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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 Audit for DNC shall be conducted to verify effective actions are taken by the Company and/or Master with in three (3) months.