

PORt STATE CONTROL COMMITTEE INSTRUCTION 58/2025/18

MODEL FORMS FOR PORt STATE CONTROL

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Reporting Authority			
Address			
Telephone			
Email			
Website			

SHIP PARTICULARS

Name		IMO number		Gross tonnage	
Flag		MMSI Number		Old Tonnage	
Type		Date keel laid/ Major conv.		Main engine (KW):	
Call sign		Deadweight		Emission Abatement method	

ISM COMPANY

Name				IMO Company number	
Address		City		Country	

MLC SHIOPWNER

Name					
Address		City		Country	

CHARTERER (only ships carrying liquid or solid cargoes in bulk, pref. 1st charterer record)

Name					
Address		City		Country	
<input type="checkbox"/> Demise Charter	<input type="checkbox"/> Time Charter			<input type="checkbox"/> Voyage Charter	

Name and signature of master to confirm the receipt of the inspection report and to certify that the information on charterer is correct:

Name		Signature	
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*) This inspection report has been issued solely for the purpose of informing the master and other port States that an inspection by the port State, mentioned in the heading, has taken place. This inspection report cannot be construed as a seaworthiness certificate in excess of the certificates the ship is required to carry.

**) Masters, Shipowners and/or Operators are advised that detailed information on the inspection will be reported to the appropriate authorities and organisations and is subject to publication.

***) "Outstanding deficiencies" are listed for information only and will not be taken into account for the calculation of the Ship Risk Profile and Company performance.

Name of ship	IMO number	Date of report	Place of inspection
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Classification Society(ies) responsible for issuance of class certificates					
Issuing entity		date of issue		date of expiry	
Issuing entity		date of issue		date of expiry	

Recognised Organization (s) responsible for issuance of certificates on behalf of the flag State					
Issuing entity					
Issuing entity					

INSPECTION PARTICULARS					
Date of first visit		Place of inspection			
Date report		If detained: Date of issue of detention notice			

Type of inspection					
<input type="checkbox"/> Initial inspection	<input type="checkbox"/> More detailed inspection	<input type="checkbox"/> Expanded inspection	<input type="checkbox"/> CIC		

Operational control (if any)	Additional comment
<input type="checkbox"/> Abandon ship drill	
<input type="checkbox"/> Fire drill	
<input type="checkbox"/> Damage control drill	
<input type="checkbox"/> Enclosed space entry drill	
<input type="checkbox"/> SOPEP drill	
<input type="checkbox"/> SMPEP drill	
<input type="checkbox"/> Emergency steering drill	
<input type="checkbox"/> MOB drill	
<input type="checkbox"/> Rescue boat drill	
<input type="checkbox"/> Other (specify)	

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Name of ship		IMO number		Date of report		Place of inspection	
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Areas inspected	Additional comment
<input type="checkbox"/> Accommodation and galley	
<input type="checkbox"/> Ballast tank(s) from manhole	
<input type="checkbox"/> Ballast tank(s) internal	
<input type="checkbox"/> Cargo area	
<input type="checkbox"/> Decks and forecastle	
<input type="checkbox"/> Engine room	
<input type="checkbox"/> Navigation bridge	
<input type="checkbox"/> Passenger spaces	
<input type="checkbox"/> Steering-room	
<input type="checkbox"/> Vehicle deck	

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Name of ship		IMO number		Date of report		Place of inspection	
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<u>INSPECTION ACTIONS</u>	
Ship related inspection action taken (if any)	Additional comment
<input type="checkbox"/> Inspection suspended	
<input type="checkbox"/> Dismissed on AFS grounds	
<input type="checkbox"/> Excluded on AFS grounds	
<input type="checkbox"/> Ship expelled on security grounds	
<input type="checkbox"/> Ship expelled on other grounds	
<input type="checkbox"/> MARPOL investigation	

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Ship related reporting action taken (if any)	Additional comment
<input type="checkbox"/> Flag State informed	
<input type="checkbox"/> RO informed	
<input type="checkbox"/> Next port informed	
<input type="checkbox"/> Coastal State informed	
<input type="checkbox"/> ILO informed	
<input type="checkbox"/> Shipowner & seafarer organisation informed	
<input type="checkbox"/> Flag state requested to submit action plan within	
<input type="checkbox"/> Other authority informed	
<input type="checkbox"/> Overriding factor	
<input type="checkbox"/> Observations to inspection	

<u>DEFICIENCIES</u>	<input type="checkbox"/> no	<input type="checkbox"/> yes (see attached FORM B)
<u>OUTSTANDING DEFICIENCIES</u>	<input type="checkbox"/> no	<input type="checkbox"/> yes (see attached copy of FORM B from previous inspection(s))
<u>SUPPORTING DOCUMENTATION</u>	<input type="checkbox"/> no	<input type="checkbox"/> yes (see annex)

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PORt STATE PARTICULARS							
Head office/District office				Telephone			
Address				E-mail			
Name(s) of duly authorized PSCO('s) of reporting authority)		signature			visit date		

This report must be retained on board for a period of at least three years and must be readily available for consultation by Port State Control Officers at all times.

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Name of ship		IMO number		Date of report		Place of inspection	
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DEFICIENCIES FOUND AND FOLLOW UP ACTION										
Nr.	Code	Defective item	Nature of defect ¹	Convention ref.	Action taken	Due date	Ground for detention	Accidental damage ²	ISM related	Additional comments
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

¹ This inspection was not a full survey and deficiencies listed may not be exhaustive. In the event of a detention, it is recommended that a full survey is carried out. All deficiencies should be rectified before an application for re-inspection is made.

² Deficiencies marked as Accidental Damage are not taken into account for calculating the company performance and the Ship Risk Profile.

Name of ship		IMO number		Date of report		Place of inspection	
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DEFICIENCIES FOUND AND FOLLOW UP ACTION										
Nr.	Code	Defective item	Nature of defect ³	Convention ref.	Action taken	Due date	Ground for detention	Accidental damage ⁴	ISM related	Additional comments
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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⁴ Deficiencies marked as Accidental Damage are not taken into account for calculating the company performance and the Ship Risk Profile.

Name of ship	IMO number	Date of report	Place of inspection
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<i>Name(s) of duly authorized PSCO('s) of reporting authority)</i>	<i>signature</i>	<i>visit date</i>

Name of ship		IMO number		Date of report		Place of inspection	
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OUTSTANDING DEFICIENCIES FOUND

Name of ship	IMO number	Date of report	Place of inspection
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<i>Name(s) of duly authorized PSCO('s) of reporting authority)</i>	<i>signature</i>	<i>visit date</i>

No.

The undersigned:

duly authorized officer of the {.....} *Shipping Inspectorate* herewith notifies you that
the ship: “.....”, callsign,
IMO number:....., gross tonnage ,
port of registry:....., flagstate ,
type of ship:....., date on which keel was laid:,
owner:....., master ,
agents:....., classification society/RO ,
berthed at:

has been detained in accordance with the provisions of article {..} of the { } Port State
Control Act (Official Collection, 19.., no.),

on account of:

- one or more of the criteria for detention set out in Annex X of Council Directive 2009/16/EC of 23 April 2009 (Official Journal of the European Communities No L 131);
- crew members being unable to provide proof of professional proficiency for the duties assigned to them as mentioned in article 12 of Council Directive 2008/106/EC of 19 November 2008 (Official Journal of the European Communities No L 323);
- master or crew unable to comply with operational requirements as contained in the Conventions mentioned in article {..} of the Port State Control Act;
- other deficiencies which, individually or together, are clearly hazardous to safety, health or environment;
- the fact that the Port State Control Officer was obstructed in the execution of his duty.

For further details see the Report of Inspection forms A & B enclosed to this notice for the master.

In accordance with the provisions of article {..} of the Port State Control Act it is prohibited to shift the ship to another berth without the prior consent of the Port State Control Officer, or to proceed to sea without a proper Notice of Release of ship from detention.

Place: Date:

The above mentioned officer:

Appeal p.t.o.

Flag State / Consulate
Classification society/recognised organization Fax
no.
E-mail

Number of pages, incl. this

Dear Sir / Madam,

[Ship's name, flag, IMO No.] – Detention of ship

The Maritime Authority have on [date] carried out an inspection of the above ship at [Port, country].

The ship is detained at [time of detention] hours due to the following detainable deficiencies:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Enclosed please find a copy of the Report of inspection forms A & B and the Notice of detention for the Master**.

For further inquiries, please contact: [Name and contact details]

Yours faithfully,

Flag State / Consulate
Classification society/recognised organization Fax
no.
E-mail

Number of pages, incl. this

Dear Sir / Madam,

[Ship's name, flag, IMO No.] – Release of ship

The Maritime Authority have on [date] carried out a re-inspection of the above ship at [Port, country].

The ship was released at [time of release] hours.

[Insertion of free text, if any]

Enclosed please find a copy of the Report of inspection forms A & B.

Yours faithfully,