

ISM Internal Audit Checklist

Vessel Name	<input type="text"/>	Audit Date	<input type="text"/>
Auditor(s)	<input type="text"/>		
Department/Area Audited	<input type="text"/>		

No.	Audit Checklist Item	Compliant	Observations / Evidence	Non-Conformity / Remarks
1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Comments

Corrective Actions / Follow-Up