



TUVALU SHIP REGISTRY

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Form SOLAS (Safety Checklist)

Notes:

1. This checklist is to facilitate the inspection of safety equipment as required by SOLAS Convention, Chapter III, Regulation 20.6 and 20.7 and other parts of SOLAS. Guidance to this checklist can be found in Tuvalu Marine Circular MC-8/2005/12/2b.
2. The Administration strongly recommends the use of this format or a company sponsored planned maintenance system.

Vessel Name	IMO Number	Official Number
Operator / Agent		Date
Name of Master	Name of Safety Officer	

SHIP MAINTENANCE

CHECK LIST I – SAFETY MANAGEMENT SYSTEM

(Applicable to all vessels with a valid Safety Management Certificate)

ITEM		Date of Referenced Audit(s)	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>
		SOLAS 74/78 Reference	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>
1.	Valid Safety Management Certificate on board	Chapter IX, Annex I Regulation 6.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Evidence of a Safety Management System on board	Chapter IX, Annex I Regulation 5.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Evidence of internal audits being conducted	Chapter IX, Annex I Regulation 5.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Deficiencies and non-conformities reported to DPA, RO and Administration	Chapter IX, Annex I Regulation 5.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Evidence of Company assisting in correcting deficiencies	Chapter IX, Annex I Regulation 5.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Master aware of his responsibilities under the ISM Code	Chapter IX, Annex I Regulation 5.0	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECK LIST II – PRIMARY LIFESAVING EQUIPMENT / SURVIVAL CRAFT

ITEM		Weekly Date of Exams	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>
		SOLAS 74/78 Reference	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>
1.	Operational Readiness	III / 20.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Survival Craft	III / 10 – 17 LSA Code Chapter IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Required Type & Number per Certificate	III / 20, 23-24 or III / 28, 31, LSA 4.1.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Embarkation Area, Lighting, No obstructions		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Davits/Launching Gear		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Instructions Posted		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Lifeboats	LSA 4.4 – 4.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Condition	LSA 4.4.8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Required Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4.	Liferafts	LSA 4.1 – 4.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Condition	III / 24 LSA 4.1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Stowage / Launching Gear		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Required Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Rescue boats	LSA 5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Condition	III / 14 & 17 LSA 5.1 – 6.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Required Equipment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Communication	III / 6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• VHF Radiotelephone	III / 6.2 & IV or III / 6.2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• EPIRB/Batteries		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Radar Transponder		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Location / Mounting		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	Visual Signals	III / 6.3 & LSA 3.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Emergency Alarms	III / 6.4 & LSA 7.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	Line-Throwing Apparatus	III / 18 & LSA 7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Training / Drills	III / 12, 30 & 35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	Maintenance / Instructions	III / 36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	Muster List & Emergency Instructions	III / 37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECK LIST III – PERSONAL LIFESAVING EQUIPMENT / SURVIVAL CRAFT

		Monthly Date of Exams					
ITEM		SOLAS 74/78 Reference	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>
1.	Operational Readiness	III / 20.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Lifebuoys	III / Regulation 7.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Required Number	III / 22.1 or 32.1 LSA 2.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Locations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Markings / Reflective Material		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Quick Release		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Lights / Smoke		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Lifelines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	Lifejackets	Chapter III / Regulation 7.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Required Number	III / 22.2 or 32.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Locations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Condition	LSA 2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Markings / Reflective Material		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Lights / Whistles		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Immersion Suits	III / 7.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Required Number	III / 22.3 or 32.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Locations		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Condition (See attached Annex II)	LSA 2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECK LIST IV – FIREFIGHTING EQUIPMENT

		Date of monthly exams or weekly drills					
ITEM		SOLAS 74/78 Reference	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>
1.	Ready availability	II / 14.2.1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Operation of Dampers, Vents, Fans & Remote Control	II / (various)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Firemain Integrity (weekly)	II-2 / 10.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Pumps (Operations)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Stations (Fully Outfitted)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Fixed Extinguishing Systems	II-2 / 10.4 – 10.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Carbon Dioxide / Halon (Proof of biennial servicing & annual inspection)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Foam (Proof of Periodic Sample Testing)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Portable Extinguishers	II-2 / 10.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Number		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	Fire Detection Systems	II-2 / (various)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Operational		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Alarms		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7.	Fire Fighters Outfits	II-2 / 10.10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Required Number		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Complete		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	Fire Control Plans	II-2 / 15.2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	International Shore Connection	II-2 / 10.2.1.7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	Vertical Fire Zone Boundaries	II-2 / (various)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Intact		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Fire Doors		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	General Fire Prevention	II-2 / 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Housekeeping / Stowage / Flammable Stores		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Instructions Posted		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECK LIST V – NAVIGATION SAFETY EQUIPMENT

ITEM		Monthly Date of Exams SOLAS 74/78 Reference	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>
1.	Navigation Equipment	V / 16, 19.2 & 20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Operational Radar, ARPA, Gyro, RDF, Echo Depth sounder, VDR etc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Charts, Notices to Mariners, Publications up-to-date, Logbooks	V / 27 & 28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Pilot Transfer Arrangements	V / 23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CHECK LIST VI – POLLUTION PREVENTION EQUIPMENT

ITEM		MARPOL 73/78 Reference	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>	Check Box <input type="checkbox"/>
1.	Oil Record Book(s) onboard	Annex I / Reg.20 and/or Annex II / Reg.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Complete		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	• Up-to-date		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Discharge Monitoring Equipment	Annex I / Reg.16 & Annex II / Reg.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Sewage Discharge	Annex IV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Garbage Discharge	Annex V	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Emissions Control	Annex VI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Remarks

Corrective Action Needed

Signature of Master	Signature of Safety Officer
Date:	Date: