

Periodic Load Line Compliance Audit Form

Vessel Name

IMO Number

Audit Date

Auditor Name

Location

Audit Checklist

Audit Item	Compliance (Yes/No)	Remarks
Load line mark clearly visible and permanently marked	<input type="text"/>	<input type="text"/>
Load line certificate valid and on board	<input type="text"/>	<input type="text"/>
Hull integrity maintained as required	<input type="text"/>	<input type="text"/>
Closing appliances in good order (hatchways, doors, etc.)	<input type="text"/>	<input type="text"/>
Openings below deck properly secured	<input type="text"/>	<input type="text"/>
Piping and venting arrangements as per regulations	<input type="text"/>	<input type="text"/>
Deck scuppers/drainage system operational	<input type="text"/>	<input type="text"/>

Non-Conformities Identified

Corrective Actions Taken / Recommended

Additional Comments

Auditor Signature

Date