

Cargo Vessel Safety Audit Form

Vessel & Audit Details

Vessel Name

IMO Number

Audit Date

Location

Auditor(s)

Master's Name

Audit Checklist

No	Item	Compliant (Yes/No/N.A.)	Remarks
1	Safety Management System documentation available and current		
2	Crew familiar with emergency procedures		
3	Lifesaving and firefighting equipment in good condition		
4	Navigation and communication systems operational		
5	Deck areas free from hazards/slip and trip risks		

Observations & Recommendations

Observations

Recommendations

Follow-Up Actions

Description of Actions

Responsible Person(s)

Due Date

Auditor's Signature

Master's Signature