



**MARITIME OPERATIONS DEPARTMENT
MARINE SAFETY**

LISCR, LLC
Attn: Marine Safety
8619 Westwood Ctr. Dr.
Suite 300
Vienna, VA 22182

Fax: +1- 703-790-5655
Email: safety@liscr.com

LETTER REGARDING OPERATIONAL SAFETY INSPECTION

This Inspection is intended to assist owners in maintaining vessels at all times in compliance with the applicable safety & pollution prevention provisions of SOLAS, MARPOL and the Maritime Regulations. **NOTE:** The Nautical Inspector, will complete this report after each inspection. The names of both the Nautical Inspector and the Master shall be entered in the bottom of the report. The original report will be retained on board and the nautical inspector will send a copy to Safety at LISCR, Vienna, Virginia, USA either by regular mail or as an attachment to an email.

NAME OF VESSEL:	O.N:	GROSS TONS:
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IMO NUMBER:	MANAGING OWNER /OPERATOR OR BAREBOAT CHARTERER NAME: ADDRESS: Tel: _____ Telex: _____ Fax: _____ E-Mail: _____
SHIP TYPE:	
YEAR BUILT:	
PLACE INSPECTED:	

DATE INSPECTED:	DATE OF PREVIOUS INSPECTION:
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INSPECTION TYPE:	<input type="checkbox"/> INITIAL <input type="checkbox"/> ANNUAL <input type="checkbox"/> SPECIAL <input type="checkbox"/> QUARTERLY PASSENGER.
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Summary:

- The inspector did not find any deficiencies, we wish to commend you, and the vessel's master and crew for maintaining a high standard of safety on board this vessel.
- The inspector did not find any deficiencies but does have some recommendations. Please see the list below. We encouraged you to follow the recommendations.
- The Inspector's list of deficiencies, recommendations and recommended corrective actions are listed below. Please send your response regarding the listed deficiencies to the Administration within thirty days.
- The inspector found serious deficiencies, which must be corrected before the vessel is allowed to sail. The serious deficiencies are noted on the list below. This ship may also be required to have a Special Inspection and you will be contacted to schedule this additional inspection if needed.

IMPORTANT NOTICE

THE INSPECTION REPORT DOES NOT CONSTITUTE CERTIFICATION, WARRANTY OR OTHER REPRESENTATION AS TO THE SEAWORTHINESS OF THE VESSEL DESCRIBED HEREIN, NOR DOES IT RELIEVE ANY PERSON OR ORGANIZATION FROM THEIR RESPECTIVE RESPONSIBILITIES AND OBLIGATIONS TO ENSURE THAT THE VESSEL IS MAINTAINED IN A SEAWORTHY CONDITION.

Sincerely,		
Print		
	Name of Inspector/MID number	Name of the Master or Representative

REPORT OF INSPECTION

PART A. SHIP DOCUMENTS -- CLASS SOCIETY		STATUTORY CERTIFICATES RECOGNIZED ORGANIZATION		RECOGNIZED SECURITY ORGANIZATION	
NAME OF CERTIFICATE	ISSUE MONTH/YR	EXPIRY MONTH/YR	NAME OF CERTIFICATE	ISSUE MONTH/YR	EXPIRY MONTH/YR
Cargo Ship Safety Equipment Certificate			Civil Liability Convention (CLC)		
Cargo Ship Safety Radio Certificate			Radio Station License-		
Cargo Ship Safety Construction Certificate			International Air Pollution Certificate		
Load Line Certificate			Passenger Ship Safety Certificate		
International Oil Pollution Prevention			Fitness for Carriage of Liquefied Gas in Bulk		
Safety Management Certificate			Fitness for Carriage of Chemicals in Bulk		
International Ship Security Certificate			DOC Authorization for the carriage of Grain		
For Bulk Carriers and Oil Tankers, is the Hull Survey Report file maintained on board (See IMO Res. A 744.18)				<input type="checkbox"/> YES <input type="checkbox"/> NO	
COMMENTS:					
PART B. PUBLICATIONS (Indicate if on board)					
NAME OF PUBLICATION	Y	EDITION YEAR	NAME OF PUBLICATION	Y	EDITION YEAR
Combined Publication Folder	<input type="checkbox"/>		IMO Code of Safe Practice for Timber Deck Cargos	<input type="checkbox"/>	
Articles of Agreement	<input type="checkbox"/>		Int. Code of Signals	<input type="checkbox"/>	
Int. Safety Guide for Oil Tankers & Terminals	<input type="checkbox"/>		ICS Tanker Safety Guide (Gas)	<input type="checkbox"/>	
ICS Tanker Safety Guide (Chemicals) 4 Vol.	<input type="checkbox"/>		SOPEP or SMPEP	<input type="checkbox"/>	
Cargo Record Book for Chemical Carriers	<input type="checkbox"/>		Cargo Securing Manual (CSM)	<input type="checkbox"/>	
Oil Record Book	<input type="checkbox"/>		Garbage Mgt Plan and Record Book	<input type="checkbox"/>	
IMO International Maritime Dangerous Goods	<input type="checkbox"/>		SOLAS	<input type="checkbox"/>	
MARPOL 1973/78	<input type="checkbox"/>		Ballast Water Management Plan	<input type="checkbox"/>	
Vol. III of IAMSAR Manual	<input type="checkbox"/>		Ship Security Plan	<input type="checkbox"/>	
Comments:					
PART C ISM & ISPS					
1. Did the Master, and Senior Officers read "Familiarization with National Maritime Legislation?" RLM 105A		<input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Does the Master understand and perform his safety management system responsibilities:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
3. Does the Master understand and perform his security duties:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
4. SMS manual on board?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
5. Did the crew check and record your ID on boarding?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
6. Are the restricted areas identified?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
7. Continuous Synopsis Record up to date?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
8. Are there records of internal audits? Date of last audit:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
9. Are there records of external audits? Date of last audit:		<input type="checkbox"/> YES <input type="checkbox"/> NO			
Record any outstanding nonconformities ISPS or ISM:					
PART D. MANNING - Minimum Safe Manning Certificates on board: <input type="checkbox"/> Yes <input type="checkbox"/> No if no was Application Submitted <input type="checkbox"/> Yes <input type="checkbox"/> No					
SHIP'S COMPLEMENT					
OFFICERS		Manning Requirements		Actual Number	
Deck					
Engine					
Others					

CREW			
Deck			
Engine			
Others			
Comments:			
PART E. Officer's List	NAME	Liberian Number	Issue Date
Master			
Chief Mate			
Chief Engineer			
<p>Note: List only the information for the Master, Chief Mate and Chief Engineer and for any other officer whose license has expired or who does not have a Liberian license endorsement.</p> <p>GMDSS - One GMDSS Radio Electronic Operator or two (2) deck/navigation officers with GMDSS General Operator certificates required.</p> <p>GMDSS - Valid Certificates sighted? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Security Officer Designated in writing? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
Comments:			
PART F. SEAFARER'S IDENTIFICATION AND RECORD BOOK			
1. Are all crew members holding valid Seafarer's Identification Books?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Identify crew members without Liberian Seaman's books on crew list, and attach crew list to this report			
2. Are there on board the minimum number of persons holding valid Liberian Special Qualifications as required by the Minimum Safe Manning Certificate and type of vessel?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Crew received security training on board?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
CHECK BELOW			
ABLE SEAMAN	SURVIVAL CRAFT CREWMAN/RESCUE BOAT	TANKERMAN OIL PERSON IN CHARGE	TANKERMAN CHEMICALS PERSON IN CHARGE
ORDINARY SEAMAN	OILER/MOTORMAN	TANKERMAN OIL ASSISTANT	TANKERMAN LIQUID CHEMICALS ASSISTANT
GP-1		TANKERMAN OIL CRUDE OIL WASHING INERT GAS (COW)	BASIC TRAINING FOR RATINGS.
Comments:			

10. Rate of Turn Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Speed and Distance Indicator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Steering Gear Test (Arrival/Departure)					Date last tested:
13. Emergency Steering Drills (Qrtly)					Date last drill:
Comments:					
PART J GENERAL SAFETY – It is recommended Nautical Inspectors follow instructions in Guide to Nautical Inspectors					
Pilot boarding arrangements. <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory Approved by Class? <input type="checkbox"/> YES <input type="checkbox"/> NO				Comment here if unsatisfactory:	
Boat and Fire Drills carried out by Inspector in accordance with Guide No. 4 - Was performance of crew during drills satisfactory? Comments on need for further training with respect to Fire and Boat Drills:				<input type="checkbox"/> YES	<input type="checkbox"/> NO
				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Are Lifesaving and firefighting equipment maintenance and training manuals available to the crew?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
Inflatable Life rafts:					
Give date of last servicing of rafts:			Hydrostatic releases:		
Checked condition of Lifesaving Equipment, including: <input type="checkbox"/> Yes <input type="checkbox"/> No Life boat/Rescue boat davits-foundations <input type="checkbox"/> Yes <input type="checkbox"/> No Lifeboat/Rescue boat- structural <input type="checkbox"/> Yes <input type="checkbox"/> No Properly outfitted - equipment serviceable? <input type="checkbox"/> Yes <input type="checkbox"/> No Lifejackets/TPA's/immersion suits - <input type="checkbox"/> Yes <input type="checkbox"/> No Lights/whistles/retro material - serviceable? <input type="checkbox"/> Yes <input type="checkbox"/> No Pyrotechnics <input type="checkbox"/> Yes <input type="checkbox"/> No Line throwing equipment <input type="checkbox"/> Yes <input type="checkbox"/> No Man overboard signals - <input type="checkbox"/> Yes <input type="checkbox"/> No Muster List and Emergency Instructions			Comments:		
Checked condition of Fire Fighting Equipment, including: <input type="checkbox"/> Yes <input type="checkbox"/> No Fixed and portable extinguishers – date of last servicing <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency Fire Pump - <input type="checkbox"/> Yes <input type="checkbox"/> No EEBDs - Sufficient number, date serviced _____ <input type="checkbox"/> Yes <input type="checkbox"/> No Fireman's Outfits/Sufficient number-Condition of SCBAs <input type="checkbox"/> Yes <input type="checkbox"/> No Foam analysis - <input type="checkbox"/> Yes <input type="checkbox"/> No Vent closures - <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency escapes - <input type="checkbox"/> Yes <input type="checkbox"/> No Emergency generator – <input type="checkbox"/> Yes <input type="checkbox"/> No International Connection <input type="checkbox"/> Yes <input type="checkbox"/> No Fire control Plan -			Comments:		
PART K MEDICINE CHEST AND MEDICAL PUBLICATIONS					
<input type="checkbox"/> Yes <input type="checkbox"/> No Fully stocked with instructions <input type="checkbox"/> Yes <input type="checkbox"/> No International Medical Guide Second Edition -1988 Or Ship Captains Medical guide 22 nd Ed. <input type="checkbox"/> Yes <input type="checkbox"/> No Medical Log Book <input type="checkbox"/> Yes <input type="checkbox"/> No Supplement to I MDG Code or equivalent publication				Comments:	
PART L. CREW ACCOMMODATIONS - Visual observation in accordance with ILO Conventions					
Checked condition of: <input type="checkbox"/> Yes <input type="checkbox"/> No Interior finishing or decoration <input type="checkbox"/> Yes <input type="checkbox"/> No Ventilation (efficiency-obstructions) <input type="checkbox"/> Yes <input type="checkbox"/> No Lighting efficiency <input type="checkbox"/> Yes <input type="checkbox"/> No Access and emergency escape markings <input type="checkbox"/> Yes <input type="checkbox"/> No Sanitary Conditions (check toilets, common areas and food storage preparation areas) <input type="checkbox"/> Yes <input type="checkbox"/> No Drinking Water (supply & arrangements) <input type="checkbox"/> Yes <input type="checkbox"/> No Galley (cleanliness/grease traps/range hoods) <input type="checkbox"/> Yes <input type="checkbox"/> No Crew Spaces clear of ship's stores or equipment				Comments:	

PART M. GENERAL; General remarks on overall condition of vessel, including condition of engine room spaces/bilges:

<p>Checked condition of decks and superstructure:</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Weather Deck including forecastle</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Cargo gear /cargo manifold</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Line handling equipment</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Anchors and anchor windlass -</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Electrical fixtures, alarms and lighting rubber mats provided where needed</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Openings; hatches, doors, pipe penetrations, vents</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Tank gauging equipment</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Quick closing valves (fuel oil-lube oil)</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Upper decks including bridge</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Pump room or Cargo room if applicable</p>	<p>Comments:</p>
<p>Checked condition of engine room, and steering gear spaces:</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Control Room</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Electrical Systems (outlets, fittings, junction boxes)</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Lighting</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Ventilation</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Alarms</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Protective guards around moving parts,</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Main engine & auxiliaries</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Fuel lines (spray shields and fittings)</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Pumps</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Piping for fresh and salt water systems</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Sea chest</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Excessive oil and/or water leaks</p> <p>Steering Gear Room</p>	<p>Comments:</p>
<p>Checked condition of Oil Water Separator and Oil Discharge Monitoring Equipment (ODME) to determine if the separator or sensors have been bypassed by asking the following questions:</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Is the separator is operating properly?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Is the ODME operating properly?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Is the automatic recorder operating properly,</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Is there a pipe or hose used to bypass the OWS?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Do the oil record book entries match OWS record?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Any evidence of disassembling pipe flanges, blocks, or valves tied to any overboard systems?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Has the sensor been modified or bypassed?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Has water with an oil content of 15 PPM or more ever been discharged over the side?</p> <p><input type="checkbox"/>Yes <input type="checkbox"/>No Any spare filters?</p> <p>Date filter last replaced:</p>	<p>Comments:</p>
<p>General Comments:</p>	