

SUPPLEMENTARY MARITIME (ISM) AUDIT LOG

Applicant's Name:

Detailed submission for audit (in accordance with IRCA/C8 - Criteria for Certification as a Maritime Auditor)

TYPE OF AUDIT:

1. Document of Compliance

Date of Audit and time on task (hours)	
Location and activity of office eg main branch, technical or commercial management, crewing etc	
Number of people located at this office?	
Is designated person located at this office? If not, where?	
Number of vessels managed by the office (if TPA state number of vessels for that authority)	
How many vessels does DOC cover?	

2. Ships Safety Management Certificate

Date of Audit and time on task (hours)	
Type of vessel eg tanker, ro-ro etc plus main capacity (deadweight, teu, passengers etc)	
Flag State	
Number of crew onboard	
How long had master been on board?	
Location of vessel and activity on board (moored, at anchor, lay-by on passage, working cargo)	

Client Details:

Name:
 Address:
 Contact:
 Job Title:
 Telephone No:
 Fax No:
 Client's Signature:
 Applicants' Signature:

Audit Details:

Date:
 Number of Days:
 Audit Standard(s):
 Position in Audit team:
 Total Team Members:
 Job Title:
 Date:

IRCA reserve the right to contact the persons named above for confirmation of details