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

Initial Company Assessment Report

ISM CODE CERTIFICATION

Name of Company:		**Address:**
Accreditation No.:	**Tax Identification No.:**	**Type of Ship Covered by DOC:** O Passenger Ship O Oil Tanker O Submersible Craft O Passenger HSC O Chem. Tanker O Tugboat O Cargo HSC O Gas Carrier O Fish Carrier in SIV O Cargo Ship O MODU O Other Cargo Ships O Bulk Carrier O FPSO/FSU
Date of SMS-Manual Submitted:	**Date of SMS-Manual Approved:**	

Checklist	**Remarks**
• Is the SMS-Manual endorsed to the Designated Person and other key personnel by the top management? ☐ Yes ☐ No ○ *If Yes, Date of endorsement/receipt*:_____	
• Is the familiarization of the SMS-Manual essentially instructed to the respective key personnel involved in the implementation? ☐ Yes ☐ No	
• Is the plan for Internal Audit of the Company in place? ☐ Yes ☐ No ○ *If Yes, date of internal audit:*_____	
• Familiarity of key Officers & Staff with the SMS Manual on: (1) Safety and Environmental Protection Policy (2) Duties and Responsibilities (3) Shipboard Operations (4) Emergency Preparedness (5) Planned Arrangements for Implementation Check (√) if Yes Cross (x) if No	

Officers	Position	1	2	3	4	5	

Assessed & Reviewed by : _____ Noted by: _____

Designation/Office : _____ Date : _____

Date of Assessment : _____