

ISM Annual Master Self-Inspection Template

Vessel Name

IMO Number

Date of Inspection

Inspected By (Name & Rank)

Inspection Checklist

Area / Item	Compliant	Non-Compliant	Comments / Findings
1. Safety Management System Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Emergency Preparedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Maintenance of the Ship and Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Reports and Analysis of Non-Conformities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5. Crew Training and Familiarization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. Health, Safety and Environmental Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Summary of Findings

Required Corrective Actions

