

ISM Maintenance and Equipment Inspection Sheet

Date

Vessel Name

Location

Inspected By

Equipment/Item

Equipment ID/No.

Department

No.	Inspection Point	Status	Remarks	Action Required	Completed By	Date Completed
1		<div></div>				
2		<div></div>				
3		<div></div>				
4		<div></div>				
5		<div></div>				

Inspected By (Name & Signature)

Verified By (Name & Signature)