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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: |
| Initial Inspection Date: | Final Inspection Date: |  |

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| **ITEM NO.** | **OBSERVATIONS** | **REMARKS** |
| ANNEX I | GENERAL INFORMATION |  |
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| ANNEX II | GMDSS |  |
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| ANNEX IV | SCENARIO |  |
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**evaluated BY:**

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

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| CONFORME:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature Over Printed Name  Company Representative |