

Item No.	Deficiency / Details of Permanent Rectification	Date repairs to be Commenced	Expected date of Completion
<input type="checkbox"/>	Details of the noted deficiency: <input type="text"/>	<input type="text"/>	<input type="text"/>
<p>Full written description of damage as provided by the Manufacturer, Superintendent or Masters:</p> <input type="text"/>			
<p>List / description of permanent repairs to be completed including material and extent / dimensions of all renewals required, as per dry-dock /yard specification:</p> <input type="text"/>			
<input type="radio"/> YES <input type="radio"/> NO Is permanent repair to be approved by Class?		<input type="text"/> Name of Shipowners rep.	<input type="text"/> Date