



**INTERIM SURVEY CERTIFICATE
CHECKLIST**

Revision 01

Approved By CEO

**FORM
SI-6-011**

Type of Survey: _____

Name of Ship: _____

No	Documents & Details	Please ✓ appropriate box		
		YES	NO	N/A
1	Fees Paid			
2	SUR 1 Form filed and Receipt number stated signed and dated.			
3	General Remarks			
4	Survey checklist(s)			
5	REG File (<i>if Initial Survey</i>)			

Surveyor

Date

- **Surveyor to thoroughly check and verify all documents before giving to SS/MSI**

SS/MSI

Date

SS/MSI to approve before handover to COS for printing of Interim survey certificate

Clerical Officer Shipping

Date

Note: Issued for a period of not more than two weeks