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MONITORING AND CORRECTION OF DEFICIENCIES

Name of ship:

IMO Number:

**Recognized Organization or
Company Name:**

Place of Inspection: _____

Date of Inspection: _____

A. Deficiencies Description:

B. Correction of Deficiencies:

C. Source of the Deficiencies:

D. Corrective actions taken to prevent recurrence:

Note: If necessary, you can use additional annexes, using the corresponding letter boxes to explain.

**Name and Signature
Operator or RO
Stamp**