



Republic of the Philippines
Department of Transportation and Communications
MARITIME INDUSTRY AUTHORITY

AUDIT LOG
 ISM CODE CERTIFICATION

Date: _____

Name/Contact/Full Address and Tel. No. of Auditee: 	Size of Organization (e.g. number of people employed):
Duration of Audit (In days to nearest 1/2 day): 	Type of Audit :
Number of Auditors on the team: 	Role in Audit (Lead / Member / Observer):
Verification by Auditee or Employer: Name: Signature: Position/Title: Tel No.:	ISM Auditor: Name: Signature: Position/Title: Tel. No.: