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| Name of Company or Corporation: | Contact Number: | Company Address:  |
| Date & Time Commenced of Inspection: | Date & Time Completed Inspection: |
| Company Email : | MARINA Control Number:  |
| Date of Pre-Inspection | Date of Final Inspection |  |

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| **Item No.** | **Simulator Performance Standards** | **Applicant Self Evaluation** **( √ )**  | **Evaluator Verification****( √ )** | **Remarks** |
| **1. EQUIPMENTS** |  |  |  |
| .1 | Instructor’s Console |  |  |  |
| .2 | Number of Candidates’ Work Stations= \_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |
| .3 | Simulators shall be fully editable by the AC’s personnel |  |  |  |
| .4 | Dongle / Machine License  |  |  |  |
| .5 | Other relevant simulator documents / licenses (e.g. Proof of Ownership under the name of AC; Class approval, Simulator configuration, etc.) |  |  |  |
| **2. PHYSICAL REALISM** |
| .1 | The radio communication station shall simulate a typical station found on merchant ships in accordance with Module B in the Directive and as applicable SOLAS 74, as amended, IMO Res. A. 570 (14), IMO Res. A. 694 (17), IMO Res. A. 808 (19), IMO MSC/ Circ. 862. |  |  |  |
| .2 | Each piece of equipment is to be arranged in a ship-like manner. For Full-Mission Bridge(Virtual arrangement is acceptable for dedicated GMDSS simulator and Mini-Station Bridge) |  |  |  |
| .3 | It shall be possible for the learner to move “own ship” in the navigation area (for FMB). |  |  |  |
|  | The radio communication station shall at least consist of the following main components where all necessary sub-systems are to be included: |  |  |  |
| .4 | VHF radio telephone with DSC (digital selective call). |  |  |  |
| .5 | At least one handheld VHF set. |  |  |  |
| .6 | Satellite EPIRB (emergency position-indicating radio beacon). |  |  |  |
| .7 | NAVTEX receiver. |  |  |  |
| .8 | SART (Search and Rescue Transponder). |  |  |  |
| .9 | Radar for receiving SART signals. |  |  |  |
| .10 | MF/HF radio telephone with DSC (Digital Selective Call), NBDP (Narrow Band Direct Printing) and Radio Telex. |  |  |  |
| .11 | Inmarsat system (Telephone, telex, including a distress priority telephone and telex service to/ from RCC) or equivalent. |  |  |  |
| .12 | Inmarsat C ship earth station(Store-and-forward data and telex messaging, with EGC (Enhanced Group Call), reception of MSI (Maritime Safety Information), the capability for sending preformatted distress messages to a RCC and the Safety NET service). |  |  |  |
| **3. BEHAVIORAL REALISM** |
| .1 | When simulating real equipment the behaviour of such simulated equipment should behave as identical as possible as the original. Critical functionality shall be documented. |  |  |  |
| .2 | The simulated equipment should resemble especially important radio-technical variables, such as but not limited to:— VHF line of sight communication— VHF/ MF/ HF power limitation— MF ground wave propagation— HF atmospheric propagation and reflection— Inmarsat Link Test and log on/off various satellites— EGC test— EPIRB/ SART/ Port VHF/ Navtex functions. |  |  |  |
| .3 | The simulated equipment should resemble especially important radio-technical variables, such as but not limited to:— distance limitations— VHF line of sight communication— VHF watt age limitation. |  |  |  |
| .4 | It shall be possible to use different communication systems at the same time. |  |  |  |
| **4. OPERATING ENVIRONMENT**  |
| .1 | The communication station shall be able to receive and transmit messages to the “real world” as virtualised by the simulator (instructor or other learner). |  |  |  |
| .2 | The instructor shall be able to position the learner in “real” position all around the world. |  |  |  |
| .3 | The instructor shall be able to introduce variable background noise, relevant to the location and time of day, for each frequency used. |  |  |  |

**X- FINDINGS: *Please use Annex 3***

**evaluated BY:**

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Over Printed Name Team Leader  |
| **Team Members:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature Over Printed Name) |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature Over Printed Name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature Over Printed Name) |

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| CONFORME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature Over Printed NameCompany Representative |