



NAURU

MARITIME ADMINISTRATION

Flag State Inspection Reporting Form (FORM NMA-19_FSI.2018.Rev0)

INSTRUCTIONS:

This form is to be completed by the FSI Inspector and shall include written comments where appropriate to document the vessel's condition and crew competence.

| | | | | | |
|---|----------------|---|--|------------------------------|------------|
| Vessel Name | Type of Vessel | IMO Number | Official Number | Gross Tonnage | Year Built |
| Date / Time Inspection Started | | Date / Time Inspection Ended | | Country / Port of Inspection | |
| Inspection Type <input type="checkbox"/> Annual <input type="checkbox"/> Follow up | | | Contact details of DPA (as listed and available on vessel) | | |
| Name of Company Rep (if onboard) | | Contact details (address/phone/email) of Company Rep (if onboard) | | | |
| Name of FSI Inspector | | Company Name of FSI Inspector | | FSI Inspector ID Card No. | |

| PART I: MANNING | | Yes | No | N/A | Remarks |
|-----------------|--|--------------------------|--------------------------|--------------------------|---------|
| 1.* | Ship Manning | | | | |
| | • Manned as per minimum safe manning certificate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Medical | | | | |
| | • Person in charge of medical care designated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Medical first aid provider designated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Master states all crew are medically fit for duty? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Records of seafarers' work and rest hours | | | | |
| | • Comply with STCW & MLC 2006? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Deficiencies / Observations / Comments - PART I: MANNING

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|--|--|--|--|--|--|
| | | | | | |
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| PART II: SAFETY MANAGEMENT SYSTEM (SMS) | | Yes | No | N/A | Remarks |
|---|---|--------------------------|--------------------------|--------------------------|---------|
| 1. | SMS Manual and Documents | | | | |
| | • Written in language understood by crew? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Maintenance procedures complied and recorded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Includes Plan for drills and training? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Procedures for Internal Audit & Management Review? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Procedures in place for contacting the company in an emergency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Crew Responsibilities | | | | |

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|--|---|--------------------------|--------------------------|--------------------------|-------|
| | • Master & Officers can identify designated person? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Master carrying out his/her SMS responsibilities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Crew familiar with company safety & environmental protection policy? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Master has completed SMS review as per ship' s SMS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Date: |
| 4.* | Evidence | | | | |
| | • Ship provides SMS familiarization for new crew? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Ship reports non-conformities as required by SMS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Company takes corrective action when appropriate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Ship conducts emergency drills/exercises? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Ship maintains & tests critical equipment & records results in accordance with SMS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Equipment condition indicates effective maintenance system? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5.* | Non-conformities — Any outstanding or overdue? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Deficiencies / Observations / Comments - PART II: SAFETY MANAGEMENT SYSTEM (SMS) | | | | | |
| | | | | | |

| PART III: SECURITY | | Yes | No | N/A | Remarks |
|--------------------|--|--------------------------|--------------------------|--------------------------|---------|
| 1. | Vessel operates on at least the security level set by the port? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Officers and crew know the ship's current security level and their own duties for each level? Can crew identify CSO? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.* | Effective system of control of access to the vessel in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Restricted areas of vessel marked and access restricted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | Required security drills & annual security exercise conducted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. | SSO familiar with terminal security procedures and local contact information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Deficiencies / Observations / Comments - PART III: SECURITY

| PART IV: DRILLS AND RECORDS | | Yes | No | N/A | Remarks |
|---|--|--------------------------|--------------------------|--------------------------|---------|
| (FSI Inspectors shall make an effort to hold a fire and abandon ship drill where practicable. In addition, the inspector should query the crew on emergency response scenarios such as spill response, security, or pump room or cargo hold confined space entry/rescue to verify crew preparedness.) | | | | | |
| 1. | Weekly, monthly, quarterly and annual inspections of safety equipment, survival craft, rescue boats and launching appliances carried out and recorded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Required weekly emergency preparedness and response drill or training conducted and recorded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.* | Lifeboat Launching | | | | |

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|-----|--|--------------------------|--------------------------|--------------------------|----------------------|
| | • Davit launched — (\$ months) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Freefall (launched or simulated launch) — (\$ months) (boarded) — (\$ months) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | (a) In the case of a lifeboat arranged for free-fall launching from a height of 20m or less - at least once every 3 months during an abandon ship drill the crew shall board the lifeboat, properly secure themselves in their seats and commence launch procedures up to but not including the actual release of the lifeboat (i.e. the release hook shall not be released). The lifeboat shall then either be free-fall launched with only the required operating crew on board, or lowered into the water by means of a secondary means of launching with or without the operating crew on board. In both cases the lifeboat shall thereafter be maneuvered in the water by the operating crew. At intervals of not more than 6 months, the lifeboat shall either be launched by free-fall with only the operating crew on board, or simulated launching shall be carried out. (b) In the case of a lifeboat arranged for free-fall launching from a height of more than 20m — launching by falls is acceptable, provided that a simulated free-fall launch is conducted at least once every 6 months. | | | | |
| 4. | Radio Log Books properly maintained? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Required daily, weekly and monthly tests of the GMDSS including reserve power testing carried out? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | Required security drills & annual security exercise conducted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6.* | Emergency generated been tested and recorded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Date of last test: |
| 7.* | Fire and Abandon Ship Drills carried out? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Type of drills held: |
| | • Senior officers and staff effectively coordinated drill/response? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Crew familiar with emergency response duties & procedures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Crew knowledgeable in use of ship' s safety & response equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Officers & crew able to communicate in a common language and work effectively as a team? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Crew donned correct personal protective equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Crew familiar with lowering/launching lifeboats, life rafts and rescue boat? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Crew demonstrated proper operation of “on load” release gear? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Fireman outfits properly outfitted and in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Breathing Apparatus air bottles filled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Deficiencies / Observations / Comments - PART IV: DRILLS AND RECORDS

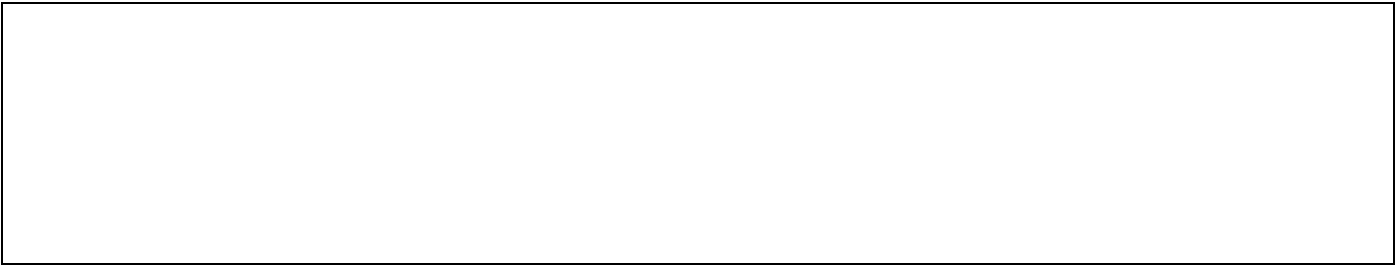
| PART V: OPERATIONAL TEST | | Yes | No | N/A | Remarks |
|--------------------------|---|--------------------------|--------------------------|--------------------------|---------|
| 1.* | Engine Room quick closing valves & emergency stop for pumps | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.* | Emergency Fire Pump | | | | |
| | • Water pressure satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Crew familiar with starting/operating procedures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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|------|---|--------------------------|--------------------------|--------------------------|--|
| 3.* | Fire Screen Doors | | | | |
| | • Free from manual hold backs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Self closing doors close properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.* | Fire Dampers | | | | |
| | • Engine room dampers tested in good working order? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Stack dampers visually examined locally and tested to seal properly and are in good working order? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Other fire dampers and ventilation closing appliances, including gaskets, handles and other mechanical mechanisms in good working condition and close properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5.* | Water tight door satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6.* | Emergency shutdowns satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7.* | High bilge alarms satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8.* | Steering gear alarms satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9.* | Emergency lightings satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10.* | General alarm and engineer' s alarm for unmanned machinery system working properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11.* | Emergency generator has been tested and load supplied? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Starting arrangement working properly? (2 different sources of power for starting) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Ventilation and air supply system working properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Emergency switchboard in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Starting batteries and charging arrangements, where fitted, checked and charger operating correctly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12.* | Oily Water Separation (OWS) system, including all piping and solenoid valve arrangements in good operable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • 15-ppm alarm and automatic closing system or pump shutdown working properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Free of leakages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Three way valve operable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • No suspicious piping, flanges, and/or hoses? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Deficiencies / Observations / Comments - PART V: OPERATIONAL TEST

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** Priority Item*

| PART VI: BRIDGE & NAVIGATION EQUIPMENT (The following navigation equipment operating properly?) | | Yes | No | N/A | Remarks |
|--|--|--------------------------|--------------------------|--------------------------|---------|
| 1.* | Radars | | | | |
| | • 3GHz Radar / S-Band | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • 9GHz Radar / X-Band | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • ARPA and radar plotting facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Global Navigation Satellite System | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Magnetic compass | | | | |
| | • Visible from the steering position? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Updated calibration table available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Compass error regularly checked and recorded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Gyro compass master and repeaters | | | | |
| | • Compass error regularly checked and recorded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | Echo sounding device | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. | Course recorder | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | Rate of Turn Indicator (≥0,000 GT) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. | Maneuvering characteristics | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. | Speed & distance indicator through the water (not GPS over ground) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10.* | VDR or SVDR | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Annual examination and test conducted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Maximum period between test is 18 months unless certificate has been extended (MSC.1/Circ 1222) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Three way valve operable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • No suspicious piping, flanges, and/or hoses? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. | AIS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. | SART (Battery not expired) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. | EPIRB (Battery not expired) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Capable of floating free? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Hydrostatic release valid? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Annual test done? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. | Distress & Emergency Equipment stowed on or near the bridge? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Red parachute flares (12)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Line Throwing rockets? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Life jackets? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Exposure suits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. | VHF/Portables | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. | NAVTEX | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17. | GMDSS | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18. | Navigation lights including duplication and failure alarm | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19.* | Charts & Publications | | | | |
| | • Nautical publications, including sailing directions, list of lights, tide tables, notice to mariners and other publications for intended voyage on board and current to the latest editions and corrections? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Nautical charts updated to the latest available notice to mariners? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Current chart catalog provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • If equipped with ECDIS as primary only, backup current paper charts provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • If equipped with ECDIS as backup also, evidence of proper training provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Officers hold ECDIS training certificates as required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Illustrated table of life saving signals posted on the bridge? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20. | ECDIS, if equipped, is up-to-date and crew familiar with use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21. | Berth to berth passage plan available including Under Keel Clearance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

* Priority Item

| PART VII: CREW ACCOMMODATIONS & GENERAL SAFETY | | Yes | No | N/A | Remarks |
|---|--|--------------------------|--------------------------|--------------------------|---------|
| 1. | Galley & food | | | | |
| | • Food storage adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Spaces free from insects, rodents, and other pests? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Galley range hood and grease traps clean and free of grease? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Galley fire suppression systems serviced and operable (if fitted)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Hoses & deck fittings for receiving and producing potable water in acceptable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Accommodations | | | | |
| | • Spaces clean and in habitable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Ventilation & heating in accommodation spaces adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Lighting adequate? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Sanitary facilities, including sinks, toilets and showers clean and in acceptable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Shipboard working arrangement table posted and contains required information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Ship specific SOLAS training manuals available in each crew mess and recreation room, or in each crew cabin and in the language of the crew? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Legible, up-to-date fire control plans posted in accommodation spaces and stored in weather tight containers outside deckhouse? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Hospital | | | | |
| | • If provided, is the hospital clean, properly equipped and ready for use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Medical chest complete and inventory current? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5.* | Escape ways accessible, free of obstructions, properly lighted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. | IMO symbols used for marking escape ways and locations of emergency equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7.* | Pilot ladders and related boarding arrangements clean and in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Deficiencies / Observations / Comments - PART VII: CREW ACCOMMODATIONS & GENERAL SAFETY | | | | | |
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| PART VIII: LIFESAVING APPLIANCES | | Yes | No | N/A | Remarks |
|----------------------------------|---|--------------------------|--------------------------|--------------------------|---------|
| 1. | Life buoys with reflective tape, markings, lights and smoke signals on board in required number/locations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Required numbers of lifejackets with whistles, retro-reflective material and lights available and in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.* | Required number of immersion suits and thermal protective aids available, proper size for crew, and serviced as per manufacturer's specs (≤ years)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Muster lists and emergency instructions provided to | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| | crew and posted on the bridge, engine room and accommodations? | | | | |
| 5. | Operating instructions for lifesaving appliances posted on scene under emergency illumination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6.* | Lifeboats, Rescue Boat, Launching Appliances | | | | |
| | • Lifeboat davits, limit switches, fall, sheaves, winches, brakes and associated equipment in satisfactory condition? No wastage, doublers or fractures. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Wire falls renewed at intervals not exceeding 5 years? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • On-load release gear overhauled and tested at 5-year intervals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Lifeboat hulls, rudders, propellers and other fittings in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Lifeboat and rescue boat engines operate satisfactorily? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Lifeboat inventory complete and in good condition (spot check)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Rescue boats in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7.* | Life rafts | | | | |
| | • Life rafts stowed properly and capable of floating free? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Life rafts painters and hydrostatic releases properly connected via a weak link? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. | Embarkation ladders in good condition including forward ladder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Ladders reach water level in light ship condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • All embarkation areas properly illuminated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Deficiencies / Observations / Comments - PART VIII: LIFESAVING APPLIANCES | | | | | |
| | | | | | |

| PART IX: FIREFIGHTING EQUIPMENT | | Yes | No | N/A | Remarks |
|---------------------------------|---|--------------------------|--------------------------|--------------------------|---------------------------------|
| 1. | Weekly, monthly and quarterly maintenance, testing and inspection of fire detection, extinguishing systems and appliances carried out and recorded by crew? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Portable fire extinguishers | | | | Annual Date: Bi-annual Date: |
| | • Surveyed annually and contents verified (weighted etc.) biennially? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • In correct locations as per fire control plan and in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Required number of spares provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.* | Fire Main and Stations | | | | |
| | • Fire pumps in proper working condition and deliver adequate water pressure? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Piping, couplings and valves free of corrosion, doublers and soft patches? No leaks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Stations: Hose, nozzle and spanner? Nozzle spray adjustments workable and hoses not deteriorated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Foam analyzed within required intervals? (3 years for new foam concentrates stored on board; 1 year thereafter) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5.* | Paint locker fire extinguishing system installed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • All paint properly stored in the paint locker? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6. | Emergency Escape Breathing Devices (EEBDs) in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| 7. | International shore connection available (bolts included)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Deficiencies / Observations / Comments - PART IX: FIREFIGHTING EQUIPMENT | | | | | |
| | | | | | |

| PART X: HULL | | Yes | No | N/A | Remarks |
|--------------|--|--------------------------|--------------------------|--------------------------|---------|
| 1. | Plimsoll mark properly marked and painted, corresponding to the Loadline certificate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Draft marks properly marked and painted on bow and stern? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Condition of shell plating satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Shell plating pitted or corroded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Major indents in the shell plates? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Improper repairs or doublers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4. | Openings in hull satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Structure of side shell doors and/or bow/stern doors sound and gaskets satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cleats and closing appliance satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Alarms including remote locations in good working order? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5. | Condition of deck plating satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Alarms including remote locations in good working order? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Is there any damage, pitting or heavy corrosion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6.* | Condition of hatch covers satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Gasket, channel, clamps in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Water-tight? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Non-return valves in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | Condition of rails/bulwarks, doors and their supports satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Doors in guardrail/bulwarks in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. | All deckhouses, superstructure & their closing appliances satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 9. | Small hatches and closing arrangements in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Covers cleats, gaskets and hinges in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. | Deck scupper pipes free of obstructions and in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11.* | Air pipes/closing appliances in acceptable condition & operable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Flame screen fitted in oil tank air pipes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12. | Ventilation trunks in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13.* | Watertight doors/rubber gaskets in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cleats in place and in suitable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Gasket in place and sufficient for watertightness? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. | Windows and portholes/side scuttles acceptable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Glass & closing appliances in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Deadlights in place or available? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. | Anchors, windlasses & mooring arrangements satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Anchors and chain in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Windlass in good operable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Mooring winches in good operable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Sufficient mooring ropes and in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Hydraulic piping in good condition and free of leaks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16. | Maintenance of masts, cranes and rigging satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cargo gear register available and signed off? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17. | Electrical systems and cables on deck & masts in acceptable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Cables protected and properly secured? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Equipment protected and in acceptable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

ALL TANK VESSELS:

* Priority Item

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|---|--|--------------------------|--------------------------|--------------------------|--|
| 18. | Fore and aft walkways and gangways in acceptable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 19. | Cargo & ballast deck lines in good condition & free of leakages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20.* | Pressure/Vacuum (PV) valves free of leakages, working and in acceptable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21. | Flame screen installed in PV breaker? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 22. | Emergency towing arrangement fitted and in acceptable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 23.* | Pump room clean and in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Fire extinguishing systems satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Pump room safety equipment in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 24. | Confined Space entry precautions taken? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 25. | Cargo control room equipment in good workable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Gauges operable and giving the proper indications? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Is there any damage, pitting or heavy corrosion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Deficiencies / Observations / Comments - PART X: HULL | | | | | |
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| PART XI: MACHINERY AND ELECTRICAL | | Yes | No | N/A | Remarks |
|-----------------------------------|---|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. | Engine Control Room | | | | |
| | • Main & Auxiliary panels in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Switchboard gauges in good working condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Generator controls in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Insulation matting in front of switchboards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | Emergency lights marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | Electrical Cables - properly fastened, no broken fittings & no cables with bare ends and in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.* | Main engine free of oil and water leakages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Exhaust gas system lagging in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Fuel piping double walled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5.* | Fuel systems in satisfactory operable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Fuel oil pipes and valves free of leakages? | | <input type="checkbox"/> | | <input type="checkbox"/> |
| 6.* | Auxiliary engines/generators in good operating condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Free of water and oil leaks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Double wall fuel pipes fitted and in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Exhaust system lagging in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7. | Boilers and steam systems appear satisfactory and free of excessive leakages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Lagging on boiler exhaust and steam lines appear satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 8. | Exhaust manifold and exhaust lines in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • All necessary lagging in place and in satisfactory | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| | condition? | | | | |
| 9. | Engine room vent & ducting systems in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 10. | Bilge and ballast pumps in good operable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Pumps, valves and piping free of patches and leakages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 11. | Feed & cooling pumps, piping and valves in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 12.* | Shipboard waste incinerator satisfactory and in good operable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 13. | Purifiers and Purifier space satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Purifiers clean and free of leakages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Purifier room(s) free of fire hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 14. | Fresh water coolers free of leakages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 15. | Air compressors & piping, valves in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 16.* | Engine room firefighting equipment satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Fixed system in operable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Fire hoses in good condition & connected to hydrants? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Piping & hydrants in good condition & free of leakages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Portable & non-portable extinguishers charged & in acceptable condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 17.* | Engine room bilges & other machinery areas free of oil, debris and other fire hazards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 18. | Marine sanitation device in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | ALL TANK VESSELS: | | | | |
| 19. | Cargo pumps & their prime movers in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Pump, valves & piping free of leakages? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 20.* | Inert gas system working properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Oxygen indication & control working properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Deck-seal in satisfactory condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 21.* | ODM device in operable condition, including indicators? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

Deficiencies / Observations / Comments - PART XI: MACHINERY AND ELECTRICAL

| PART XII: STEERING (Type: <input type="checkbox"/> Piston <input type="checkbox"/> Rotary Vane) | | Yes | No | N/A | Remarks |
|--|---|--------------------------|--------------------------|--------------------------|---------|
| 1.* | Full movement of rudder verified (35 port to 30 starboard)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2.* | Steering linkage in satisfactory condition & operating properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3.* | System free of excessive leaks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 4.* | Means of communication between the navigation bridge & the steering compartment satisfactory? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 5.* | Changeover procedure diagrams posted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Easy to follow? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| | • Officers familiar with changeover procedures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 6.* | Emergency steering system operating properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| 7.* | Heading information displayed visually at emergency steering position (required onboard vessels built after 1 February 1992)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Deficiencies / Observations / Comments - PART XII: STEERING | | | | | |

* Priority Item

PART XIII: DEFICIENCIES

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* *Priority Item*

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| PART IX: GENERAL REMARKS (General comments regarding the overall condition of the vessel & the competence of the officers & crew as well as OBSERVATIONS and/or RECOMMENDATIONS) | | | | | |
| CURRENT OPERATIONAL & VOYAGE CIRCUMSTANCES: | | | | | |
| DOCUMENTATION & RECORDS: | | | | | |
| HULL, DECKS & FITTINGS: | | | | | |
| MACHINERY & ELECTRICAL: | | | | | |
| ACCOMMODATIONS (Internal / External): | | | | | |
| SAFETY & FIREFIGHTING: | | | | | |
| CREW FAMILIARITY: | | | | | |
| OBSERVATIONS & RECOMMENDATIONS DISCUSSED WITH MASTER & CHIEF ENGINEER (provide summary): | | | | | |
| Name of FSI Inspector: | | | Name of Master (or Representative): | | |
| Signature of FSI Inspector: | | | Signature of Master (or Representative): | | |