

ISPS Code Facility Security Assessment Form

Facility Information

Name of Facility

Location

Owner/Operator

Type of Facility

IMO Number

Date of Assessment

Assessment Team

Name(s) and Position(s)

Threat and Vulnerability Assessment

Potential Threats Identified

Identified Vulnerabilities

Existing Security Measures

Area / System	Description of Existing Measures	Effectiveness

Recommendations

Recommended Improvements/Actions

General Remarks

Assessment Approval

Assessor Name

Signature

Date