

ISM Non-Conformity and Corrective Action Record

Vessel / Department:

Date:

Report No.:

Reported By:

Non-Conformity Details

Description of Non-Conformity:

Reference (procedures / regulations):

Immediate Action Taken:

Date Immediate Action Completed:

Root Cause Analysis

Analysis Details:

Corrective / Preventive Action Plan

Action(s) Required	Person Responsible	Target Date	Date Completed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Effectiveness of Corrective Action Verified by:

Date of Verification:

Remarks:

