

ISM Safety Management System Evaluation Form

General Information

Vessel Name

IMO Number

Company Name

Date

Auditor Name

Evaluation Criteria

Criteria	Compliance	Comments
ISM Policy Understanding	<input type="text"/>	<input type="text"/>
Reporting Procedures	<input type="text"/>	<input type="text"/>
Emergency Preparedness	<input type="text"/>	<input type="text"/>
Resource & Personnel Competence	<input type="text"/>	<input type="text"/>
Maintenance of Ship & Equipment	<input type="text"/>	<input type="text"/>
Documentation & Records	<input type="text"/>	<input type="text"/>

General Remarks

Auditor's Signature