Port State Control Rectification Form

Ship Name					
IMO Number					
Call Si	gn				
Flag					
Master's Name					
Date of Inspection					
Port					
Inspector					
Date of Rectification					
Deficiencies and Rectification Details					
No.	Deficiency	Action Taken	Date Rectified	Inspector's Comments	
Remarks					
Master's Signature					
Date					
PSC In	nspector's Si	gnature			