



PANAMA MARITIME AUTHORITY
General Directorate of Merchant Marine

Merchant Marine Circular No. 201

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

Subject: Correction of Deficiencies found in ASI Inspections

References: Law N°. 39, 1976
Decree-Law No. 56, October 08, 1976

1. In order to improve the exchange of information regarding Annual Safety Inspections (ASI) to Panamanian Flagged vessels, this Administration requires to all Masters, Owners/Operators to report to our Flag State Section the corrections of deficiencies raised due to an Annual Safety Inspections within the next 30 days, as it is stated on the ASI Form, Page No. 8 to the following email address: marsegur@amp.gob.pa
2. This procedure shall be included in the vessel's ISM manual.
3. The actions taken by the operators/owners to correct the deficiencies found during ASI inspections must be send, duly documented (pictures, if it is required), as soon as possible to the section mentioned on the previous paragraph.
4. 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: "Monitoring and Correction of Deficiencies Reports" Form (F-IASI-01-01).
5. The contact details of this section are as follows:

Phone: (507) 501-5084 / 501-5034 / 501-5033
Fax: (507) 501-5083
Email: asi@amp.gob.pa

February, 2009

Inquiries concerning the subject of this Circular or any request should be directed to:
General Directorate 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
FLAG STATE SECTION**

MONITORING AND CORRECTION OF DEFICIENCIES

Name of ship: _____ IMO Number: _____
Operator or _____ Place of Inspection: _____
Company Name: _____ 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.

Name and Signature
Operator
Stamp