THE REPUBLIC OF LIBERIA
LIBERIA MARITIME AUTHORITY

Corrective Action Plan for
Maritime Labor Inspection Deficiencies

(To be used in the case of any serious deficiencies which represent a significant danger to the safety, health or security of seafarers or constitute a serious breach of the requirements of the Convention, including seafarers' rights)

Vessel Name: _____ IMO #: _____

Inspection Date: _____

Please list the deficiency noted during the vessel's Maritime Labour inspection and the corrective action planned.
Submit the completed form to the Inspector and email a copy to MLC@liscr.com.

Deficiency	**Planned Corrective Action**	**Date to be rectified**	**Date rectified**