|  |  |  |
| --- | --- | --- |
| 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: |  |

|  |  |  |
| --- | --- | --- |
| **ITEM NO.** | **OBSERVATIONS** | **REMARKS** |
| ANNEX I | GENERAL INFORMATION |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| ANNEX II | GMDSS |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| ANNEX IV | SCENARIO |  |
|  |  |  |
|  |  |  |

**evaluated BY:**

|  |
| --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature Over Printed Name Signature Over Printed Name Signature Over Printed Name Team Leader BOMDO / BOMEO BOMDO / BOMEO  |
| **Team Members:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature Over Printed Name) |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature Over Printed Name) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature Over Printed Name) |

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