

CORRECTION REPORT	THE STREAMLINED INSPECTION PROGRAM (SIP): PROGRAM GUIDANCE	Section: VI.C Page: Instruction
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The **Correction Report (CR) Form** is relatively self-explanatory. One is to filled-out anytime a deficiency is found in a vessel system required to be inspected in accordance with the Vessel Action Plan (VAP). A CR is to completed whether or not the item is repaired on the spot or remains outstanding.

In order to prepare the form, the Company SIP Agent will:

- Fill in all of the blanks on the form with the appropriate information.
- Copies of all CRs for the last annual USCG oversight inspection interval are to be provided to the Coast Guard Marine Inspector.
- The “show stopper” items identified in the VAP will require the USCG to be immediately notified and repairs made before the vessel goes back into service.

Controlling Authority:	G-MOC	Releasing Authority:	G-M	Revision Date:	27 JAN 99	Document ID	NVIC 2-99
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STREAMLINED INSPECTION PROGRAM CORRECTION REPORT

Vessel Name: M/V SIP CR EXAMPLE **Official Number:** D123456

Company: SIP EXAMPLE LINES **Phone Number:** (123) 456-7890
Company SIP Agent: *Mr. Joe Smithson*

DEFICIENCY

ICR Number: A.08.b **Deficiency Code:** 9900

Description: Markings on PFD Lockers has become worn to the point where they cannot be easily read. OCMI and discussed deficiency. OCMI will allow 14 days to renew ring buoy

Date Discovered: 6/23/98 **Date correction required:** 7/08/98

Individual initiating Correction Report: Captain I. Bruer

Corrective Action: Re-stencil markings identifying PFD lockers.

Date corrected: 6/28/98

Individual correcting Correction Report: Captain J. Bruer

STREAMLINED INSPECTION PROGRAM CORRECTION REPORT

Vessel Name: _____	Official Number: _____
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Company: _____ Phone Number: (____) _____
Company SIP Agent: _____

DEFICIENCY

ICR Number: _____	Deficiency Code: _____
Description: _____ _____ _____ _____ _____	
Date Discovered: ___/___/___	Date correction required: ___/___/___
Individual initiating Correction Report: _____	

Corrective Action: _____ _____ _____ _____ _____
Date corrected: ___/___/___
Individual correcting Correction Report: _____