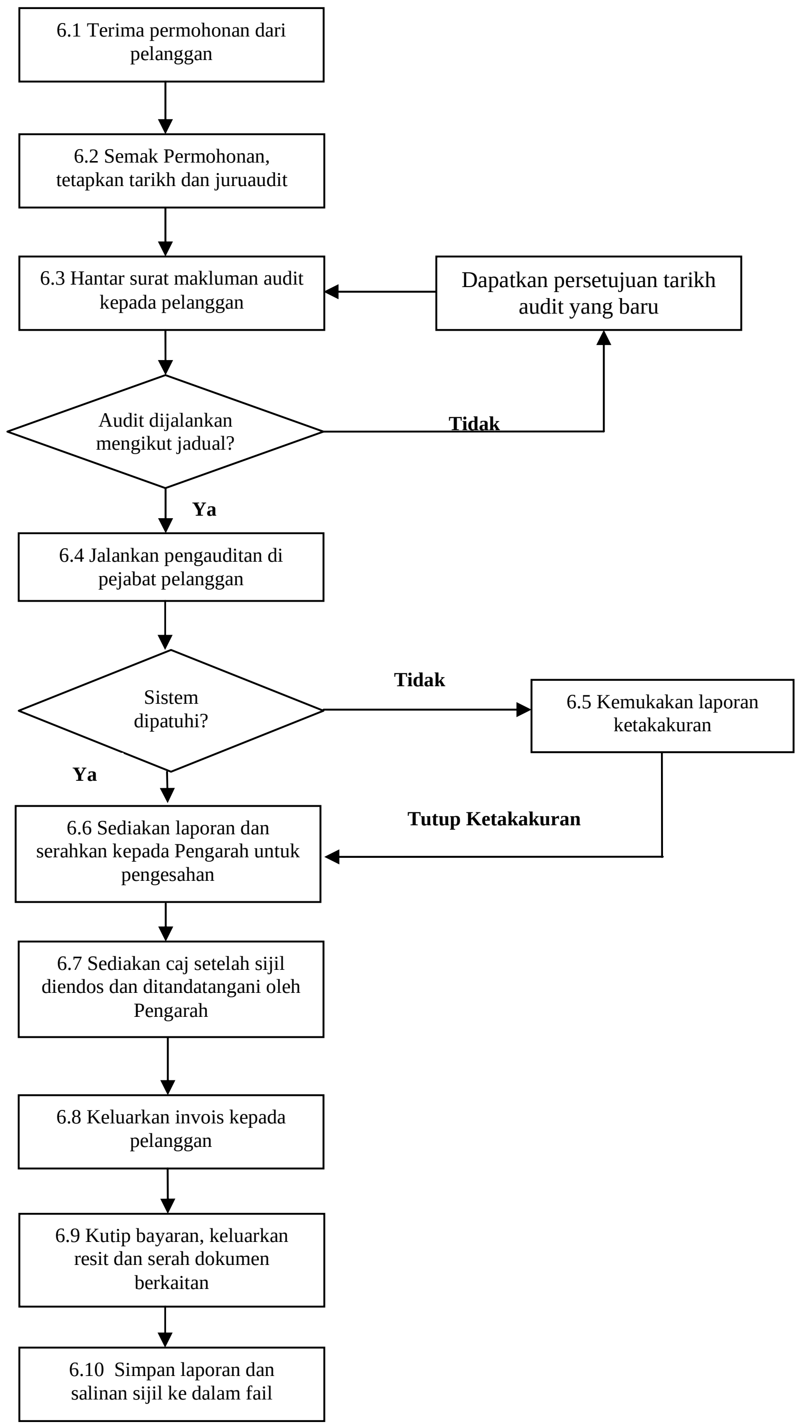
PENGAUDITAN TAHUNAN BAGI PENGENDORSAN SIJIL DOKUMEN KEPATUHAN (*DOC*)

PT-BKI-14

Rekod Pindaan.

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

Carta Alir
Pengauditan Tahunan Bagi Pengedorsan Sijil Dokumen Kepatuhan (*DOC*)



1. OBJEKTIF.

Prosedur ini menghuraikan aktiviti yang dilakukan untuk pengauditan tahunan pelanggan bagi pengendorsan Sijil DOC.

2. SKOP.

Prosedur ini hanya digunapakai di Ibu Pejabat bagi proses pengauditan tahunan pelanggan dan pengendorsan Sijil DOC di bawah Kod ISM oleh Jabatan Laut Malaysia.

3. TANGGUNGJAWAB.

Pengarah Bahagian Kawalan Industri bertanggungjawab secara keseluruhan dalam menyelaras urusan pengauditan tahunan bagi pengendorsan Sijil DOC.

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

6. PROSEDUR.

TANGGUNGJAWAB	TINDAKAN
	Proses Pengauditan Tahunan Bagi Pengendorsan Sijil Dokumen Kepatuhan (DOC).
PT	6.1 Terima surat dan borang permohonan dari pelanggan. Majukan bersama fail pelanggan kepada KPP/PLK.
KPP/PLK	6.2 Semak permohonan pelanggan, tetapkan tarikh dan lantik KJ dan Juruaudit.
KJ/ Juruaudit	6.3 Surat makluman dihantar kepada pelanggan dan salinan kepada juruaudit-juruaudit yang terlibat. Fail pelanggan diserahkan kepada KJ yang dilantik. Bertanggungjawab membuat persediaan dan menyediakan borang-borang yang diperlukan seperti di perkara 8.Jika tarikh audit ditunda disebabkan oleh masalah auditor, syarikat tidak bersedia dan sebagainya, dapatkan surat persetujuan tarikh audit yang baru dan keluarkan surat makluman.
	6.4 Hadir ke pejabat pelanggan pada tarikh yang dipersetujui untuk menjalankan pengauditan. Semak SPK pelanggan bagi memastikan ia memenuhi keperluan Kod ISM.
	6.5 Sekiranya terdapat elemen-elemen Kod ISM yang tidak dipatuhi, KJ/Juruaudit akan memberi status ketakakuran (*non-conformity*) pada elemen yang berkaitan.
KJ/Juruaudit/	6.6 Sekiranya SPK memenuhi keperluan atau ketakakuran telah ditutup, sediakan laporan pengauditan dan majukan kepada Pengarah untuk pengesahan.

Pengarah	6.7 Memastikan sijil asal DOC dan salinan telah diendos serta ditandatangani oleh Pengarah dan sediakan caj untuk dimajukan kepada PT.
PT	6.8 Mengeluarkan invois bagi caj yang dikenakan terhadap pelanggan.
	6.9 Serah dokumen berikut kepada pelanggan:- i) Sijil DOC asal. ii) Laporan Pengauditan. iii) Invois (jika ada). iv) Resit Pembayaran (jika ada).
	6.10 Simpan 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.

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.

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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.

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	**ACKNOWLEDGE BY COMPANY'S REP**
………………………………………………… NAME: DATE **:**	…………………………………………………………… 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.		

	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:

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 :

	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 :

INTERNATIONAL SAFETY MANAGEMENT CODE

AUDIT NOTE(S)

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

Auditor :…………………………….

REFERENCE	**REMARKS**

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. 2.	3. 4.

5. THE AUDIT RESULT	
No. OF MAJOR NON-CONFORMITIES ☐ No. OF MINOR NON-CONFORMITIES ☐ No. OF OBSERVATION ☐	STATUS OF PREVIOUS NCN(s), IF APPLICABLE ☐ CLOSED ☐ NOT CLOSED * 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 DATE:	2. VERIFY BY DIRECTOR 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.