



**COOPERATIVE REPUBLIC OF GUYANA
INTERNATIONAL MARITIME SAFETY AGENCY OF GUYANA
IMSAG MARITIME AUDIT/INSPECTION DEPARTMENT**

Audit & Inspection Application Form

IN ORDER TO START PROCESS THIS FORM MUST BE COMPLETED AND SENT TO:

E.mail: inspections@imsag.org

We kindly request you to carry out the following audit(s)/Inspection and issue applicable certificates:

DATE:.....

| | | |
|---|--|---|
| <p>1. Audit / Inspection Type</p> | <input type="checkbox"/> ISM <input type="checkbox"/> ISPS <input type="checkbox"/> Harmonized ISPS/ISM <input type="checkbox"/> DOC (ISM Office) <input type="checkbox"/> MLC, 2006 <input type="checkbox"/> ILO 92/133 <input type="checkbox"/> BWM | <input type="checkbox"/> Interim <input type="checkbox"/> Initial <input type="checkbox"/> Intermediate <input type="checkbox"/> Renewal <input type="checkbox"/> Annual <input type="checkbox"/> Additional |
| <p>2. SSAS Verification</p> | <input type="checkbox"/> SSAS Verification <p align="center"><u>FO VERIFICATION OF A NEW OR SIGNIFICANTLY CHANGED INSTALLATION ONLY.</u></p> | |
| <p>3. Safety Inspection Type</p> | <input type="checkbox"/> Safety Initial (Must be done 3 months after Registration) <input type="checkbox"/> Safety Annual / ASI (Required every 12 months after Safety Initial) <input type="checkbox"/> Safety Special <input type="checkbox"/> Pre-Registration | |
| <p>4. Ship</p> | Name of vessel : IMO Number : <p align="center"><u>ATTACH A *CURRENT* COPY OF THE CREW LIST WITH ALL APPLICATIONS</u></p> | |
| <p>5. Company (Complete as appropriate)</p> | IMO Unique Company Number : E-Mail Address : | |
| <p>6. Location of Verification (Complete as appropriate)</p> | <p align="center"><u>THIS PART MUST BE COMPLETED IN ORDER TO START SCHEDULING PROCESS</u></p> ETA : _____ ETD : _____ Date of Verification (Required) : _____ Port : _____ Port Country : _____ Local Agent name: _____ Local Agent address: _____ Telephone : _____ Fax : _____ E-mail : _____ <u>Next Ports of Call:</u> 1. Port : _____ ETA : _____ ETD : _____ 2. Port : _____ ETA : _____ ETD : _____ | |

Questionnaire

Please complete the **applicable** sections.

ISPS

| Item | Question | Answer | Ref. | |
|------|--|---|--------|-------------------|
| 1. | Was the approved SSP or a copy received and implemented on board the vessel? | Yes <input type="checkbox"/> No <input type="checkbox"/> Approved <input type="checkbox"/> Copy <input type="checkbox"/> | | |
| 2. | Is a Ship security alert system installed onboard? If not, what is the date it will be installed? | Yes <input type="checkbox"/> Date: _____ | SOLAS | Chp. XI Reg. 6 |
| 3. | How long has the SSO been onboard? | Term: _____ | Part A | 19.4.2.7 |

Prior to the ISPS audit please make sure that the following are in good order:

- The SSP email confirmation of receipt or letter of approval must be on board for interim and initial audits, respectively.
- The SSO must hold a valid SSO training certificate
- All crew in accordance with the Safe Manning Certificate must be on board at the time of the audit

SSAS

| | | |
|----|--|--|
| 1. | Is there confirmation from the Administration of a SSAS Test message on board? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|----|--|--|

ISM

| | | |
|----|--|--|
| 1. | Was an internal audit carried out? | Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, When was the last? _____ |
| 2. | Are there any outstanding Nonconformities | Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Many? _____ Include a copy of the Corrective Action Report. |
| 3. | Has the SMS been in operation for at least 3 months prior to the audit | Yes <input type="checkbox"/> No <input type="checkbox"/> |

MLC, 2006

| | | |
|----|---|--|
| 1. | Is a DMLC-I and a DMLC-II review letter available on board? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. | Has the DMLC-II been implemented on board? | Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Long? _____ |
| 3. | Are there any outstanding Deficiencies? | Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, How Many? _____ Include a copy of the Corrective Action Report. |

Prior to an Interim MLC inspection, make sure that the email confirming receipt of the draft DMLC-II is available on board.

Questions related to MLC, 2006 should be sent to tech@imsag.org

Name of person that filled in the questionnaire: