

## ANNEX A

Dear Sirs

### INTERNATIONAL SAFETY MANAGEMENT CODE

**Company Identification Number: xxxxxxxx**

The Maritime and Coastguard Agency (MCA) has issued Safety Management Certificates (SMC's) on behalf of the Government of the United Kingdom and Northern Ireland to ships operated by **(Shipping Company name)**. A condition of issue of such certificates being that the company maintains possession of a valid Document of Compliance (DOC).

The MCA has accepted the DOC issued by **(Class Society Name)**, under the authority of the Government of the **(Flag State Administration)**, to **(Company Name & Address)**, in accordance with IMO Circular MSC 762. The continued validity of this DOC will be reviewed on a regular basis, for which purpose the company must submit the DOC Annual Verification and Renewal Audit Reports to the MCA.

Copies of both the DOC and this letter must be retained onboard. The validity of this letter is coincident with the time-span of the current DOC, that is, up to and including **(Date of Expiry of DOC)**.

Should the DOC be withdrawn, suspended or otherwise be rendered invalid, the SMC's will likewise become invalid. In such circumstances the owners should immediately notify the MCA at the above address.

Yours faithfully

**ISM/ISO Branch, HQ**

## ANNEX B

**AUDIT PLAN  
DOCUMENT OF COMPLIANCE INITIAL/ANNUAL AUDIT**

Date:

DATE / Times (approx. duration)	LEAD AUDITOR:
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	OPENING MEETING
	General Review of the Company Policy/Procedures/Manual
	Document Review office and ships
	Interview: DPA- Responsibilities/Meetings Review Internal Audits Office & ship, DPA Responsibilities, Resources & Personnel,
	Interview: MD/President/Vice President/Director (any one person involved in Safety Management System of Co.
	Interview: Technical/Finance Manager
	Interview: : Tech./Marine Superintendents
	Interview: Fleet/Managers(Personnel) Crewing Department Crew Records and crewing procedures
	Interview :Admin Staff involved in ISM Procedures
	Documentation verification- records office & ships
	Internal/External audit-Corrective actions/Emergency Preparedness & Drills
	Follow-up & prepare findings
	Closing Meeting
	Due to size of office personnel involved in the audit, the above timings may reduce.

### Notes:

1. The above is a guide plan, but may be altered as circumstances dictate. Times are given for guidance, but please ensure the main persons identified will be available for interview.
- Normal office Lunch hours will be maintained.

<b>AUDIT PLAN</b> <b>SAFETY MANAGENT CERTIFICATE INTERIM /INITIAL /INTERMEDIATE/ADDITIONAL AUDIT</b> <b>VESSEL NAME: _____</b> <b>LOCATION: _____</b> <b>IMO NO. : _____</b> Date: _____
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DATE / Times (approx. duration)	LEAD AUDITOR:	AUDIT TEAM MEMBERS
	OPENING MEETING	
	General Inspection of Vessel	
	Document Review- SMS	
	Interview: Master Master's Review, Internal Audits, Ship's SMS File, Resources & Personnel, Documentation	
	Interview: Chief Engineer SMS System, Maintenance of Ship & Equipment, Emergency preparedness, Shipboard Operations, Section 9 – Defect Reporting	
	Interview: Chief Officer Deck Maintenance, Shipboard Cargo Operations, Maintenance of Ship & Equipment, Emergency Preparedness	
	Interview Deck Officer/Deck Crew	
	Interview Engineer Officer/Engine Crew	
	Interview Cook/Catering Staff	
	Shipboard Operations, Emergency Preparedness	
	Assessment	
	Emergency Drill (to be carried out preferably in day light)	
	Follow-up & prepare findings	
	Closing Meeting	

## Notes:

2. The above is a guide plan, but may be altered as circumstances dictate. Times are given for guidance, but please ensure the main persons identified will be available for interview.
3. Please ensure that the following documents (relevant to your vessel) are made available for the audit:-
  - Ships Statutory Certificates
  - Class Certificates & Survey Status Reports & Conditions of Class
  - Stability Book
  - Oil Record Book Part 1
  - Garbage Record Book
  - Officer Certificates of competency and Certificates of equivalent competency
  - Crew Agreement
  - Safety Management Manuals
  - Training & Familiarisation records
  - Record of Drills
  - Details of Accidents, non-conformities and hazardous occurrences
  - Minutes of Safety Meetings
  - Planned Maintenance Records
  - Cargo Loading/ Discharge Plans
  - Permit to work records
  - Records of Previous internal audits
  - Hours of Work records
  - Port State Control Inspection Records

# ANNEX C

## MCA Audit Opening & Closing Meetings Attendance Record

The following representatives of \_\_\_\_\_ were in attendance at the opening and closing meetings as indicated below:

**Opening Meeting** Time: \_\_\_\_\_ Date: \_\_\_\_\_

**Closing Meeting** Time: \_\_\_\_\_ Date: \_\_\_\_\_

Name:	Department	Opening	Closing
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
7. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
8. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
9. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
10. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
11. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
12. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
13. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
14. _____	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
16. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
17. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>
18. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>

# ANNEX-D

## MCA Audit Interviewee List

The following persons were interviewed during the management system audit of:

\_\_\_\_\_ on \_\_\_\_\_  
Name of Company Date

Name:	Department	
1. _____	_____	
2. _____	_____	
3. _____	_____	
4. _____	_____	
5. _____	_____	
6. _____	_____	
7. _____	_____	
8. _____	_____	
9. _____	_____	
10. _____	_____	
11. _____	_____	
12. _____	_____	
13. _____	_____	
14. _____	_____	
15. _____	_____	
16. _____	_____	
17. _____	_____	
18. _____	_____	