



PANAMA MARITIME AUTHORITY
Directorate General of Merchant Marine

Merchant Marine Circular No. 172

To: Legal Representatives, Masters, Owners/Operators of Panamanian Flagged Vessels and Recognized Organizations.

Subject: Correction of Deficiencies found in PSC Inspections

References: Law N°. 2, 1980
Circular 103-02-1397-DGMM-NSM
SOLAS, Chapter I, Part B, Rule 11, A y C

1. In order to improve the exchange of information regarding Port State Control (PSC) Inspections to Panamanian Flagged vessels, this Administration requires to all Masters, Owners/Operators and Recognized Organization to report immediately to our Port State Control Section, all PSC inspections reports.
2. This procedure shall be included in the ISM manual of the vessels.
3. The actions taken by the operators/owners to correct the deficiencies found during PSC inspections must be send, duly documented, as soon as possible to the section mentioned on the previous paragraph.
4. The Recognized Organization shall send the survey report to the Port State Control section in cases where the attendants of the Recognized Organizations are required by the port state control officers.
5. Please be advised that the correction of deficiencies shall be sent by the Masters, Operators/Owners using the format in appendix I of this Merchant Marine Circular: "Correction of Deficiencies Reports" Form (F-JERP-02-01).

6. The contact details of this section are as follows:

Phone: (507) 501-5092 / 501-5094 / 501-5033

Fax: (507) 501-5083

Email: psc@amp.gob.pa

July, 2008

Inquiries concerning the subject of this Circular or any request should be directed to:

Directorate General of Merchant Marine

Panama Maritime Authority

Phone: (507) 501-5031 / 501-5033

Fax: (507) 501-5083



**PANAMA MARITIME AUTHORITY
GENERAL DIRECTORATE OF MERCHANT MARINE
NAVIGATION AND MARITIME SAFETY DEPARTMENT
PORT STATE CONTROL SECTION**

MONITORING AND CORRECTION OF DEFICIENCIES

Name of ship:

IMO Number:

**Recognized Organization or
Company Name:**

Place of Inspection: _____

Date of Inspection: _____

A. Deficiencies Description:

B. Correction of Deficiencies:

C. Source of the Deficiencies:

D. Corrective actions taken to prevent recurrence:

Note: If necessary, you can use additional annexes, using the corresponding letter boxes to explain. correspondiente a explicar.

**Name and Signature
Operator or RO
Stamp**

Pagina 1 de 1

F-IERP-02-01 / Version 00

Elaborado: enero de 2008