master’s S&QMS REVIEW

reference [Fleet Ops](http://srv-glas301:82/Leisure/content/parent%20category%20topics/procedures%20and%20operations/fleet_ops.htm) > [1.0 Shipboard Administration](http://srv-glas301:82/Leisure/content/parent%20category%20topics/procedures%20and%20operations/ship_admin.htm) > 1.1 Quality and Document Control > [1.1.6 Masters Review of the VMS](javascript:void(0);)

(To be attached to the Master’s Handing Over Form)

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| --- | --- | --- | --- | --- |
| **VESSEL NAME** |  | | | |
| **MASTER**  (name and signature) |  | |  | |
| **EMBARKATION DATE** |  | DISEMBARKATION DATE | |  |

This form must be completed by the Master at the end of his period aboard and sent to the Company attached to the Master’s Handing Over Form OP20 before the Master signs off the vessel, preferrably via email

If non–conformities are raised against Company procedures VMS Shipboard Non-conformance Report form SAF 23 should be completed and attached.

Feed-back from Officers via the Shipboard Management Meeting, and Safety, Environmental Protection and Public Health Committee Meeting must also be included.

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| **Ref. ISM Code 5.1.5** |

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| **Implementation of the Company Policy relevant to safety, quality and environmental protection** |
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| **Analysis and effectiveness of the VMS procedures** |
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| Evaluation of internal and external audit results and safety inspections (Company, Flag State, Port State etc.) |
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| Non conformities and proposed corrective action (attach S&QMS Shipboard Non-conformance Report) |
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| **Recommendations for improvement to the S&QMS** |
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| --- | --- | --- | --- |
| Date |  | The Master  (name and signature) |  |

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| Company/DPA feed-back and follow up: |
| Remarks:  Date: Name & signature |

Note: Where Company/DPA comments are required in response to points raised, this form will be returned to the vessel to be attached to the original in the file.