



# ST. VINCENT AND THE GRENADINES

## MARITIME ADMINISTRATION

### CIRCULAR N° FSI 004

#### MONITORING RECTIFICATIONS OF DEFICIENCIES REPORTED DURING AN ANNUAL FLAG STATE INSPECTION

**TO: SHIPOWNERS & SHIPS' OPERATORS & MANAGERS  
SURVEYORS TO FLAG STATE ADMINISTRATION  
RECOGNIZED ORGANIZATIONS**

**APPLICABLE TO:** All vessels (over 500 GT)  
**ENTRY INTO FORCE:** Date of this Circular

Monaco, 31<sup>st</sup> March 2009.

Managing Companies/Owners are requested to inform Saint Vincent and the Grenadines Maritime Administration about the rectification of all deficiencies reported during an Annual Flag State Inspection **within 15 or 30 days** from the date of the inspection as indicated on the Annual Flag State Inspection Report.

After consultation and confirmation from the Master, each deficiency should be reported by the Managing Company on the annexed Form.

St Vincent and The Grenadines Maritime Administration may instruct the Owners/Managing Company concerning the rectification of deficiencies which should be rectified **prior departure**. Each deficiency should also be reported on the form annexed herewith and submitted to Saint Vincent and the Grenadines Maritime Administration prior the vessel's departure from the port of inspection.

Please note that the annexed Form showing the rectification of each deficiency should be e-mailed by the Managing Company/Owners to [qualtech@svg-marad.com](mailto:qualtech@svg-marad.com) and [technical@svg-marad.com](mailto:technical@svg-marad.com).



# ST. VINCENT AND THE GRENADINES

MARITIME ADMINISTRATION

## ANNUAL FLAG STATE INSPECTION

### MONITORING RECTIFICATIONS OF DEFICIENCIES AND PREVENTING THEIR RECURRENCE

Ship's name		Official Number	
Place of Inspection		IMO	
Date of Inspection		Managers/Operators	

**NOTE: ONE DEFICIENCY PER PAGE**

1. Detailed description of deficiency*:
2. Way of rectifying the deficiency (please also indicate the date its rectification)*:
3. Root Cause of deficiency*:
4. Corrective action(s) taken to prevent the recurrence*:
5. Preventive action (if any):

**\* COMPULSORY ENTRY**

**THE ORIGINAL OF THIS DOCUMENT SHOULD BE KEPT ON BOARD TOGETHER WITH THE  
PERTAINING ANNUAL FLAG STATE INSPECTION REPORT.**

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Name and signature of Operator/DPA