

### 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:	