|  |
| --- |
| **1) Vessel/Ship: Date:** |
| **2) Location: Ref No:** |
| **3) Category: 1. 2. 3. \*\*\* (For Office Use Only)** |
| **4) Defect Details:** |
|  |
| **5) Direct cause (s) of defect:** |
|  |
| **6) Originator Comments (i.e. Master’s, Chief Engineer’s):** |
|  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Reported By:**  **Name / Position:** | | | | | **Signature:** | **Date:** |
| Target close out Date proposed by the Superintendent & Remark |  | | | | | |
| **Acknowledged by**  **Dept. Manager(Name):** | | **Signature:** | **Date:** | **Comment if any :** | | |

|  |
| --- |
| **7) Corrective Action(s) Taken and root cause(s) analysis-**  **: i.e. corrective action(s) were taken on board or outside the workshop-attach the service report** |
|  |

|  |  |  |
| --- | --- | --- |
| **Defect rectified & Completed by Name / Position:** | **Signature:** | **Date:** |
| **The rectification accepted by Vessel Staff**  **Name / Position:** | **Signature:** | **Date:** |
| **The Defect Rectification Approved by Dept Manager:** | **Signature:** | **Date:** |
| **8) A generalization based on experience (lesson(s) learned):** | | |
|  | | |

**\*\*\* 1. Low Level Defects: Defects Of Auxiliary Equipments.**

**2. Medium Level Defects: Defects Of Machinery Equipments.**

**3. High Level Defects: Break Down Of Critical Equipments/Safety Equipments.**