

To: NIPPON KAIJI KYOKAI _____ Office (Fax. No. _____)

Attn.: _____ (Auditor)

Company's Name:		ID No.
Ship's Name:	Master's Name:	

Corrective Action Plan for NC* / DNC*

Page: /

* Delete as appropriate.

Date: _____

Designated Person: _____

Signature: _____

I hereby submit corrective action plan for the Non-conformity(ies) or the downgraded Non-conformity(ies), specified by the above Record No., to implement the necessary corrective actions within three months, as follows;

Please itemize actions to be taken together with scheduled date of each action.

Investigation for NC or DNC :

Identification of Root Cause of NC or DNC :

Tentative measure for NC or DNC :

Preventive measure for recurrence of NC or DNC :

Verification of effectiveness of preventive measure :

Example of Actions (for reference only): * Revision of SMS Manual and/or Procedures. * Internal Circular. * Reeducation of Personnel concerned. * Internal Audit. * Recurrence prevention * System Review Meeting

* Delete as appropriate.

This sheet shall be submitted to the Auditor by _____ (within two (2) weeks)

In cases of Shipboard Audit, this sheet shall be submitted to the Auditor via Designated Person.

An Additional / Follow-up (DNC or NC for UK/REG*) Audit shall be conducted to verify effective actions are taken by the Company and/or Master with in three (3) months.

*REG: Bermuda, British Virgin Islands, Cayman Islands, Gibraltar, Isle of Man

(NC for UK/REG* only)

Corrective Action Report and Application for Follow-up Audit for NC

Date: _____

Designated Person: _____

Signature: _____

I hereby submit Application for Follow-up Audit the Non-conformity(ies) above together with corrective actions taken.

Date _____ **Auditor in Charge** _____ **Signature** _____

Judgment : **Corrective Action Completed** **New NC was raised as corrective actions were incomplete.**