| Plan de auditoríaBETA SHIP MANAGEMENT S.L. | Doc. Id.:<br>Page 2 to 2<br>Date:<br>Prepare by:<br>Approved by:<br>Version: |
|---|---|
| **Security System Audit Report** | |

| | |
|---|---|
| Vessel / Department | |
| Audit Report number | |
| Report Date | |
| Audit Date/s | |
| Audit Team | |
| Chief of the Audit Team | |
| Place/ Location | |

| | |
|---|---|
| Number of remarks: | |
| Number of pages of this report: | |
| Number of attachments: | |
| Chief Auditor signature and date | |
| Chief Auditor name: | |

| BETA SHIP MANAGEMENT S.L. <br> FORM | Doc. Id.: <br> Page 2 to 2 <br> Date: <br> Prepare by: <br> Approved by: <br> Version: |
|---|---|
| **Security System Audit Report** | |

## (1) AUDIT EXECUTION

### 1.1 Previous Meeting

Before starting the audit, there is a meeting with the auditor and the interviewee, to check and arrange the end of the audit. People involved:

| | |
|---|---|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |

### 1.2 Audit Plan

The audit is arranged with the interviewee, and it includes checking information and work places. The following manifesto is prepared and agreed:

| | LENGHT | DATE | TIME | REMARKS |
|---|---|---|---|---|
| | | | | |
| | | | | |
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| BETA SHIP MANAGEMENT S.L. | Doc. Id.: |
| | Page 2 to 2 |
| FORM | Date: |
| | Prepare by: |
| | Approved by: |
| **Security System Audit Report** | Version: |

## 1.3 Contacts

The following personnel have been interviewed during the audit:

| | | |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |

## 1.4 Closing meeting

At the end of the Audit there is a closing meeting with the auditor and the interviewee to determine the objective of the Audit, remarks, and to summarize the results. People involved:

| | | |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |

| **BETA SHIP MANAGEMENT S.L.** | Doc. Id.: |
| FORM | Page 2 to 2 |
| | Date: |
| | Prepare by: |
| | Approved by: |
| **Security System Audit Report** | Version: |

## (2) AUDIT RESULT

### 2.1 <u>Results classification</u>

### 2.2 <u>Corrective actions</u>

### (3) CONCLUSION

| Department /Ship: | Chief Auditor: | |
|---|---|---|
| Reference of the Company requirements: <br><br> Other requirements: | | Date: |
| Remark description: | | |
| Remark <u>recognised</u>/accepted <br><br><br> Name: <br> Rank: Captain | Signature: | |

| |
|---|
| **Is it necessary to take any corrective action?** Yes    No |
| **Time lengh given to carry out the corrective action:** |
| **Corrective Action:** |
| **Verification and conclusion** (to be filled out by CSO) <br><br><br><br> Closing date and signature |