of each quarter. Please review the quarterly schedule below that will be in effect beginning 1 January 2013:

Quarter 1 – 1 January to 31 March

Quarter 2 – 1 April to 30 June

Quarter 3 – 1 July to 30 September

Quarter 4 – 1 October 31 December

If the checklist is not received by the last day of each quarter, a \$2,500.00 USD fine will be imposed and possible suspension from operation within the Paris MOU region and immediate attendance of an authorized Flag State Inspector may occur.

The Commonwealth of Dominica Maritime Administration would like to remind all vessel owners, operators, masters, and crew that if any portion of this checklist is found to be deficient, we will facilitate communication with local Port State authorities to ensure the ship is not unduly delayed or penalized. It is in the best interest of the Company to ensure that any areas that require improvement

are made known to the Flag State so that appropriate action can be taken to ensure any parties that must be notified are duly informed in advance to avoid any delay, financial penalty, or prosecution.

Any questions relating to the mandatory implementation of this Self Inspection Program can be directed to:

Captain Casey Trenholm

Tel: + 1 508 992 7170 ext. 312

e-mail: Inspection@dominica-registry.com

-end-

ANNEX 1



Commonwealth of Dominica

FLAG STATE INSPECTION PROGRAM

Inspection Report of Vessels 500 Gross Tons or More

The Commonwealth of Dominica strives to ensure that compliance with international agreements are the foremost tenets of operations by their fleet of registered vessels. Our Inspectors are responsible to ensure that the fleet is meeting their goals and objectives in a safe, efficient and cost effective manner. The Inspector shall be impartial and understand that the goal of the safety inspection is to ensure the safety of crew and vessel. The Inspector shall provide guidance and impart education to the vessel's crew and ownership in a professional manner rarely dictating or demanding corrective action. The goal of a safety inspection is to ensure a safe working environment for all concerned. With the focus on safety and education the inspection will not only eliminate detainments but ensure the safety of the personnel, vessel and prosperity of the owners/operators.

Vessel Name:		Call Letters:	
Port of Inspection:		Date(s) of Inspection:	
Inspection Type:	<input type="checkbox"/> Pre-Registration <input type="checkbox"/> Annual <input type="checkbox"/> Special <input type="checkbox"/> Post-Detention		
IMO Number:		Class Society:	

ISM Issuer Same as above? If not, which Recognized Organization: _____

The period of validity for ISM documents should correspond to the following list. If they do not, ISM documents should be further investigated. 5 years = Full Term (SMS and DOC) 12 months = Interim (DOC) 6 months = Interim (SMC)
5 months = Short term (SMC)

Last Dry docking date:		Last Port of Call:	
Next Dry docking date:		Next Port of Call:	
Location of Last Drydocking		Cargo:	
Date of Last Class Survey		Current Operations:	

Summary:

- The inspector did not find any deficiencies.
 The inspector did not find any deficiencies, but does have some recommendations. Please see the list at the end of the report.
 The Inspector's list of deficiencies, recommendations and recommended corrective actions are listed at the end of the report. Please send your response to the Dominica Administration within thirty days.
 The inspector found serious deficiencies, which must be corrected before the vessel is allowed to sail. Deficiencies are listed at the end of the report. The vessel may also be required to complete a follow-up Special

Inspection following rectification of deficiencies. This will be noted at the end of the report.					
Gross Tons:		Net Tons:		Length:	
Breadth:		Build Date:		Keel Lay Date:	
Vessel Service:		Main Engine:		Type:	
Number of Cylinders:		HP or kW:			
F.O. Capacity:		L.O. Capacity:			
Commonwealth of Dominica Maritime Administration Office of the Deputy Maritime Administrator 32 Washington Street Fairhaven, Massachusetts 02719 Tel: 001-508-992-7170 Fax: 001-508-992-7120 inspection@dominica-registry.com www.dominica-registry.com					

Owner Name:		Address:	
City:		Country:	
Office Phone:		Fax Number:	
		Postal Code:	
		Mobile:	

Operator Name:		Address:	
City:		Country:	
Office Phone:		Fax Number:	
		Postal Code:	
		Mobile:	

Examine Facility Security Interface:

- Observe Physical measures (fences, barriers, etc.) to prevent unauthorized access to the vessel and facility.
- Observe access to the facility is monitored.
- Observe Gate Guard
- Observe that signs are conspicuously posted that describe security measures in effect. (i.e. MARSEC Level, search procedures)
- Observe vessel supervision of Cargo and Ship Stores

INTERNATIONAL CONVENTION ON STANDARDS OF TRAINING, CERTIFICATION AND WATCHKEEPING FOR SEAFARERS, 1978 STCW

All the members of the crew who are required to do so hold valid certificates of competency/verification/endorsement **from Dominica?**

yes no

VESSEL OFFICERS

Officers Name	Position	Dominica Cert. No.	STCW Reg.	Expiration date
	Master			
	First Mate			
	Second Mate			
	Third Mate			
	Chief Engineer			
	First Engineer			
	Second Mate			
	Third Mate			

	Radio Operator			
	Radio Operator			

VESSEL RATINGS/SEAMEN

N ^o	Seaman's Name	Position	Dominica Certificate No.	Expiration date
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

CREW

	Yes	No	Notes
Verify Licenses and Endorsements are original and current. Ensure licenses are from Flag Dominica	<input type="checkbox"/>	<input type="checkbox"/>	
Compare licenses to crew list and safe manning document	<input type="checkbox"/>	<input type="checkbox"/>	
Verify navigation watch officer STCW certificates have endorsement for radar and GMDSS	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure crew has complied with the Rest Period Requirements.	<input type="checkbox"/>	<input type="checkbox"/>	
Verify medical certificates indicate crew members are fit for duty	<input type="checkbox"/>	<input type="checkbox"/>	
Verify that crewmembers who have designated safety or pollution prevention duties in the operation of the ship have received appropriate elements of basic safety training. <ul style="list-style-type: none"> • Personal survival techniques • Fire prevention/basic firefighting • Elementary first aid • Personal safety and social responsibilities 	<input type="checkbox"/>	<input type="checkbox"/>	

**I. General Information
Government Documents and Technical Certificates**

Document	Issued by	Date of Issue	Date of Expiry
1. Certificate of Registry			
2. Class Certificate			
3. Radio License Station			
4. Cargo Ship Safety Construction Cert			
5. Document of Compliance (DOC) (ISM)			
6. Safety Management Certificate (SMC)			
7. Safe Manning Certificate (to compare to crew list)			
8. Cargo Ship Safety Cert			
9. Cargo Ship Safety Radio Cert.			
10. Load Line Certificate or Load Line Exemptions			
11. SOPEP or Vessel Response Plan			
12. International Oil Pollution Prevention (IOPP) Certificate			
13. Oil Record Book			
14. International Air Pollution Prevention (IAPP) Certificate and IAPP Supplement			
15. International Ship Security Certificate (ISSC)			
16. Continuous Synopsis Record (CSR)			
17. Foam Analysis Reports (if present)			
18. Fixed Fire Fighting Certificates			
19. Life Raft Certificates			
20. Int. Tonnage Cert. (ITC 69)			
21. Cert. Financial Responsibility			
22. LRIT Certificate (Vessels >300 GT)			
23. Other Certificate			
24. Shipboard Oil Pollution Emergency Plan.			
25. Training Manual			
26. Cargo Securing Manual			
27. Stability Book & Inclining Test			
28. Safety Equip. Maintenance. Manual			

Note: All required documents to be valid with current endorsements prior to vessel departure

NOTES:

2. Examine Documentation, Manuals, and Certificates

Items to Inspect	Yes	No	N/A	Notes
Review International Air Pollution Prevention (IAPP) Certificate				
Spot check supplement data on diesel engine compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Period of validity not to exceed 5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check annual and intermediate endorsements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supplement includes the following:				
Description of ozone depleting substances contained in systems and equip.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Description of diesel engines >130 kW (175 Hp) and installed or converted after 1/1/2000 that comply with NOx emission standards or are fitted with exhaust gas cleaning system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Description of method to operate in Sox emission control areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Description of incinerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify ship equipment corresponds substantially with particulars listed in IAPP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review Technical File for each diesel engine > 130 kW (175 Hp) and installed or converted after 1/1/2000				Before year 2000 not applicable
On board for each engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Complies with NOx Technical Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review Record Book of Diesel Engine Parameters (spot check)				
Onboard for each engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Complies with NOx Technical Code	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review Exhaust Cleaning Systems Documentation if fitted (Onboard for each engine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review Type Approval Certificate for Incinerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Required for incinerators installed on or after 1 January 2000; must be compliant with MEPC.76(40) and MEPC.93(45)
Review Bunker Delivery Notes (Spot Check)				
Provided for each fuel delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintained onboard for at least three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide information on:				

Items to Inspect	Yes	No	N/A	Notes
Name and IMO number of ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date of commencement of delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name, address, and telephone no. of marine fuel supplier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Product name(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quantity (Metric tons)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Density	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sulfur content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Not to exceed 4.5 m/m
Verify Fuel Samples Onboard (spot check)				
Provided for each fuel deliver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Associated with bunker delivery note	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kept on board for at least 12 months (or until fuel is substantially consumed if longer)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review Reports of Non-Compliance (if noted) for MARPOL Annex VI Fuel Delivery				
Provided to Administration for each fuel delivery if fuel does not comply with requirements of Annex VI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review records regarding such reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review Dangerous Cargo Manifest (DCM) for the following:				
On or near bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Master's signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper shipping name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous classes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stowage plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shipping papers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review Safety management System (SMS) for the following:				
SMS documentation is onboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SMS information is in working language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure that drills have been performed				
Fire drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Abandon ship drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
Ship security drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spot Check SMS for the following:				
SMS includes safety and environmental policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SMS Includes instructions/procedures for meeting international and flag state requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SMS addresses responsibilities, authority, and effective communications on board and with shore management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SMS Identifies designated person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crew familiar with SMS and master familiar with SMS responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence that SMS provides familiarization for new crew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SMS includes procedure for reporting accidents and nonconformities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence that ship reports nonconformities as required by SMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SMS includes maintenance program and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence that the ship maintains and test vital equipment and records results in SMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SMS provides procedures for internal audits and management review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence that audits/management reviews are performed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pollution Prevention Records (Cargo Vessels greater or equal than 400 GT)				
Declaration of Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Transfer Records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Last Shell Expansion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Last Survey Report in Dry Docking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No outstanding conditions of survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All current survey results on board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

General Examination

Items to Inspect	Yes	No	N/A	Notes
Charts & Publications for intended voyage				
Charts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Chart catalog	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sailing Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List of Radio Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plotting equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Required Navigation Equipment on Board and Navigation Safety

Items	Yes	No	N/A	Notes
Test navigation to determine equipment is operating properly				
Nautical Publications available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current International Code of Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current tide tables available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current deviation table or compass comparison record available on bridge.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current to notices to marine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current Pilot Charts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current light list.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current of Nautical Almanac	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current list of ship stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Current IMO COLREG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radar and Radar Transponder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Magnetic Compass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ecosound / hand lead line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Human Factors				
Determine if deck officer are familiar with :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operation of bridge control and navigation equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operation of illuminated rudder angle indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Following indicators are visible from centerline conning position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
RPM indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Propeller pitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speed and distance indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lateral thrusters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify cargo ventilation indicators on bridge as consistent with vessel operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are nautical publications and charts updated/corrected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ship maneuvering characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Life-saving signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bridge procedures, instructions, manuals, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changing steering from automatic to manual, etc. to manual and vice versa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preparations for arrival and departure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communications with engine room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of VHF radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Navtex, Radar, Radar transponder, EPIRB.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Anchoring for ships propelled by				

Items	Yes	No	N/A	Notes
mechanical means				
Two (2) anchors required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
One (1) anchors with chain cable of sufficient strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stability Information				
Stability information available to master	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Freeboard marking				
Placed amidships and readable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lights, Shapes and Sound Signal				
Navigation lights and day shapes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sound Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Distress Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify operation of the depth sounding (verify against charted depth). Verify continuous recorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Bridge

Items to Inspect	Y	N	N/A	Notes
Examine bridge log for the following:				
Pre-arrival tests conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Casualties (navigation equipment and steering gear failures reported)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steering gear drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency steering drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify operational condition of radar(s) and ARPA				
Required number of radars on bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Number of radars to number of antennas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Witness crew energize radars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compare radar picture with surrounding obj.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Compare radar heading to gyro heading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ARPA meets IMO standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Witness crew acquire contacts with ARPA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Witness ARPA tract contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify independent operation of radars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine compasses for the following:				
Illuminated gyro repeater is visible from center conning position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Randomly verify all gyro repeaters are consistent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify illuminated magnetic compass is visible from center conning position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine Automatic Identification				

Items to Inspect	Y	N	N/A	Notes
System (AIS)				
Verify the location of the AIS pilot plug (120V)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify AIS is energized and displays the following screens (May be secured at berth):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Navigation Status Screen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MMSI & IMO Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ship name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Length and beam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Type of ship	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Location of antenna on ship (aft of bow and port or starboard of centerline)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ships draft	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous cargo (type)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Destination and ETA				
Route plan (waypoints)				
Target Data Screen				
Target Data				
Navigation data reflects current oper.				
Voyage Data Recorder (VDR)				
Verify any exemptions from the flag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify crew knowledge of operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Retrievable unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approval number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Installation IAM IMO Resolution A.861	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Arrival testing (by approved service)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Location of protective capsule	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Microphone location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarms (audible/visual)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power Source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine Steering gear instructions				
Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Block diagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine radio telephone (VHF FM) or (DSC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Digital Selective Calling)
Confirm Activation of Equipment and Radio Accounting Authority	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine EPIRB (406 MHZ)				
Float free mount	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Battery date current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydrostatic release	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine GMDSS				
Verify safety radio certificate is valid and GMDSS is compliant for the sea area in which the ship is operating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review radio log	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Y	N	N/A	Notes
Verify MMSI messages being received	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify MMSI display on DSC radios match	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional radio equipment for sea area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exam LRIT Equipment				
Verify presence of LRIT equipment or software upgrade	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify conformance test report from Pole Star	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review SOLAS safety equipment certificate for record of LRIT equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine GMDSS lifeboat radios				
Verify 3 if over 500 GT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify in operable condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine nine (9) GHz radar transponder (SART)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine NAVTEX SOLAS and review printouts from recent days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine emergency source of power (radio)				
Independent of ship's power systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
One or six hour operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspect battery system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine radio installation				
Inspect for safe installation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspect for independent lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspect for call sign marking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Witness operational test of steering				
Test power/control pumps independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test follow up and non-follow up controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Activate loss of power alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine daytime signaling lamp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine immersion suits and thermal protective aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspect condition, verify readily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Determine if appropriate crew members are able to understand the information given in manuals, instructions, etc. relevant to the safe condition of the ship and its equipment and that they are aware of the requirements for maintenance, periodical testing, training, drills and recording of logbook entries.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Cargo and Cargo Operations

Items to Inspect	Y	N	N/A	Notes
Division 1.1 or 1.2 Explosives				
Check for required permit for designated dangerous cargo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training Records				
Check records of crew members considered to be hazmat employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify cargo inspections carried out and logged				
Stowage conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special Requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Requirements of special permit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe for exposed/damaged electrical wiring/fixtures in Cargo storage area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine flammable and combustible gas/liquid stores stowage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cargo Operations				
Measures to be taken for cargo emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examination of Coamings and Hatchways				
Height of coamings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Means of maintaining weather tightness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine material condition of the following hatch cover parts and other fittings				
Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gaskets/compression bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Combing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hydraulic Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wastage/coatings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vent pipes and closing arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manholes and sealing arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Weather tight doors on main deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cargo Gear				
Last Quadrennial Cargo Gear Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Last Annual Cargo Gear Inspections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LOAD TEST (for cranes SWL more or equal to 1Ton)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Required Number of derricks SWL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify Cargo Securing Manual is approved by Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Crew Accommodations

Items to Inspect	Y	N	N/A	Notes
Habitable conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate lighting and ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Free of cargo and stores	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine individual berths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine hospital space				
Examine to ensure not used for other purposes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure properly operating toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine the Galley for the following:				
Sanitary conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hot and cold running water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequately equipped to prepare food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mess hall is provided for the crew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine refrigerator and stores spaces to ensure free of insects, rodents or other unauthorized stowaway creatures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine sanitation areas for the following:				
Verify toilets are working (1 per each 8 crew)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify showers operate (1 per each 8 crew)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify wash basin operate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify lighted/heated/ventilated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify reasonable clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine for general safety				
Ensure safe access to all spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe that spaces are adequately lighted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe for electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe for warning notices as necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe means of escape from accommodation, machinery, and other spaces <ul style="list-style-type: none"> • Verify if two required • Inspect for dead end corridors 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Y	N	N/A	Notes

Structural Integrity (Applicable to all vessels)

Items to Inspect	Yes	No	N/A	Notes
Side shell, accessible structural member, decks, cargo hatches and superstructure.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fractures, corrosion, wastage, pitting or damage to the extent that it may impair vessels. seaworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive doublers, postage stamp insert, cement boxes or epoxy patches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Welding burn marks or others evidence of recent repairs work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Load Line marked in accordance with certificate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guardrails, bulwarks, walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Embarkation Ladder/gangway with its safety net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural calculation (according to Rule of ABS or order class society IACCS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine watertight/weathertight openings and bulkheads				
Watertight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Doors, gaskets and dogs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other openings (means of securing)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vents, air pipes, and closing appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Collision bulkhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum opening in bulkheads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Means for sounding				
Applies to all ships other than barges with no under deck cargo	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All bilge spaces not readily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All tanks and cofferdams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permanently attached means of closing pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Ground tackle

Items to Inspect	Yes	No	N/A	Notes
Anchor and windlass				
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe condition of visible anchor chain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Organisms and sediment removed from anchors, chains and haws pipes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean hull at the waterline (no algae, barnacles, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe the following:				
Drive units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
Guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Covers for moving parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brake pads (look for wear)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Deck fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical (wiring) or hydraulic piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine vulnerability of deck area that be used for unlawful Access/entry to vessel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mooring winches / capstans				
Foundations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Brake	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wiring or Hydraulic piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pollution: Examine area surrounding vessel and vessel's hull for traces of pollution.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine Hull markings				
Draft Marks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Load lines (place of line, contrasting color)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
IMO number visible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vessel name	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine Hull Integrity				
Absence of fractures, corrosion, wastage, pitting, or damage to extent that may impair the vessel's seaworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No improper repairs or unapproved appendages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify any hoses, piping or other device that may be used for overboard discharging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine access ladders, gang ways, ramps, doors, side scuttles, window, ports, mooring lines, pier side bollards/cleats, anchor chains, cranes and hoisting gear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify proper gangway watch and ensure all access points to the vessel are monitored:				
Shipboard personnel attentive to security issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Knowledgeable about vessel security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Measures are in place to prevent weapons, dangerous substances or devices intended for use against people, the ship, or ports are prevented from going on board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Embarkation of people and effects is controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
Ensure gangway watch asks for IDs and logs inspector's name into the visitor log.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine the following records during the SSO interview:				
Declaration of Security history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Drills and exercises	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security incidences and breaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Changes to ship security levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training completion certificate for SSO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify records are protected against unauthorized access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Security equipment calibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spot check the ship security officer:				
How often is security equipment calibrated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How do you coordinate security activities with the port facility?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When would you limit shore to ship access to only one point?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Who is the Company Security Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have 24/7 contact information? Ask to see info?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How often do you hold security drills, training or exercises?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When was the last time you conducted a security drill, training session, or exercise?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How do you report security breaches or incidents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What do you do if someone tries to bring an unauthorized weapon on board the vessel? Dangerous substance? Dangerous Device?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How do you prevent unauthorized persons from coming on board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Who on board is assigned security duties?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
When was the last time the SSP was reviewed? Was it updated? Ask to see the record of change, not the plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What do you do to search the individual and their belongings when they come onboard the vessel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What are your procedures to search unaccompanied baggage? How do these become more rigorous if security level increases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
What do you monitor the security of while the ship is underway? When pier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
side? At anchor?				
Do you have procedure in place to bring on board additional security personnel? Describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do you have procedures in place to ensure security for cargo handling? Describe.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
How do you safeguard the Ship Security Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Lifesaving

Items to Inspect	Yes	No	N/A	Notes
Lifeboats / Rescue Boat /Motorized Boat				
Required number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operating instructions posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If vessel provided with designated rescue boat is type approved/last serviced (relevant certs to be available on board)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hull and fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine Winches, davits, cables, blocks and sheaves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify udder operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify engine operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Material conditions of the releasing gear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper lifeboat markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine davit systems for the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structure and foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Roller tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lubrication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Falls end for end/renew (2.5/5 years)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No obstructions to lowering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Limit switches are present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manropes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine embarkation area for the following:				
No obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Launching instructions are easily seen under emergency lighting conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Embarkation emergency lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Embarkation is in good condition and securely mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Life rafts				
Required number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Last inspection _/	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
Services within 12 months X 17 months <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stowage, Proper life raft container markings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Float free arrangement (hydrostatic/weak link)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annual servicing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bow/Stern (>100m) lashed down on deck or in marked locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Launching instructions are easily seen and read in emergency lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Operating instruction posted and easily seen in emergency light conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Embarkation ladder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Winches, davits, cables, lifting hooks, if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Float free	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifebuoys				
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Required Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self-igniting lights / smoke signals (Number)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date of expired /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Buoyant lines (Number _)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Retro-reflective tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Vessel name and port clearly marked in block Roman letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifejackets				
Required Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stowage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Retro-reflective material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Whistles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifeboats / Life rafts / Rescue boats / Motorized boats				
Maintained and stowed properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency communication equipment test				
Two (2) VHF radiotelephone apparatus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Radio log maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimum six (6) hours reserve power source	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pilot ladders & hoists in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Material condition of deck pad eyes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pilot ladder appears to be of sufficient length	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire and abandon ship drill				
Conduct meeting with vessel's master to outline expectations for fire drills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
Commence drill – have master sound alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure all crew muster at appropriate stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure that all crew are properly dressed for abandoning ship and are wearing lifejackets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crew properly mustered and familiar with their duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure that all crew have provided additional survival gear and have completed duties per ship's muster list and emergency instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Spot check crew knowledge of survival techniques and equipment through question and answer discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assess abandon ship drill portion including crew performance, ability to communicate, and knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure that the crew can prepare lifeboat for lowering within 5 minutes by not more than 2 crew members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Witness lowering of boat from stowed position to the embarkation deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assess performance of drill to this point to determine if lifeboat needs to be or the Master want to lower it to the water. If yes, continue with the following steps:				
Examine lowering of lifeboat from embarkation deck level to water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Witness release of lifeboat release gear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Witness crew performance with lifeboat in water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Witness retrieval of lifeboat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Witness stowage for sea of lifeboat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Once stowed, assess the drill including operation of launching appliances, crew performance, ability to effectively communicate, and requirements to have the lifeboat launched within 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Muster list examined and checked for accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifeboats satisfactorily launched and motored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Drill and Protection				
Crew familiar with information given in the fire control plan or booklet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Utilize available resources to make drill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
as realistic as possible				
Ensure ships fire alarm/general alarm is sound and is audible in appropriate locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure crew musters promptly at appropriate locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure adequate communications are established between control station (normally Master on bridge) and fire party (normally chief mate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure firefighters outfits have been properly donned by appropriate crewmembers and that the outfit includes proper gear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure that crew utilizes proper firefighting methods to attack simulated fire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure all crewmembers are able to effectively communicate with each other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Witness proper closing of all automatically closing fire doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conclude drill and debrief fire party, Master and ship's safety officer with PSCO's observations on areas to improve/address	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crew familiar with their duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire teams properly dressed out and equipped	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump started, two (2) jets of water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify operation of smoke/heat detection alarm systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Control Plans				
Permanently exhibited in crews room/engine room/bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Language understood by crews ()	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permanently stored in weathertight container outside deckhouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Muster List and Emergency Instructions				
Available for each person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Muster List shows crewmember duties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Posted in conspicuous places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Language understood by crew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguisher				
Good conditions/available for immediate use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Required Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CO ₂ Number last inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
ABC Number _____ last inspection_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CO ₂ Systems Number of bottles Weight Date of last services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others type Number _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Location consistent with fire control plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Main System				
Required Number of Fire Pump Emerg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Required Number of Fire Hoses Hydrant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Location of pumps (e/r & Fore castle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pumps, hydrants, piping, hoses and nozzles in good conditions and available for immediate use (including valve operation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Witness operation of fire main system including:				
Operation of emergency fire pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate pressure (2 hose streams, fwd/aft main and emergency)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Material condition of fire main under pressure on the deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pumps, hydrants, piping, hoses and nozzles in good condition and available for immediate use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No excessive leaks from the fire pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fixed Fire Extinguishing Systems				
Tanks, cylinder, piping, controls, alarms, and release mechanisms in good conditions and available for use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Date of last services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
System instructions posted and are easily understood by crew and well implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If System is High Pressure CO ₂ :				
Ensure cylinder storage space in properly ventilated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify cylinders are stored off the deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine condition of flex hose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify cylinder storage space door opens out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If Low Pressure CO ₂ :				
Verify cylinder storage space is ventilated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify adequate tank volume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure refrigeration system is operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
Verify insulation is intact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify cylinder storage space door opens out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If Foam:				
Verify analysis tests have been conducted according to Administration's standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify cylinder storage space doors open out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	For vessels built after 1 July 2002
No dead end corridors greater than 7 m	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Metal trays under engines on wood huller vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Structural fire protection				
Opening (i.e. door, ductwork electrical wires, piping, etc) constructed so that they do not inhibit fire resistance of bulkheads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire detection, fire alarm and automatic sprinkler systems				
Fitted where required and operating.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation system				
Main inlets and outlets of all ventilation spaces can be closed from outside ventilated space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Power ventilation capable of being shut down outside ventilated space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paint and flammable liquid lockers				
Lockers protected by appropriate fire extinguishing arrangement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical installations are explosion proof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper ventilation is present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Contents of locker are properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conduct sanitary and fire hazards walkthrough	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fixed gas fire extinguishing systems or ability to fight fire spaces with effective stream of water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Portable fire extinguisher at each entryway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ships carrying dangerous goods in packaged or solid bulk form comply with S74P78 Ch ii-2 R54	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Special arrangements in machinery spaces				
Machinery spaces ventilating fans can be shut down from outside spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All openings capable of being closed from outside machinery spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
Machinery driving forced / induced draught fans, oil fuel transfer pumps and other fuel pumps fitted with remote shutdowns located outside space concerned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Firemen's outfits				
Required _____ number _____ 2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Two lockers, Protective clothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Helmet, boots and gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lamp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Axe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breathing apparatus and lifeline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify presence of international shore connection and accessories (bolts, washers and gaskets)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Pollution Prevention

Items to Inspect	Yes	No	N/A	Notes
Oil and hazard matters				
F.O. & bulk lubricating oil discharge containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Prohibited oil spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency shutdown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oil transfer hose	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify Oil Discharge Pollution Placard posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Conduct cargo or fuel transfer to:				
Verify person in charge on site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Provide advanced notice of transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine transfer hoses/loading arms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Connected overboard discharge/sea suction valves sealed or lashed shut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify proper discharge containment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify drains/scuppers close by mechanical means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine all connections in the transfer system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure proper communications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify emergency shut downs are operative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify transfer procedures are being followed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify declaration of inspection filled out properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify proper connection for transfer operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary connections are made with bolts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
Oily-water separating equipment, bilge alarm, and bilge oil content monitor				
Listed in current IMO MEPC Circular summary of Marpol 73/78 approved equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alarm, recorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine OCM for indications of tampering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Witness operational test of the unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify the OCM activates an alarm and closes the overboard discharge valve and directs discharge back to a tank or bilge when the content exceeds 15 ppm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standard discharge connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Garbage				
Shipboard garbage properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review Non Tank Vessel Response Rate Plan (NTVRP) for the following:				
Verify that USCG Interim Operations Authorizations Letter is valid and not expired.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vessels operating in US territory
Verify that your COPT zone is an approved zone listed on the letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify that Q1 is identified in Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Optional – Recommended but not required
Verify OSRO resources are listed for COTP Zone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check plan for any recent updates/significant changes made since date on IOA Letter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify Manning is in accordance with MSMC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify crew list matches Notice of Arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine Garbage management plan for the following:				
Management plan is in language of the crew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Designated person responsible for carrying out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine Garbage Record Book for the following:				
In English, French or Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Each page is signed by the master	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintained for 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Last entry for incineration or discharge includes day and time, type of garbage, and estimated amount of incineration or discharge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine incinerator for the following:				

Items to Inspect	Yes	No	N/A	Notes
Shipboard garbage is properly disposed of	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety of burner assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MARPOL V placard posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Liters/hour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify approval by Administration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Note the use and quantities of sludge incineration in the ORB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Question crew on how much waste oils/sludge the incinerator burns. If all waste oil is burned, verify the capacity of the incinerator against the ships daily production of sludge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
If operating, spot check performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review the Shipboard Oil Pollution Emergency Plan (SOPEP) for the following:				
Approval from Flag or Class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Written in English and working language of crew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures for reporting oil pollution incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List of authorities or persons to be contacted in the event of an oil pollution incident updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Action to be taken immediately by persons on board to reduce or control discharge of oil following an incident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures and POC on the ship for coordinating shipboard action with national and local authorities in combating pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify that equipment in SOPEP Locker is consistent with SOPEP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine marine sanitation for the following:				
Type (I, II, or III)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nameplate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Placard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Material condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment				
For segregation of fuel oil and water ballast systems (> 400 GT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify containment around vents and manifolds are free of debris, standing water, or product	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify containment is structurally sound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify containment is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
capacity				
Verify drain plug is secured by mechanical means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oily residue tank - discharge arrangements, homogenizers, incinerators, etc. (>400GT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Placard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify ballast water exchange is completed (applicable to vessels in US water after operating beyond the EEZ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine ballast water management plan for the following:				
Vessel specific	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Allows those responsible for the plan to understand the document	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crew trained on the application of the WWM and sediment management procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine BWM records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ensure they are retained for 2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Records are kept for all voyages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine BWM report for content, accuracy, and consistency with report submitted to NBIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oil and oily mixtures				
Responsible officer familiar with handling of sludge and bilge water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quantity of residues generated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capacity of holding tanks _	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capacity of oil water separator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oily Water Separator				
Conduct review of 15 ppm bilge monitoring/alarm records	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify valid IOPP certificate accompanied by the manufacturer's calibration certificate (W/I 5 yrs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No further testing unless tampering or malfunction is detected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Identify crewmembers responsible for operation of the OWS and confirm the following:				
Verify no dilution of sample is taking place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Observe crew members knowledge and skill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Witness operational testing for 15-20 minutes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify fluid entering the OWS for processing comes from the bilge holding tank or rose box and is not	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
diluted by open sea water or fresh water connections				
Verify OWS effluent is visibly clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify that OWS manufacturer's recommended spare parts are on board	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine OWS for signs of unapproved modifications, bypasses etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Oil record book (last entries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Notes any inadequateness in reception facilities used, advise Master to report these to flag state	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Examine oil transfer procedures for the following	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Posted/available in crew's language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
List of products carried by the vessel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Description of transfer system including a line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Diagram of piping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Number of persons required on duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Duties by title of each person	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Means of communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures to top off tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures to report oil discharges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bunker piping test (date of last test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel / lube oil containment				
Ballasting or cleaning of fuel oil tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge of dirty ballast or cleaning water from oil tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Collection and disposal of oily residues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Discharge overboard or disposal otherwise of bilge water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bunkering of fuel or bulk lube oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Master's signature for each operation and page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Officer in charge of the listed operation required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Maintained for three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Entries for compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recorded OWS run time and discharge quantities (cubic meters) match the capability of the OWS as listed in the OWS manufacturer's manual and/or listed on the IOPP certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Check entries for wrong codes, dates that are not in order, and missing pages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Look for repetitive entries which	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
indicate falsification of ORB activities				

Machinery Spaces

Items to Inspect	Yes	No	N/A	Notes
Main Engine				
Required Number : <u> 1 </u> Type <u> </u> Diesel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General housekeeping/cleanliness is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No Fire hazards exist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No leaking fuel oil piping or fittings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation of person in charge Equipment tests and inspections Declaration of Inspection exist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No Personnel hazards (moving parts not protected, hot surfaces, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High pressure fuel delivery lines for leaks and improper repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooling lines for leaks and improper repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High pressure line are double jacketed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guards in place around rotating machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lagging is securely in place and not oil soaked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No excessive leaks or improper repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No excessive engine hunting/surging (rpm variance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Generators				
Required Number : <u> 1 </u> Type <u> </u> Diesel <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General housekeeping/cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High pressure fuel delivery lines for leaks and improper repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooling lines for leaks and improper repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High pressure line are double jacketed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guards in place around rotating machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lagging is securely in place and not oil soaked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No excessive leaks or improper repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No excessive engine hunting/surging (rpm variance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Auxiliary Machinery				
Pumps, piping, sea chests, sea valves / spool pieces in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal hazards (moving parts not protected, hot surfaces, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No leaking fuel oil piping				
Emergency bilge suction valve				
Main and Auxiliary Steering Gear				
Operating Instructions for steering gear posted in bridge and steering gear compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Minimal ply present in hydraulic-ram/linkage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No excessive hydraulic leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate lubrication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Proper linkage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Containment/raised deck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presence of block diagram	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Verify rudder angle indicator consistent with bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
Operation of communication system between bridge and steering room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspect Main steering for the following:				
Operation of main steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Absence of hunting in non-follow-up mode	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28 second operation from 30-35 degrees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Systems operate independently	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unusual motor noise/vibrations/leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Loss of power alarm/low level alarm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Presence of filled reserve hydraulic oil tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test the systems for the following:				
Operation of Auxiliary steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crew knowledge to align system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Instructions posted for emergency steering changeover procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
60 sec operations (from 15 to 15 degrees)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Communication between navigating bridge and machinery space				
Two means, one of which must be an engine order telegraph	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tested _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Others :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tested _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency source of electrical power				
Type _____ battery lamps of emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Self contained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 hours duration for emergency lighting and navigation lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tested (date of last tested _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bilge pumping arrangement				
Two (2) powered bilge pumps required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Capable of dewatering any compartment which is not a permanent oil or water tank	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Human factors				
Personnel are familiar with their duties related to operation of :	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency Generator				
Located above the uppermost continuous deck and outside the machinery casing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High pressure fuel delivery line not leaking or improperly repaired	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cooling line have no leaks or improper repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
High pressure lines are double jacketed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Guards in place around rotating machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lagging is securely in place and not oil soaked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive leaks or improper repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excessive engine hunting/surging	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency generator is self-contained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Items to Inspect	Yes	No	N/A	Notes
Set up to automatically energize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documented periodic tests under load	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shock, fire, or electrical hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency generator has independent fuel supply	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fuel tanks over 500 ltr have emergency shutoff valve outside space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate voltage/frequency (60 Hz) supplied to the electrical switchboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nonconductive material in front of switchboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Review engineering logs – spot check for record of non-functioning machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Two independent sources of starting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actions necessary before engine can be started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Different methods by which generator may be started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stand by generator engine test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Methods to start engine automatic <input type="checkbox"/> or manually <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Blackout procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Load sharing systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Test (date of last test)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steering Gear Test (date last tested record in comments)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Action needed to bring main and auxiliary into operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Starting procedures for main and emergency fire pumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Unattended engine spaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Propulsion machinery provided with emergency stopping device at bridge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Propulsion machinery orders indicated at machinery control room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please list most recent safety drill(s) here with date performed:

Surveyors Notes

N°	Deficiencies	Est. Completion Date

N°	Recommendations	Est. Completion Date

This is to declare that the undersigned has examined and filled all the items of this report before signing it.