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MONITORING AND CORRECTION OF DEFICIENCIES

Name of ship:	IMO Number:		
Recognized Organization or	Place of Inspection:		
Company Name:	Date of Inspection:		
	•		
A Deficiencies Descriptions			
A. Deficiencies Description:			
B. Correction of Deficiencies:			
C. Source of the Deficiencies:			
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D. Corrective actions taken to prevent	recurrence:		

ote:	If necessary, you can use additional annexes, using the corresponding letter boxes to ex			
			Name and Signature	
			Operator or RO	
			Stamp	
			•	