

Port State Controls

Vessel: _____ IMO Number: _____ Vessel Type: _____
 Report Number: _____ Call Sign: _____ Owner: _____

Year of Build: _____ Date of Inspection: _____

Class Society (ies): _____

PSC MOU (if known): _____

Place of Inspection (Port Code): _____

Type of Inspection: _____

Area Inspected _____

Detention: _____

Deficiencies: _____ Number if any _____

record all deficiencies in the Company Deficiency Record book

Code(s) of deficiency (ies) if Yes:	Codes for Actions taken by PSCO if deficiency

Response From Office

Date:		From:	
Origin of response:		Office:	