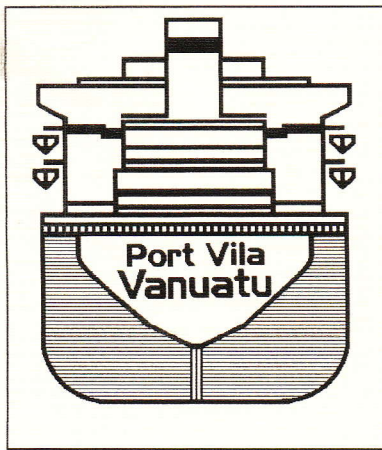




Marine Bulletin No. 114
22 April 2013

VANUATU MARITIME SERVICES LTD.
39 BROADWAY, SUITE 2020
NEW YORK, NEW YORK 10006
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EMAIL: EMAIL@VANUATUSHIPS.COM

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

Subject: Reporting of Port State Control Inspections and Detentions

References:
SOLAS, Chapter I, Part B, Rule 11, A and C

1. In order to improve the exchange of information regarding Port State Control (PSC) Inspections to Vanuatu 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 Safety Department section in cases where the attendants of the Recognized Organizations are required by the port state control officers.
5. All Vanuatu Vessel owners reporting a Detention by PSC should forward in addition to this form, the PSC form provided by the PSC inspector in addition to the name and contact details of said PSC office.
6. Please be advised that the correction of deficiencies shall be sent by the Masters, Operators/Owners using the format in appendix I of this Marine Bulletin No. 114.

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

Phone: (212) 425-9600

Fax: (212) 425 9652

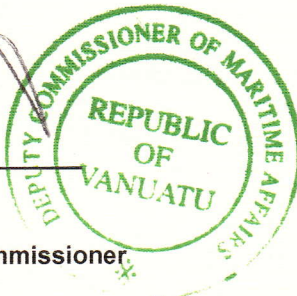
Email: email@vanuatuships.com



Submitted By:
Matthew Bonvento
Senior Manager Safety, Security, Regulatory
and Quality Compliance



Approved by:
Patrick Michael DeCharles II
Executive Vice President
By Direction of the Deputy Commissioner
of Maritime Affairs
Republic of Vanuatu



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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.

**Name and Signature
Operator or RO
Stamp**