

**INTERNATIONAL SAFETY MANAGEMENT (ISM) CODE
NON-CONFORMITY REPORT**

NCR No.: _____	Date: _____ <small>(Day, Month, Year)</small>	
Company's Name: _____		
Shore-Based Department / Ship ⁽¹⁾ : _____		
PMDS /IMB Auditor _____		
Representative of Company / Ship ⁽¹⁾ _____		
Major Non-Conformity <input type="checkbox"/>	Non-Conformity <input type="checkbox"/>	Additional Verification is necessary <input type="checkbox"/>
PMDS/IMB Auditor _____ <small>(Signature and Seal)</small>	Date of Issue _____ <small>(Day, Month, Year)</small>	Representative of Company / Ship ⁽¹⁾ _____ <small>(Signature and Seal)</small>
Corrective actions that should be completed by Company within the period not exceeding three (3) months from the date of issue:		
If Company /Ship does not close out the Non-Conformities and/or submit report on elimination of Non-conformities to PMDS, will have reason to withdraw DOC/SMC		
Representative of Company /Ship ⁽¹⁾ _____ <small>(Signature and Seal)</small>	Date _____ <small>(Day, Month, Year)</small>	
Corrective Action Accepted (To be completed by PMDS Auditor)		
Non-Conformity Closed Out	PMDS /IMB Auditor _____ <small>(Signature and Seal)</small>	Date _____ <small>(Day, Month, Year)</small>

⁽¹⁾ Delete as Appropriate