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| CONFIDENTIAL WHEN COMPLETE | | | | | | | | | |
| *See over for guidance. Photocopies of this document may be used* | | | |  |  |  |  |  |  |
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| Name & Initials | |  | | |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| Sheet 1 | of 1 |  | OMCS ID No. |  |  |  |  |  |  |
| PLEASE USE BLOCK LETTERS | | | (where Applicable ) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| 1.Date | 2.Duration of | | 3.• Audited company name | 4.Role in Audit | 5.Total | 6.Audit Standard | 7.Type of Audit | 8.Veriﬁcation by Auditee or employer. | 9.Audit carried |
| (DD/MM/YY) | Audit in days | | • Complete address | • Lead Auditor | number | (ISM /ISPS CODE | (Initial/Renewal, | • Company name | on behalf of |
|  |  |  | • Auditee contact name | • Sole Auditor | in team | IMO Res, etc.) | Annual/Intermediate, | • Signature |  |
|  | On-site | Off-site | • Telephone/Fax number | • Auditor |  |  | Provisional, Type / | • Contact name |  |
|  | Time | Time | • E-mail address | Provisional Auditor |  |  | Service Approval) | • Position within organisation |  |
|  |  |  | • Size of organisation |  |  |  |  | • Contact Telephone/Fax number |  |
|  |  |  | (e.g. number of people employed) |  |  |  |  | • E-mail address |  |
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