

PHOENIX REGISTER OF SHIPPING

Concentrated Inspection Campaign on Fire Safety

PMoU/TMoU 2023

Name of Ship:	Flag:	IMO No:
Place of Inspection:	Date of Inspection:	Name of Inspector:

NOTES:

- i. Check "Yes" to indicate complied/ in satisfactory condition, "No" for not complied/ not satisfactory or "N/A" for not applicable.
- ii. For any negative entry please clarify using section "Other Remarks/Observations" and urge vessel's Master and managing company for immediate actions.

No.	Item	Yes	No	N/A
1	Are the emergency escape routes maintained in a safe condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Are the fire doors maintained in good working condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Has the fixed fire detection and fire alarm systems, been periodically tested in accordance with the requirements of the Administration?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are ventilation closing appliances capable of being closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are the means of control for power ventilation of machinery spaces operable from two grouped positions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Can each fire pump deliver at least the two required jets of water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Are the means of control provided in a position outside the machinery space for stopping ventilation and oil transfer equipment operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Is the room for the fixed gas fire extinguishing medium used only for this purpose?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Are the valves used in the fire main line operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Where a fire drill was witnessed, was it found to be satisfactory?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Are the quick closing valves fully operational? Are they free of blockage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Is the Water Mist System in the Engine Room fully operational and is set on auto mode? Are there any detectors covered or obstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Is the water sprinkler system working satisfactorily? Is the system free of any leakage or clogged nozzle?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Are engine spaces completely free of flammable liquids leaks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Do all maintenance logs have been properly completed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Has the maintenance of the equipment been completed in accordance with the Preventive Maintenance Plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Remarks/Observations:
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Name / Signature of PhRS Surveyor:

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