

 ISO 9001:2008	Jabatan Laut Malaysia	No. Pindaan: 00
	Pengauditan Tambahan	Tarikh: 01/07/2009
		Mukasurat: 1/9

PENGAUDITAN TAMBAHAN

PT-BKI-15

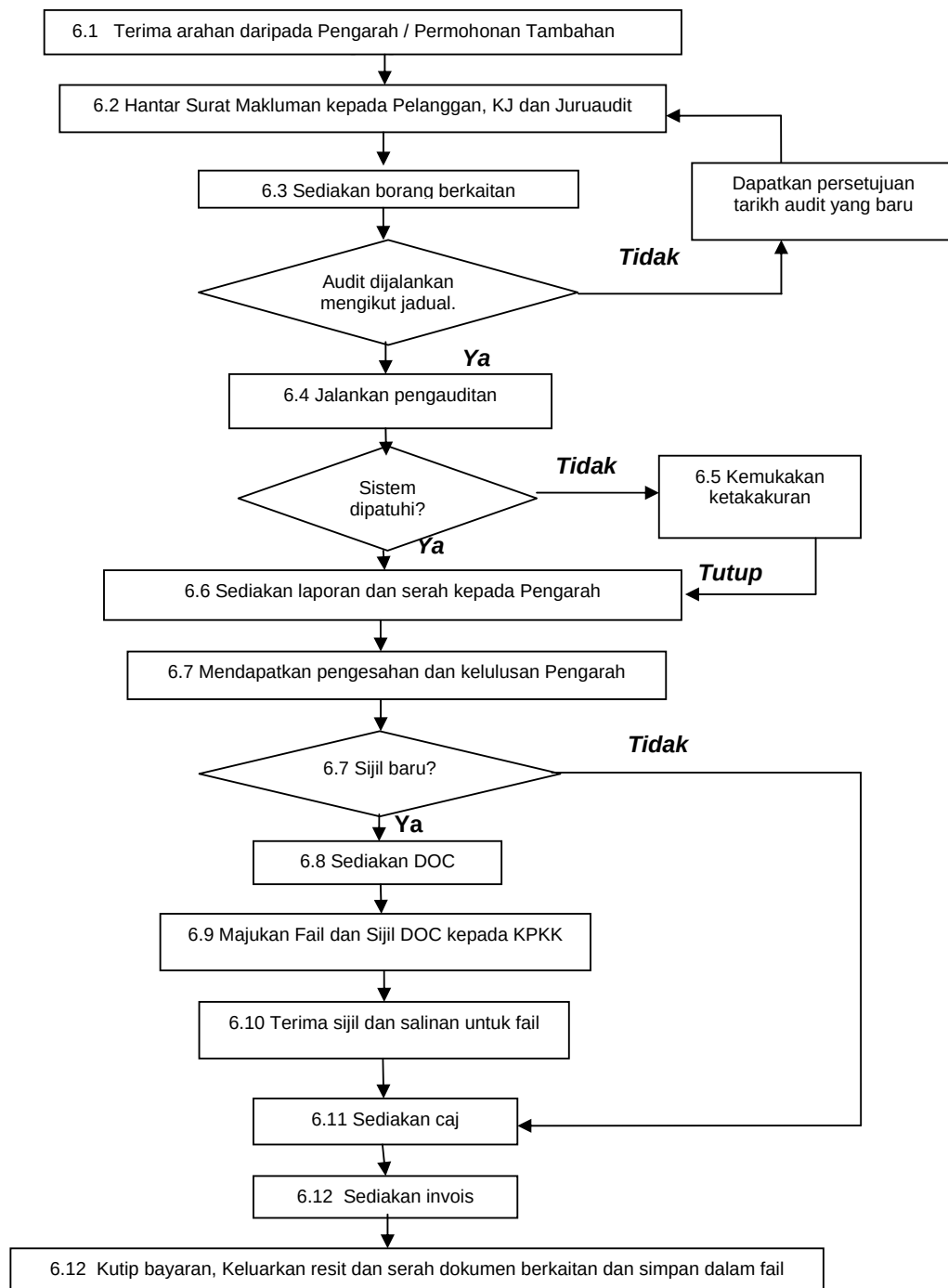
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Rekod Pindaan.

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

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Carta Alir Pengauditan Tambahan



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1. OBJEKTIF.

Prosedur ini menerangkan proses bagi menjalankan pengauditan tambahan.

2. SKOP.

Prosedur ini hanya digunapakai di Ibu Pejabat bagi pengauditan tambahan di bawah Kod ISM oleh Jabatan Laut Malaysia.

Pengauditan tambahan akan dijalankan sekiranya perkara-perkara berikut berlaku:-

- i) Perubahan besar terhadap SPK pelanggan.
- ii) Terdapat ketakakuran utama (*Major Non Conformity*).
- iii) Pertambahan jenis kapal.
- iv) Aduan daripada Pemeriksaan Negara Pelabuhan atau penahan kapal melebihi tiga (3) kali setahun dan
- v) Laporan PR17 dikeluarkan oleh RO terhadap kapal.

3. TANGGUNGJAWAB.

Pengarah Bahagian Kawalan Industri bertanggungjawab secara keseluruhan dalam menyelaras urusan pengauditan tambahan.

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.*

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5. DEFINASI/SINGKATAN.

- | | | |
|------|-----------------|---|
| 5.1 | Ketua Pemeriksa | - 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 | KJ | - Ketua Juruaudit yang dilantik. |
| 5.6 | Juruaudit | - Juruaudit yang dilantik. |
| 5.7 | PT | - Pembantu Tadbir, Unit Pengurusan Keselamatan Kapal. |
| 5.8 | Pelanggan | - Syarikat/Kapal. |
| 5.9 | DOC | - Dokumen Kepatuhan. |
| 5.10 | Kod ISM | - <i>The International Management Code for the Safe Operation of Ships and for Pollution Prevention (International Safety Management (ISM) Code).</i> |
| 5.11 | SPK | - Sistem Pengurusan Keselamatan. |

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6. PROSEDUR.

TANGGUNGJAWAB	TINDAKAN
	Pengauditan Tambahan.
Pengarah/KPP	6.1 Terima Permohonan dari Pelanggan untuk tambahan jenis kapal atau Menerima arahan daripada Pengarah untuk melakukan audit tambahan.
KPP/PLK	6.2 Surat makluman dihantar ke pelanggan dan salinan kepada juruaudit-juruaudit yang terlibat. Fail pelanggan diserahkan kepada KJ/ juruaudit yang dilantik.
KJ/Juruaudit	6.3 Bertanggungjawab membuat persediaan dan menyediakan borang-borang yang diperlukan, (Perkara 8).
	6.4 Hadir ke pejabat pelanggan atau kapal pada tarikh yang dipersetujui untuk menjalankan pengauditan. Semak SPK pelanggan bagi memastikan memenuhi keperluan kod dan kekurangan yang dibangkitkan semasa Pemeriksaan Bendera Pelabuhan (<i>Port State Control</i>) sekiranya ada.
	6.5 Sekiranya SPK tidak mematuhi elemen-elemen Kod ISM, KJ/juruaudit akan memberi status ketidakakuran (<i>Non Conformity</i>) pada elemen yang berkaitan.
	6.6 Sekiranya SPK memenuhi keperluan atau ketidakakuran telah ditutup dalam masa yang telah dipersetujui, sediakan laporan pengauditan dan majukan ke Pengarah untuk pengesahan.
Pengarah	6.7 Bertanggungjawab untuk pengesahan dan kelulusan.
	6.6 Jika tidak melibatkan pengeluaran sijil baru, terus rujuk 6.11.

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KJ	6.8 Menyediakan Sijil DOC dengan memasukkan butir-butir berikut ke dalam sijil: i) Nombor sijil. ii) Alamat pelanggan. iii) Kategori kapal yang terbabit. iv) Tarikh tamat sah laku sijil. v) Tempat pengeluaran sijil. vi) Tarikh pengeluaran sijil. vii) Nama Ketua Pemeriksa, dan viii) Nota. 6.9 Majukan fail beserta sijil, satu (1) salinan dan laporan pengauditan kepada Ketua Pemeriksa untuk ditandatangani. 6.10 Menerima Sijil dan salinan DOC yang telah ditandatangani dari pejabat Ketua Pemeriksa dan membuat satu salinan laporan audit untuk rekod Jabatan. 6.11 Menyediakan caj perbelanjaan bagi pengauditan yang telah dijalankan dan majukan kepada PT untuk pengeluaran invois.
PT	6.12 Mengeluarkan invois bagi caj yang dikenakan terhadap syarikat. 6.13 Serah dokumen berikut kepada pelanggan dan simpanan fail. i) Sijil DOC Baru (jika ada). ii) Laporan Pengauditan. iii) Invois (jika ada), dan iv) Resit Pembayaran (jika ada).

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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	<i>Ship Audit Plan</i>	Fail Pelanggan	Dua (2) tahun selepas syarikat tidak aktif
7.9	Sijil DOC	Fail Pelanggan	Dua (2) tahun selepas syarikat tidak aktif

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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(s).*
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.



**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 :

- I/We* hereby declare that the information provided in the questionnaire is correct.
- I/We* hereby declare that the information provided in the questionnaire, which was previously submitted, is still valid.
- 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.

QUESTIONNAIRE

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
 BC – Bulk Carrier
 GC – Gas Carrier

PSHSC- Passenger High Speed Craft
 OT – Oil Tanker
 MODU – Mobile Offshore Drilling Unit

CSHSC – Cargo Ship High Speed Craft
 CT – Chemical Tanker
 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.						

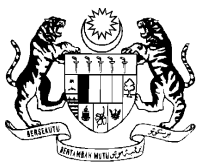
Type of ship:

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

☐

COMPANY SHALL RESPONSE TO NCR

☐

DOCUMENT TO BE RE-SUBMITTED

☐

PLS TICK

SIGNATURE OF LEAD AUDITOR

NAME:
DATE :

ACKNOWLEDGE BY COMPANY'S REP

NAME:
DATE:

ENCLOSURES:

☐

Attendance Record

☐

NCR(s)



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	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 :	Signature :
Date :	

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

	INTERNATIONAL SAFETY MANAGEMENT CODE OBSERVATION REPORT
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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 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

☐

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 CORRECTIVE 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.



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	

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):