PENGELUARAN SIJIL PENUH DOKUMEN KEPATUHAN (*Document of Compliance - Full Term*)

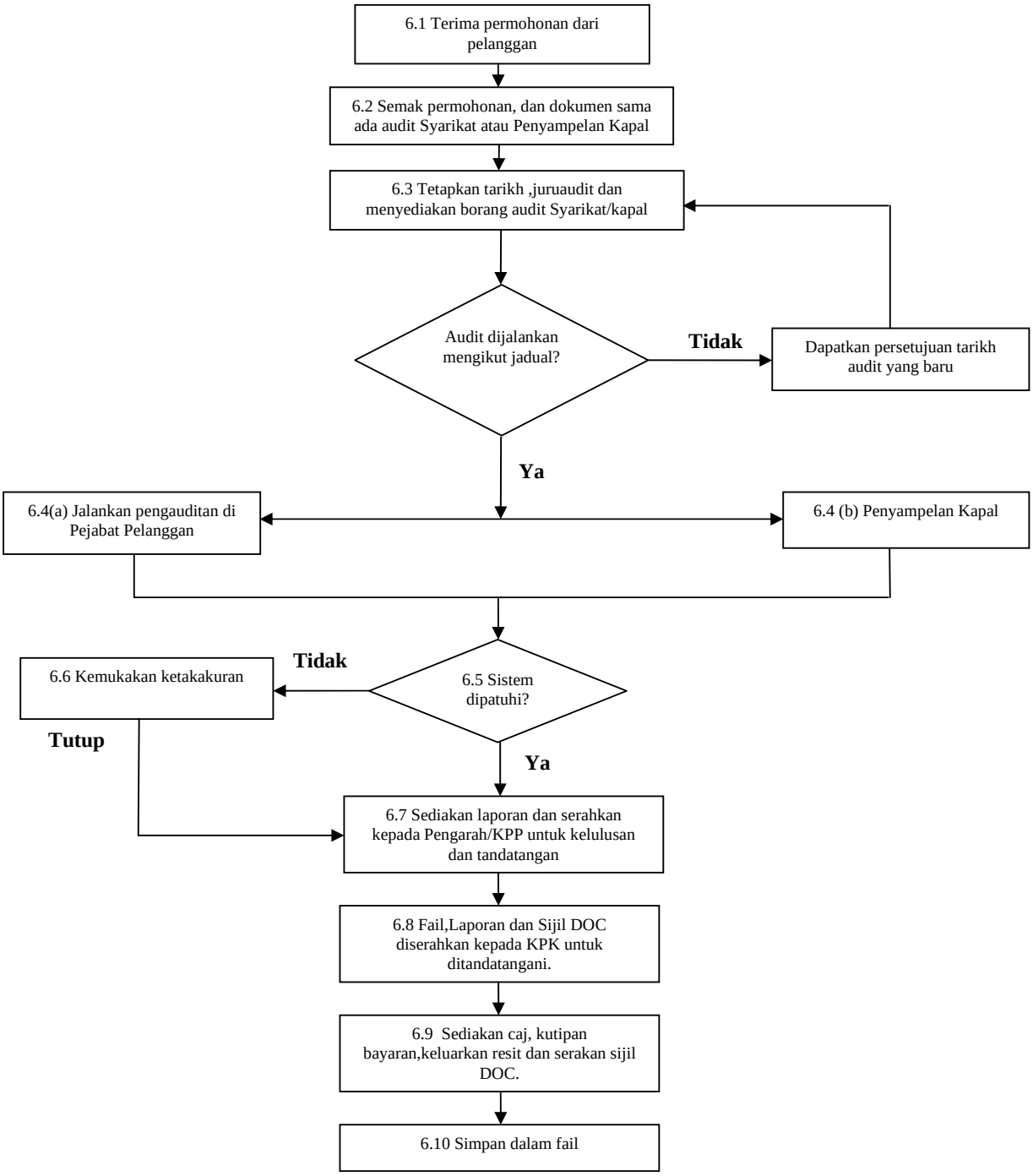
PT-BKI-12

Rekod Pindaan.

Pindaan	Tarikh	Huraian Pindaan
-	01/07/2009	Keluaran baru berdasarkan kepada MS ISO 9001:2008

Carta Alir

Pengeluaran Sijil Penuh Dokumen Kepatuhan (DOC)



1. OBJEKTIF.

Prosedur ini menerangkan tanggungjawab dan tindakan oleh pegawai-pegawai yang terlibat di dalam menjalankan pengauditan awal, pengauditan pembaharuan, penyampelan kapal sehinggalah kepada pengeluaran Sijil Dokumen Kepatuhan kepada pelanggan.

2. SKOP.

Prosedur ini hanya digunapakai bagi pengauditan yang berkaitan dengan Pensijilan Sijil Dokumen Kepatuhan (*DoC*) di bawah Kod ISM.

3. TANGGUNGJAWAB.

Pengarah Bahagian Kawalan Industri bertanggungjawab secara keseluruhan dalam menyelaras urusan pemprosesan Sijil Dokumen Kepatuhan. Proses pengauditan pelanggan di pejabat atau di kapal hendaklah dihadiri sekurang-kurangnya seorang KJ dan seorang juruaudit.

4. RUJUKAN.

4.1 Manual Kualiti.

4.2 Notis Pekapalan Malaysia.

4.3 Ordinan Perkapalan Saudagar 1952.

4.4 Arahan Perbendaharaan yang berkaitan dengan kutipan hasil AP60-AP91.

4.5 *The International Management Code for the Safe Operation of Ships and for Pollution Prevention (International Safety Management (ISM) Code. Resolution A741(18).*

4.6 *Guidelines On Implementation of The International Safety Management (ISM) Code by Administration. Resolution A788(19).*

4.7 *Chapter IX of SOLAS Convention '74 as amended.*

5. DEFINASI/SINGKATAN.

5.1	KPK	- Ketua Pemeriksa Kapal (Ketua Pengarah).
5.2	Pengarah	- Pengarah Bahagian Kawalan Industri.
5.3	KPP	- Ketua Penolong Pengarah, Unit Pengurusan Keselamatan Kapal.
5.4	PLK	- Pegawai Laut Kanan.
5.5	PL	- Pegawai laut.
5.6	KJ	- Ketua Juruaudit yang dilantik.
5.7	Juruaudit	- Juruaudit yang dilantik.
5.8	PT	- Pembantu Tadbir, Unit Pengurusan Keselamatan Kapal.
5.9	Pelanggan	- Syarikat atau Kapal.
5.10	DOC	- Dokumen Kepatuhan.
5.11	Kod ISM	- *The International Management Code for The Safe Operation of Ships and for Pollution Prevention (International Safety Management (ISM) Code.*
5.12	SPK	- Sistem Pengurusan Keselamatan.

6. PROSEDUR.

TANGGUNGJAWAB	TINDAKAN
	Pengeluaran Sijil Penuh Dokumen Kepatuhan.
PT	6.1 Terima surat dan Borang Permohonan dari pelanggan. Majukan bersama fail pelanggan kepada KPP/PLK.
KPP/PLK	6.2 Semak permohonan pelanggan sama ada audit kepada syarikat atau penyampelan kapal.
KPP/PLK	6.3 Tetapkan tarikh, Ketua Juruaudit dan Juruaudit. Surat makluman dihantar ke pelanggan dan salinan kepada juruaudit-juruaudit yang terlibat. Fail pelanggan dan borang-borang yang diperlukan (Lampiran 8) akan diserahkan kepada KJ yang dilantik.
KJ/Juruaudit	6.4 (**a**) Hadir ke pejabat pelanggan pada tarikh yang dipersetujui untuk menjalankan pengauditan. Semak SPK pelanggan bagi memastikan memenuhi keperluan Kod ISM. (**b**) Hadir ke kapal yang berkenaan pada tarikh yang dipersetujui untuk menjalankan pengauditan. 6.5 Sekiranya terdapat elemen-elemen Kod ISM yang tidak dipatuhi, KJ/Juruaudit akan memberi status Ketakakuran (*Non Conformity*) pada elemen yang berkaitan. 6.6 Laporan ketakakuran hendaklah ditutup dalam tempoh masa yang telah dipersetujui.
KJ/Juruaudit/ KPP/Pengarah	6.7 Setelah ketakakuran ditutup, satu laporan pengauditan perlu disediakan dan majukan kepada Pengarah/KPP untuk kelulusan dan ditandatangan.

KPK	6.8 Serahkan laporan yang telah ditandatangani, Sijil *full term* DOC (tidak melebihi 5 tahun) dan fail yang berkenaan kepada Ketua Pemeriksa Kapal untuk ditandatangani.KPK bertanggungjawab mentandatangani Sijil *full term* DOC.
PT	6.9 Sediakan caj bagi pengauditan, kutip bayaran dan serahkan Sijil DOC kepada pelanggan. 6.10 Salinan sijil dan dokumen berkaitan disimpan dalam fail.

7. REKOD.

Bil.	Rekod	Lokasi	Tempoh Simpanan
7.1	Application Form	Fail Pelanggan	Dua (2) tahun selepas syarikat tidak aktif.
7.2	Ship/ Company Audit Report	Fail Pelanggan	Dua (2) tahun selepas syarikat tidak aktif.
7.3	Attendance Record	Fail Pelanggan	Dua (2) tahun selepas syarikat tidak aktif.
7.4	Non Conformity Report	Fail Pelanggan	Dua (2) tahun selepas syarikat tidak aktif.
7.5	Observation Report	Fail Pelanggan	Dua (2) tahun selepas syarikat tidak aktif.
7.6	Audit Note	Fail Pelanggan	Dua (2) tahun selepas syarikat tidak aktif.
7.7	DOC Audit Report	Fail Pelanggan	Dua (2) tahun selepas syarikat tidak aktif.
7.8	Ship Audit Plan	Fail Pelanggan	Dua (2) tahun selepas syarikat tidak aktif
7.9	Sijil DOC	Fail Pelanggan	Dua (2) tahun selepas syarikat tidak aktif

8. LAMPIRAN.

8.1 Lampiran 1 - *Application Form.*
JLM/ISM/FORM/01 Rev.0.

8.2 Lampiran 2 - *Ship/Company Audit Report.*
JLM/ISM/FORM/05 Rev.0.

8.3 Lampiran 3 - *Attendance Record.*
JLM/ISM/FORM/06 Rev.0.

8.4 Lampiran 4 - *Non Conformity Report.*
JLM/ISM/FORM/07 Rev.0.

8.5 Lampiran 5 - Observation Report.
JLM/ISM/FORM/08 Rev.0.

8.6 Lampiran 6 - Audit Note.
JLM/ISM/FORM/09 Rev.0.

8.7 Lampiran 7 - DOC Audit Report.
JLM/ISM/FORM/10 Rev.0.

8.8 Lampiran 8 - Ship Audit Plan.
JLM/ISM/FORM/11 Rev.0.

8.9 Lampiran 9 - Sijil DOC.

LAMPIRAN 1

MARINE DEPARTMENT PENINSULAR MALAYSIA,
42007 HEADQUARTERS,
P.O.BOX 12,
PORT KLANG,
SELANGOR, MALAYSIA.

Fax : 603-3168 4454
Tel : 603-3346 7777
E-mail:kpgr@marine.gov.my
ism@marine.gov.my

INTERNATIONAL SAFETY MANAGEMENT CODE

APPLICATION FORM

Applicant's Name : _____

Company's Name : _____

Address : _____

_____

_____

Declaration :

a. I/We* hereby declare that the information provided in the questionnaire is correct.
b. I/We* hereby declare that the information provided in the questionnaire, which was previously submitted, is still valid.
c. I/We* agree to pay all fees/costs pertaining to the issuance of certificate and any expenses which may be properly chargeable.

To: Surveyor General of Ships
Marine Department Peninsular Malaysia
Port Kelang.

Sir,

Please be informed that I / we* would like to apply for document audit/review* as describe below;

Type of Audits/Review Required:

- ☐ Document Review
- ☐ Initial / Renewal Audit
- ☐ Annual Audit
- ☐ Ship Sampling
- ☐ Additional Ship Type to the DOC

Type of Certification Required:

- ☐ Interim DOC
- ☐ Document of Compliance
- ☐ Safety Management Certificate

Proposal date for review/audit : _____

……..
(signature)

Position : _____

Mobile No : _____

E-mail : _____

Date : _____

***** *Delete where applicable*

Please return (mail, fax or e-mail) duly completed form to the above-mentioned address or to Ship Safety Management Unit, Marine Department HQ, Port Klang.

QUESTIONAIRE

Please fill in this questionnaire to allow us to understand your business to serve you with the best positive manner.

1. **Company's Particulars and Branches**

IMO Company Identification Number : _____

Tel No. : _____

Fax No. : _____

E-mail : _____

BRANCH OFFICES (Name & Address) :		Department / Activities
1.		
2.		

(To be filled in if ISM function are managed by branch offices or at third party premises)

2. Top Management Particulars

Name : _____

Title : _____

Contact No. Office : _____ Mobile No. : _____

E-mail : _____

3. Designated Person

Name : _____

Department : _____

Contact No. Office : _____ Mobile No. : _____

E-mail : _____

4. Summary of Ship under Management

(All ships with ISM compliance including ships registered with others flag state)

Ship	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	
	Ship Type:		Number of Ship:	

Type of ship:

PS – Passenger ship PSHSC- Passenger High Speed Craft CSHSC – Cargo Ship High Speed Craft
BC – Bulk Carrier OT – Oil Tanker CT – Chemical Tanker
GC – Gas Carrier MODU – Mobile Offshore Drilling Unit OCS – Other cargo ship (please specify)

.

5. List of Ships Managed by the Company *(Malaysian flag only)*
The company may also submit or attach list of ship in a separate/different pages and format.

No	Name of Ship	IMO Number	GRT	RO issuing SMC	SMC expiry date	Ship Type
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

Type of ship:

PS – Passenger ship	PSHSC- Passenger High Speed Craft	CSHSC – Cargo Ship High Speed Craft
BC – Bulk Carrier	OT – Oil Tanker	CT – Chemical Tanker
GC – Gas Carrier	MODU – Mobile Offshore Drilling Unit	OCS – Other cargo ship (please specify)

6. Attachments
The following documents are to be submitted (where applicable)

☐ New Application

a. Company Safety and Environmental Protection Policy — Yes / No
b. Organization Chart and Defined Levels of Authority and Lines of communication between, and amongst, shore and shipboard personnel — Yes / No
c. Job function and responsibility — Yes / No
d. Contact details to respond to an emergency situation — Yes / No
e. Implementation Program — Yes / No
f. DOC issue from another flag state — Yes / No

☐ Additional New Ship Types

a List of Ship Name and Types — Yes / No
c Appointment Letter (from ship owner if applicable) — Yes / No
d Implementation Program — Yes / No

Please tick (/) where applicable.

LAMPIRAN 2

INTERNATIONAL SAFETY MANAGEMENT CODE
SHIP/~~COMPANY~~ AUDIT REPORT

AUDIT TYPE:

GENERAL

NAME OF COMPANY:	
ADD (HQ/BRANCH OFFICE) :	
DPA:	SCOPE:
CLASS OF VESSEL COVERED:	
PLACE/DATE AND TIME OF AUDIT: / /	

AUDITOR'S SUMMARY

No OF MAJOR NC	☐	
No OF MINOR NC	☐	
No OF OBSERVATION	☐	
COMPANY HAS BEEN SATISFACTORILY AUDITED	☐	PLS TICK
COMPANY SHALL RESPONSE TO NCR	☐	
DOCUMENT TO BE RE-SUBMITED	☐	

SIGNATURE OF LEAD AUDITOR

……
NAME:
DATE **:**

ACKNOWLEDGE BY COMPANY'S REP

……
NAME:
DATE:

ENCLOSURES:

☐ **Attendance Record** ☐ **NCR(s)**

LAMPIRAN 3

INTERNATIONAL SAFETY MANAGEMENT CODE

ATTENDANCE RECORD

COMPANY:	
LOCATION :	
AUDITORS: I. II. III. IV.	DATE: TIME:

OPENING MEETING ☐ CLOSING MEETING ☐

ATTENDANCE

COMPANY'S CEO:

COMPANY'S DPA:

No	NAME	DESIGNATION
1.		
2.		

LAMPIRAN 4

	INTERNATIONAL SAFETY MANAGEMENT CODE NON CONFORMITY REPORT

Name of Company **:**	Lead Auditor : Audit members : 1- 2- 3- 4-	
Name of Organization :	ISMC ref : Company procedure ref :	
Name of Vessel :	Type of ship :	
	Date of Audit:	
Non-Conformity : MAJOR / MINOR	Finding No	of

Description of Findings :

Agreed date of corrective action :	
It is agreed that the company shall take the necessary corrective actions to close this non Conformity within (specify) :	
Lead Auditor's Signature :	Company's rep Signature :

Corrective Actions taken (to be filled in by Company)	
I certify that the corrective actions as stated above have been taken and implemented by the Company	
Company Rep : Date :	Signature :

Corrective action Review (Non-Conformity)	
Non-Conformity Closed : YES / No	Date :
Lead Auditor :	Signature :

LAMPIRAN 5

	INTERNATIONAL SAFETY MANAGEMENT CODE OBSERVATION REPORT

Name of Company :	Lead Auditor : Audit Members : 1. 2- 3-	
Name of Organization :	Observation Sheet	of
Name of Vessel :	Type of ship :	

Description of Observation :	
Company's Rep. Signature:	Date:
Lead Auditor's Signature :	Date :

LAMPIRAN 6

INTERNATIONAL SAFETY MANAGEMENT CODE

AUDIT NOTE(S)

Name of company:……. **Audited Date : ……..**

Auditor :…….

REFERENCE	REMARKS

LAMPIRAN 7

INTERNATIONAL SAFETY MANAGEMENT CODE
DOC AUDIT REPORT

INITIAL ☐ PERIODICAL ☐ RENEWAL ☐ ADDITIONAL ☐

1. THE COMPANY/~~SHIP~~	
NAME:	OFFICE ADDRESS:
BRANCH OFFICE (S) - LOCATION(S) AUDITED:	*DOC ISSUE BY :* *DATE OF EXPIRY :*
MAIN OFFICE FUNCTION(S) ☐ TECHNICAL ☐ MANNING ☐ COMMERCIAL ☐ OTHER (…….)	
BRANCH OFFICE(S) FUNCTION (S) ☐TECHNICAL ☐MANNING ☐COMMERCIAL ☐OTHER (…….)	

2. TYPES AND NUMBER OF SHIPS MANAGED

TYPE	NO	TYPE	NO	TYPE	NO
(a)PASSENGER SHIP (INC HSC)		(d) CHEMICAL TANKER		(g) CARGO HIGH SPEED CRAFT	
(b)PASSENGER RO-RO FERRY		(e) GAS CARRIER		(h) MODU	
(c) OIL TANKER		(f) BULK CARRIER		(i) OTHER	

3. AUDIT DATE:	**HQ**	**BRANCH**	**SHIP SAMPLED**	

4. AUDIT MEMBERS	**LEAD AUDITOR:**
1.	3.
2.	4.

5. THE AUDIT RESULT	
No. OF MAJOR NON-CONFORMITIES ☐	STATUS OF PREVIOUS NCN(s), IF APPLICABLE
No. OF MINOR NON-CONFORMITIES ☐	☐ CLOSED ☐ NOT CLOSED
No. OF OBSERVATION ☐	* NOT APPLICABLE

INTERNATIONAL SAFETY MANAGEMENT CODE
DOC AUDIT REPORT

6. COMMENTS ON THE IMPLEMENTATION OF THE SYSTEM

7. REASON(S) FOR ADDITIONAL AUDIT *(APPLICABLE FOR ADDITIONAL AUDIT ONLY)*

8. RECOMMENDATION

THE ☐ INITIAL ☐ RENEWAL ☐ PERIODICAL ☐ ADDITIONAL AUDIT WAS COMPLETED:

☐ WITHOUT ANY NON CONFORMITIES. ISSUANCE / RENEWAL / ENDORSEMENT OF DOC IS RECOMMENDED

☐ WITH **MINOR NON CONFORMITIES** WHICH HAVE BEEN CLOSED. ISSUANCE /RENEWAL/ ENDORSEMENT OF DOC IS RECOMMENDED.

☐ WITH **MAJOR NON CONFORMITIES**. ISSUANCE /RENEWAL/ ENDORSEMENT OF DOC IS NOT RECOMMENDED. PENDING CORRRECTIVE ACTION BY COMPANY AND VERIFICATION THROUGH ADDITIONAL AUDIT.

☐ WITH **MAJOR NON CONFORMITIES. WITHDRAWAL OF DOC IS RECOMMENDED.**

9. SIGNATURE *(I HAVE CHECKED THAT THE DETAILS ARE CORRECT AND ACCEPTABLE)*

1. LEAD AUDITOR	2. VERIFY BY DIRECTOR
DATE:	DATE:

10. DISTRIBUTION OF THIS REPORT

ORIGINAL TO CLIENT WITH ORIGINAL NCN(S) ☐

COPY AND ONE COPY NCNs TO JLM ☐

NOTE:
PLEASE ENSURE THAT ONE COMPLETE INTERNAL SAFETY MANAGEMENT AUDIT AND MANAGEMENT REVIEW CYCLE IS PERFORMED BEFORE THE INITIAL/ PERIODICAL / RENEWAL AUDIT.

LAMPIRAN 8

INTERNATIONAL SAFETY MANAGEMENT CODE

DOC (Ship Sampling) ☐ **SMC Audit** ☐

INITIAL ☐ INTERMEDIATE ☐ RENEWAL ☐ ADDITIONAL ☐

NAME OF SHIP:	**DISTINCTIVE NUMBER OR LETTERS:**
PORT OF REGISTRY:	**TYPE OF SHIP:**
GROSS TONNAGE:	**IMO NUMBER**:
MASTER:	**SCOPE:**

NAME OF COMPANY:	DPA:
DATE OF AUDIT:	PLACE OF AUDIT:

Time	Events / Elements of the code	Remarks
	Opening meeting	
	Reporting of NC's, accident & hazardous occurrences - PSC, FSC, Class report, etc.	
	Resource and personnel - Master qualifications; - Training, etc.	
	Documentation - Control of documents - Changes of documents; etc.	
	Verification, review and evaluation - Internal safety audits; - Master review;	
	Break	
	Emergency preparedness - Drills and exercises; etc.	
	Maintenance of the ship and equipment - Planned maintenance system; - Records of survey, etc.	
	Internal assessment	
	Closing meeting	

LAMPIRAN 9

DOC : 004/6062 – S/2009

GOVERNMENT OF MALAYSIA

DOCUMENT OF COMPLIANCE

Issued under the provisions of the
INTERNATIONAL CONVENTION FOR THE SAFETY OF LIFE AT SEA, 1974,
as amended

Under the authority of the Government of Malaysia

Name and Address of the Company:	**NAMA SYARIKAT.** **Line 1** **Line 2** **Line 3** **Line 4** **Nama negara**
Company Identification Number:	***1234567***

THIS IS TO CERTIFY THAT the safety management system of the Company has been audited and that it complies with the requirements of the International Safety Management Code for the Safe Operation of Ships and for Pollution Prevention (ISM Code) for the types of ships listed below:

Passenger Ship
Passenger High Speed Craft
Cargo High Speed Craft
Bulk Carrier
Oil Tanker
Chemical Tanker
Gas Carrier
Mobile Offshore Drilling Unit
Other Cargo Ship

This Document of Compliance is valid until **_____,** subject to periodical verification.

Completion date of the verification on which this certificate is based:…….

Issued at:……..

Date of Issue : ……

……..
Surveyor General of Ships
Malaysia

ENDORSEMENT FOR ANNUAL VERIFICATION

THIS IS TO CERTIFY THAT, at the periodical verification in accordance with regulation IX/6.1 of the Convention and paragraph 13.4 of the ISM Code, the safety management system was found to comply with the requirements of the ISM Code.

1st ANNUAL VERIFICATION

Signed: _____

Place: _____

Date: _____

2nd ANNUAL VERIFICATION

Signed: _____

Place: _____

Date: _____

3rd ANNUAL VERIFICATION

Signed: _____

Place: _____

Date: _____

4th ANNUAL VERIFICATION

Signed: _____

Place: _____

Date: _____

Note (if any):