

ISM Occupational Health and Safety Audit Form

Vessel Name

IMO Number

Date of Audit

Location

Lead Auditor

Audited Department(s)

Audit Checklist

Item	Compliant	Finding/Remarks
1. Safety Policies & Procedures	<input type="text"/>	<input type="text"/>
2. Use of Personal Protective Equipment (PPE)	<input type="text"/>	<input type="text"/>
3. Machinery Safety	<input type="text"/>	<input type="text"/>
4. Risk Assessments	<input type="text"/>	<input type="text"/>
5. Emergency Procedures	<input type="text"/>	<input type="text"/>
6. Training & Drills	<input type="text"/>	<input type="text"/>

7. Accident/Incident Reporting	<input type="text"/>	<input type="text"/>
8. Medical Facilities/First Aid	<input type="text"/>	<input type="text"/>

Observations/Comments

Corrective Actions Required

Auditor(s) Signature

Date