



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

**Initial Shipboard Assessment Report**  
***ISM CODE CERTIFICATION***

|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------|----------|----------------|
| <b>Name of Ship:</b>                                                                                                                                                                                                                                                                                                                                                                |                               | <b>Name of Company:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |          |                                                                |          |                |
| <b>Official No.:</b>                                                                                                                                                                                                                                                                                                                                                                | <b>Gross Tonnage:</b>         | <b>Address:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
| <b>Distinctive Letters or Numbers:</b>                                                                                                                                                                                                                                                                                                                                              | <b>Class/Type of Ship:</b>    | <b>Type of Ship Covered by DOC:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |          |                                                                |          |                |
| <b>Homeport:</b>                                                                                                                                                                                                                                                                                                                                                                    | <b>Category of Operation:</b> | <input type="checkbox"/> Passenger Ship <input type="checkbox"/> Oil Tanker <input type="checkbox"/> Submersible Craft<br><input type="checkbox"/> Passenger HSC <input type="checkbox"/> Chem. Tanker <input type="checkbox"/> Tugboat<br><input type="checkbox"/> Cargo HSC <input type="checkbox"/> Gas Carrier <input type="checkbox"/> Fish Carrier in SIV<br><input type="checkbox"/> Cargo Ship <input type="checkbox"/> MODU <input type="checkbox"/> Other Cargo Ships<br><input type="checkbox"/> Bulk Carrier <input type="checkbox"/> FPSO/FSU |          |                                                                |          |                |
| <b>Valid DOC No.:</b>                                                                                                                                                                                                                                                                                                                                                               | <b>Date Issued:</b>           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
| <b>Ship's Location/Port:</b>                                                                                                                                                                                                                                                                                                                                                        |                               | <b>Date of Approval of SMS Manual:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |          | <b>Ship(s) included in System Assessment for DOC Issuance:</b> |          |                |
| <b>Checklist</b>                                                                                                                                                                                                                                                                                                                                                                    |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          | <b>Remarks</b> |
| <ul style="list-style-type: none"> <li>● Is the SMS Manual endorsed to the ship's Master?      <input type="checkbox"/> Yes   <input type="checkbox"/> No<br/><i>If Yes, Date of Endorsement/Receipt: _____</i></li> </ul>                                                                                                                                                          |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
| <ul style="list-style-type: none"> <li>● Are instructions identified as essential prior to sailing provided?   <input type="checkbox"/> Yes   <input type="checkbox"/> No</li> </ul>                                                                                                                                                                                                |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
| <ul style="list-style-type: none"> <li>● Are the plans for internal audit of the ship in place?      <input type="checkbox"/> Yes   <input type="checkbox"/> No<br/><i>If Yes, date of internal audit: _____</i></li> </ul>                                                                                                                                                         |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
| <ul style="list-style-type: none"> <li>● Familiarity of shipboard personnel with SMS on:           <ul style="list-style-type: none"> <li>(1) Safety and Environmental Protection Policy</li> <li>(2) Duties and Responsibilities</li> <li>(3) Shipboard Operations</li> <li>(4) Emergency Preparedness</li> <li>(5) Planned Arrangements for Implementation</li> </ul> </li> </ul> |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
| Check (√) if Yes<br>Cross (x) if No                                                                                                                                                                                                                                                                                                                                                 |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
| <b>Officer/Crew Name</b>                                                                                                                                                                                                                                                                                                                                                            | <b>Position</b>               | <b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>2</b> | <b>3</b>                                                       | <b>4</b> | <b>5</b>       |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |
|                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |          |                                                                |          |                |

Assessed & Reviewed by : \_\_\_\_\_ Noted by: \_\_\_\_\_

Designation/Office : \_\_\_\_\_ Date : \_\_\_\_\_

Date of Assessment : \_\_\_\_\_