

REPUBLIC OF VANUATU PORT VILA, VANUATU	REPORT OF SAFETY INSPECTION MODU/MOU	Location:
		Date/Time Commenced:
		Date/Time Completed:
		Inspection Type: Annual Special

INSTRUCTIONS**VESSEL/UNIT SUBJECT TO INSPECTION**

All Vanuatu registered units are subject to periodic inspections. The Deputy Commissioner may appoint Marine Safety Inspectors to board and examine, or inspect, Vanuatu units. Owners, operators, and Masters/OIMS shall present each such unit for boarding when required and cooperate fully with the Marine Safety Inspectors. Failure to cooperate is a marine offense subject to severe penalties. Units subject to periodic inspection may also be subject to a special inspection as provided by Vanuatu Maritime Regulations.

INSPECTION REPORTS

This form is to be completed in duplicate. The original and copy are to be signed by both the Marine Safety Inspector and the vessel's Master/OIM (or his representative). One signed copy shall be delivered to the Master/OIM and retained on board as part of the unit's documents. One signed copy shall be sent to VMSL, New York. The Master/OIM shall produce the unit's copy at the request of any Marine Safety Inspector, or at the request of any person acting on behalf of the Deputy Commissioner.

PART A. GENERAL

1. Name of Unit/Rig		2. Official No.	3. IMO No.
4. Call Sign	5. Type of Unit/Rig	6. Tonnage, GT	7. Tonnage, NT
8. Year Built	9. Class Society	10. Last Position	11. Next Position
12. Complete Operators' Name/Address/Phone number and email address:			

PART B. DOCUMENTS (For reference, see Vanuatu Maritime Services MARITIME BULLETIN 107 Annex)

SECTION 13. Name of Certificate	Issuance Date	Expiration Date	Last Annual Survey
a. MODU Safety Certificate			
b. Load Line Certificate			
c. IOPP Certificate (400 GRT and above)			
d. IAPP Certificate			
e. International Tonnage Certificate (1969)			
f. Safety Management Certificate (where applicable)			
g. ILO Maritime Labor Certificate			
h. Cargo Gear Register			
i. Civil Liability Certificate in accord with 1992 Convention			
j. Class Certificate			
k. ISPP Certificate (Sewage)			
l. Radio Station License (issued by Vanuatu)			
m. ISSC Certificate (where applicable)			
n. Bunker Certificate (2001)			
o. LRIT Conformance (self-propelled only)			
p. Continuous Synopsis Record (CSR) note: All pages from #1 to are to be retained on board and noted here.			

PART C. PUBLICATIONS (Indicate if on Board)

SECTION 14. Name of Publication	Y/N	Year of Issue	Name of Publication	Y/N	Last Edition
a. Vanuatu Maritime Act & Regulations			l. SOLAS 1974/1978, as amended		
b. Vanuatu Articles of Agreement/Employment Contract			m. Lifesaving Appliance (LSA) Code		
c. Vanuatu Maritime Bulletins (101,103-106, 108-111)		Nos.	n. COLREGS 1972, as amended		
d. Oil Record Book			o. MARPOL 1973/1978, as amended		
e. Garbage Record			p. Load Line Convention 1966		
f. Official log Book			q. ISPS Code/SSP		
g. Medical Guide, latest edition			r. ISM Code/Safety Mgmt. System		
h. Medical Log Book			s. ICS Guide to Helicopter Operation		
i. International Health Regulations(Latest edition)			t. STCW 95, as amended (where app.)		
j. Stability Book (Ship Specific)			u. Fire Safety Systems (FSS) Code		
k. MODU Code			v. Other		

PART D. CHARTS, PUBLICATIONS, RECORDS, BRIDGE & ENGINE ROOM LOG BOOKS (Indicate if on Board)

SECTION 15. Title	Y/N	Last Correction/Entry	Year Issued	Remarks
a. Notice to Mariners (self-propelled only)		Last Issue:		Record of Receipt kept? Yes No
b. Light Lists (self Propelled)				
c. Master's Standing Orders (self)				
d. OIM Night Order Book				
e. Navigational Charts (self -prop.)				
f. Engine Room Log Book				
g. Bridge Log Book				
h. Ozone Depletion Record Book				

PART E. NAVIGATIONAL AIDS, ETC.

SECTION 16. Equipment				
Equipment Type	Fitted (Y/N)	Oper (Y/N)	Remarks	
a. GMDSS			Sea Area:	A1 A2 A3 A4
b. Signal Lights/Flags			Condition	Good Fair Poor
c. On-board Com. System			Describe	
d. Satellite Com. System			Satellite	A B C M FLEET #:
e. Float Free Satellite EPIRB (406 MHz)			Hex ID:	Battery Expires:
f. Lifeboat Transceivers			(3) 2-way VHF Units	Battery Expires:
g. Radar Transponders			Batteries Expire:	
h. Navtex				
i. GPS				
j. 2182 KHz Monitor			Tested Daily Y / N	
k. AIS				
l. LRIT				

PART F. OFFICIAL LOG BOOK ENTRIES

SECTION 17. Entries	Y/N	Entries	Y/N
a. Equipment Maintenance Recording		d. Casualties/Accidents/Injuries	
b. Fire and Boat Drills (weekly)		e. Line Throwing Appliance Instructions (3 Mon.)	
c. Security Drills		f. Gear test (self- propelled only)	
General Remarks:			

PART G. LICENSING

SECTION 18.
 Vanuatu Maritime Act and Regulations require each officer to have a valid Vanuatu license including, where required by the Minimum Safe Manning Certificate, valid radio licenses. Failure to have Vanuatu licenses, and to have them posted under glass, may subject the Unit/Rigs to a fine. Vanuatu has acceded to the STCW Convention and requires officers and appropriate crew of self-propelled MODUs/MOUs to have valid STCW certificates. If the Unit/Rig's complement does not meet or exceed that prescribed by the MSMC, details should be noted for action by this office. List all radio licenses

*Complete only if the officer has no Vanuatu License, it has expired, or he is sailing in a higher capacity than authorized.

NAME	VANUATU LICENSE INFORMATION						*HOME COUNTRY LICENSE INFORMATION						
	Grade				Number	Expires	STCW (Y/N)	Limitations	Country	Grade			
	M	1	2	3						M	1	2	3
MASTER (SELF PROPELLED)													
OIM													
CHIEF OFFICER (SELF PROPELLED)													
BARGE SUPERVISOR													
BALLAST CONTROL OPER.													
CHIEF ENGINEER(self-Propelled only)													
OTHER OFFICERS													
OTHER OFFICERS													
OTHER OFFICERS													
OTHER OFFICERS													
Name	Grade				Number	Expires	STCW	Limitations	Country	Grade			
GMDSS or Radio													
GMDSS or Radio													
GMDSS or Radio													
GMDSS or Radio													

CERTIFICATE

SECTION 20. Minimum Safe Manning Certificate	Date Issued:	Compliance Y / N
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General Remarks:

PART H. FIREFIGHTING EQUIPMENT

SECTION 21. Firefighting Equipment		Condition		
		Good	Fair	Poor
a. Fire Stations:	Fire Hoses:			
Spanners at each Station Y / N	Multipurpose Nozzles at each Station Y / N			
Sand Box #	Axes #			
b. Firemen's Outfits:	Number:			
c. SCBA #:	Spare Cylinders #:	B/A compressor Y / N		
d. Fire Extinguishers:	Portable & Semi-Portable:			
	Foam	Dry Chemical	CO2	
e. Fixed Fire Extinguishing System:	Steam	CO2	Halon	Dry Chemical
Spaces Protected:	E/R	Accom.	Cargo	Other
f. Last Shore side Service of (i) Portable/Semi-Portable Extinguishers: _____	Did you Test? Y/N	Was it Operational? Y/N	When Normally Tested	
(ii) Fixed Fire Extinguishing Equipment:			Daily	Weekly
			Other	
g. General Alarm System:				
h. Emergency Lighting System:	Generator: Y / N	Batteries Y / N		
i. Firedoors:				
j. Emergency Fire Pumps:	Number:			
k. Automatic Fire Detection/Alarm:				
l. Fire Control Plan Displayed? Y / N	Where?	m. Fire Dampers Operative? (Spot Check) Y / N		
n. International Shore Connection? Y / N	Location:	o. F.O. Emergency Quick Closing Valves (Check) Y / N		

PART I. LIFESAVING APPLIANCES AND EQUIPMENT

SECTION 22. Lifesaving Appliances and Equipment		Condition		
		Good	Fair	Poor
a. Lifebuoys Total #:	With Lights #:	Buoyant Line #:	Smoke #:	
b. Lifejackets Total #:	With Lights Y / N	Retro-reflective Tape Y / N		
c. Lifeboats Total #:	Capacity:	Type: Open	Semi-enclosed	Enclosed
	Freefall			
d. Emergency Escape Breathing Devices (EEBDs') Total# E/R:				
Accommodation:	Type:	Last Service Date: _____	Expiration	
e. Last 4 Fire and Boat Drills (Required weekly):				
Dates: _____	Lifeboat Equipment (spot check): Y/N			
Did you witness drills Y / N	Boat #:	Time (10min or less)		
Boat Falls/Etc. (spot check) Y / N	Ladders/Etc. (spot check) Y/N			
f. Last 2 Times Boats Released Into Water and Crew Exercised at Propelling Devices (Required Quarterly):				
Port Boat (s) _____	Stbd. Boat (s) _____			
g. Liferrafts: Total #:	Capacity:	Last Survey:	Hydrostatic Released Fitted Y / N	
i. Immersion Suits: Total #:	Location:	g. Thermal Protective Aids	Total #:	Location:

j. Line Throwing Appliance(s) instructions last 2 tests or instructions to crew (Required Quarterly): _____			
Total #:	Type:	Expires:	
Rocket:			
k. Navigating Bridge Pyrotechnics: Hand Flares #:	Expiration Date:	Rocket Parachute #:	Expiration Date:
I. Fast Rescue boat Y/N Condition: Good Fair Poor			

PART J. BILGE AND BALLAST TREATMENT/POLLUTION PREVENTION

SECTION 23. Disposition of Residues	Slops	SECTION 24. Records/Plans	Y/N
	Bilge		
a. Oil Discharge Monitor Y/N Operating Y/N		a. Oil Record Book Properly Maintained	
b. Oily Water Separator: Fitted Y / N Used Y / N		b. Shipboard Oil Pollution Emergency Plan (SOPEP)	
c. Residues Retained on Board & Discharged Ashore		c. Garbage Record Book Properly Maintained	
d. Drip Pans: Installed Y / N		d. Other (specify)	
e. Incinerator: Installed Y / N Used Y / N			
f. 15 PPM Alarm: Fitted Y / N Operating Y / N			
g. Oily/Water Interface Detector Fitted			
h. Sewage Treatment Fitted Y / N Operating Y / N			

PART K. GENERAL SAFETY

SECTION 25. Miscellaneous										
a. House Keeping/Cleanliness	Accommodations						Engine Room			
	Catering Areas						Storerooms			
	Passageways						Paint Lockers			
b. Documents	Document Type		Document Language			Officers' Language		Crew's Language		
	Stability Book									
	GA Plan									
	Equipment Plans									
	Safety Manual/Plans									
c. Safety Training Manual Available Y / N Sighted? Y / N				d. Emergency Response Manual Available Y / N Sighted? Y / N						
e. Helicopter Deck Markings & Anti Skidding, Tie Downs Y / N				f. Helicopter Deck Lighting, Fire Fighting Equipment Y / N						

SECTION 26. Recommendations & General Comments (Add more sheets if necessary)**PLEASE PROVIDE COMPLETE 24 HOUR EMERGENCY CONTACT INCLUDING EMAIL ADDRESS INFORMATION:****IMPORTANT NOTICE**

Neither the inspection nor this report constitute a certification as to the seaworthiness of the vessel. They do not relieve any person or organization from their respective obligations to ensure that the vessel is maintained in a seaworthy condition. Masters must review all entries before signing the report and discuss any findings with which they do not agree.

INSPECTOR		MASTER / OIM (or Representative)	
Company Name(print)	Date	Name(print)	Date
Signature		Signature	