

DEPARTMENT OF HOMELAND SECURITY  
U.S. COAST GUARD  
**PORT STATE CONTROL REPORT OF INSPECTION - FORM A\***

In accordance with the IMO's Procedures for Port State Control

MISLE Activity Number: <b>7867368</b>		Exam Type: <b>COC CHEM TVE ANN, PSC B</b>	
1. Reporting Country: United States of America		2. Name of Ship: <b>STI DONALD C TRAUSCHT</b>	
3. Flag of Ship: <b>MARSHALL ISLANDS</b>		4. Ship Type Code: <b>30</b>	5. Call Sign: <b>VNE2</b>
6. IMO Number: <b>9794422</b>		7. Gross Tonnage: <b>29804</b>	8. Deadweight: <b>49994</b>
9. Yr. of Build: <b>2015</b>	10. Date of Inspection: <b>20 FEB 24</b>	11. Place of Inspection: <b>IMTT</b>	
12. Classification Society: <b>American Bureau of Shipping</b>		13. Detention Info**: a) Date/Time Imposed: b) Date/Time Released:	
14. Ship Management Information (include address): <b>Scorpio Marine Management Private Limited Scorpio House, Central Avenue, Hiranandani Business Park, Powai Mumbai, 400 076, India</b>			
Charterer (include address):			
ISM DOC Company w/IMO Company #: <b>Scorpio Marine Management Private Limited 5562457</b>			
Owner w/IMO Company #: <b>STI DONALD C TRAUSCHT SHIPPING COMPANY LIMITED 5958339</b>		Operator w/IMO Company #: <b>SCORPIO MARINE MANAGEMENT PRIVATE LIMITED 5562457</b>	

15. Relevant Certificates/Documents\*\*:

a) Name	b) Issuing Authority	c) Date of Issue and Expiry
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

d) Information on last intermediate or annual survey/audit \*\*

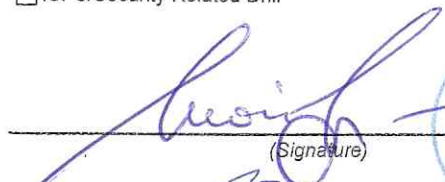
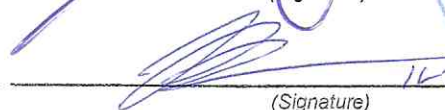
Date	Surveying/Auditing Authority	Place
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

Check all applicable for 16-20 below:

16. Deficiencies Identified: <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	17. Major Control Action: <input checked="" type="checkbox"/> No <input type="checkbox"/> Detention <input type="checkbox"/> Expulsion <input type="checkbox"/> Denial of Entry	If denied entry, reason: <input type="checkbox"/> Safety <input type="checkbox"/> Security
18. Exam Category: <input type="checkbox"/> PSC A <input checked="" type="checkbox"/> PSC B <input type="checkbox"/> Other	19. Drills Conducted? <input checked="" type="checkbox"/> No <input type="checkbox"/> Fire Drill <input type="checkbox"/> Abandon Ship Drill <input type="checkbox"/> ISPS/Security Related Drill	
20. Exam Score: <span style="border: 1px solid black; padding: 2px;">N/A</span>		

Copy provided to: **Capt. OLEG Stierko**  
(Printed name of Master/Vessel Representative)

Duly Authorized PSCO: **LT Brandon Dean**  
(Printed name of Duly Authorized PSCO of Reporting Authority)

 (Signature)  
 (Signature)



Issuing Unit Name, Address, and E-Mail: U.S. Coast Guard Sector New York 212 Coast Guard Drive Staten Island, NY 10305 Sectornewyorkvdo@uscg.mil	Copies forwarded to (Check as appropriate): <input type="checkbox"/> Agent <input type="checkbox"/> Ship Management <input type="checkbox"/> Flag State <input type="checkbox"/> Recognized Organization <input type="checkbox"/> Recognized Security Organization	Reviewed by Supervisor Name: _____ Date: _____ Signature: _____

\* This inspection report has been issued solely for the purposes of informing the master and other port States that an inspection by the USCG has taken place. This inspection report shall not be construed as a seaworthiness certificate in excess of certificates the ship is required to carry.  
 \*\* To be completed in the event of a detention.