

To: NIPPON KAIJI KYOKAI _____ Office (Fax. No. _____)

Attn.: _____ (Auditor)

Company's Name:	ID No.
Ship's Name:	SSO:

Corrective Action Plan for NC / DNC**

Page: /

* Delete as appropriate

Date: _____

Company Security Officer: _____
()

I hereby submit corrective action plan for the Non-conformity or the downgraded Non-conformity, specified by the above Record No., to implement the necessary corrective action as follows;

Please itemize actions to be taken together with scheduled date of each action.

Description of NC or DNC :

Identification of Root Cause of NC or DNC :

Rectification of NC or DNC :

Schedule of Audit for confirmation of rectification : by ____/____/____

* Delete as appropriate.

Notes) - CAP shall be prepared for each NC, using this form.

- This sheet shall be submitted from CSO to the Auditor by ____/____/____. (within two (2) weeks)
- In case where NC could not be rectified before departure, an audit for confirmation of rectification shall be applied by the agreed due date between CSO/SSO and the Auditor.
ISSC shall not be issued until the rectification of NC is confirmed by an Auditor to NK.

Receipt of Corrective Action Plan (This column is to be filled up by the Auditor in charge)	
I duly receipt the Corrective Action Plan. As the result of review, I would agree with the proposed plan.	Auditor in charge _____ ()