

Small Vessel Security Compliance Checklist

Vessel Name:

Registration/IMO Number:

Date of Inspection:

Inspector Name:

Checklist

Requirement	Compliant	Remarks
Vessel security plan available	<input type="checkbox"/>	
Access control procedures established	<input type="checkbox"/>	
Crew awareness training conducted	<input type="checkbox"/>	
Security equipment operational	<input type="checkbox"/>	
Physical barriers in place	<input type="checkbox"/>	
Visitor log maintained	<input type="checkbox"/>	
Emergency communication available	<input type="checkbox"/>	
Security drills conducted	<input type="checkbox"/>	

Additional Notes:

Inspector Signature:

Date: