

**INTERNATIONAL SAFETY MANAGEMENT (ISM) CODE
SHIP VERIFICATION REPORT**

Name of Ship:			
Name of Company:			
Distinctive Number or Letters:	Port of Registry:	IMO Number:	
Type of Ship:	Gross Tonnage:	Date: _____ (Day, Month, Year)	
TYPE OF VERIFICATION			
Initial <input type="checkbox"/>	Renewal <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Additional <input type="checkbox"/>
Number of Non-Conformities	Number of Major Non-Conformities	Number of Non-Conformities closed out during verification	
Number of Observations / Findings	Number of Non-Conformity reports on which in additional verification is necessary		
Verification Report is delivered to:	Company <input type="checkbox"/>	PSC ⁽¹⁾ <input type="checkbox"/>	PMDS-Head Office <input type="checkbox"/>
AUDITOR RECOMMENDATIONS			
		Yes	No
Safety Management Certificate may be Issued/ Endorsed/ Renewed ⁽²⁾		<input type="checkbox"/>	<input type="checkbox"/>
Non-Conformity reports may be closed out.		<input type="checkbox"/>	<input type="checkbox"/>
<u>Findings:</u>			
(Continued on Additional signed and dated sheets)			
PMDS/IMB Auditor:	_____	_____	_____
	(Name)	(Signature)	(Seal)
Representative:	_____	_____	_____
	(Name)	(Signature)	(Seal)

⁽¹⁾ According PSC or Administration Request
⁽²⁾ Delete as Appropriate