

EUROPEAN MARITIME SAFETY AGENCY

Preparatory training session for IMSAS
Corrective action plan and follow up

- Prepared by the **audited Member State**
- Responds to **all audit findings**
- May also be prepared to address **observations**
- **Proposes action(s)** to bring the Member State in conformity with the Code for the implementation of mandatory IMO instruments
- Should contain **information relevant** to the audit conducted and **respond to each** finding and/or observation
- Should **provide detailed information** of action to be taken, **including a time frame** for the commencement of and completion of each action

- **Timelines** for corrective actions defined for all findings and/or observations
- **Root cause** identified for each finding and/or observation
(ask “Why” six times – differentiate between immediate and root cause)
- **Signed** by the Member State
- Should be presented to the Audit team leader and the Secretary General **within 90 calendar days** after receiving the agreed audit interim report
- **Extension** in exceptional cases

Corrective action plan

- As a **starting point** for developing corrective action(s) for each finding and/or observation, the Member State should aim to identify related root cause(s)
- **Corrective action is the action to eliminate the cause of a finding and/or observation.** It should be seen as a **systemic action** aiming at eliminating a cause of detected non-compliance (finding or observation).
- **Examples** set out in appendix 3 to Annex 2 of the Auditor's Manual (Circular Letter No. 3425)
- **Form B must be signed** by the Member State and the ATL in the appropriate sections and forwarded to MSA for record keeping

Corrective Action should address:

- Symptoms
(i.e. the objective evidence)
- Findings/Observations
(i.e. statement of the problem)
- Root causes

Some tips: CA to answer

- who is responsible
- what is to be done
- timeline
- how it is done
- will it prevent recurrence

- **After revision by the ATL the FORM B** with the proposed corrective action plan and root causes should be included in the body of the audit final report
- **Comments by the ATL** on the corrective action plan should not be included in the body of the audit final report
- Should be **submitted by ATL** to the Member State and IMO

The Member State will send comments on the progress of implementation of the corrective action plan (CPICAP) to IATL and IMO MSA, along with documented evidence.

The documents will be assessed by ATL and IMO MSA to verify the status of implementation of the corrective action plan (CAP).

Follow-up may be necessary to determine status of implementation of CAP

After completion of CAP, but not later than 3-4 years following an audit

Normally conducted as document based verification, if possible

On-site follow-up, where full implementation cannot be verified through documentation

The scope of follow-up audit
is limited

Team may include ATL or
ATM from the original audit,
as necessary

FORM C

Verification of effective
implementation

Signing off FDs/Obs



After the CPICAP has been reviewed by the ATL and the IMO MSA, the following documents will be forwarded to the Member State to proceed with the Audit follow-up:

- A cover letter from IMO MSA
- Draft Audit Follow-up Report (DAFR) prepared by IMO MSA (and reviewed by ATL) including an appendix with additional questions to the Member State to be completed
- CPICAP assessment log prepared by IMO MSA/ATL containing relevant comments

Next slides show an example....

EXAMPLE OF A FINDING



Records were not always available to provide evidence of conformity to requirements of the mandatory IMO instruments and no documented procedure was in place to define control, identification, storage, protection, retrieval, retention and disposition of records.



CORRECTIVE ACTION



The following corrective actions will be addressed by all Government entities involved in the implementation and enforcement of the mandatory IMO instruments:

- .1 A template for a record keeping procedure will be made available to all the Government entities **(Action 1)**.
- .2 Each Government entity will develop a general procedure for a centralized system of record keeping in the specific entity. **(Action 2)**.
- .3 Specific officer(s) for record keeping within the various departments of the Government entity will be assigned. **(Action 3)**.
- .4 Electronic copies of records will have back-up arrangements defined and in place. **(Action 4)**.
- .5 The Government entities will develop and implement a procedure for record keeping based on paragraph 10 of the III Code **(Action 5)**.

As an example, a procedure detailing the control, identification, storage, retrieval and disposition of records regarding survey and inspection will be developed and implemented as follows in the Maritime Authority.

- The Director Technical (DT) in consultation with the Director General and Management will instruct Surveyors and Inspectors on the process to follow after surveys in relation to records. DT will review survey/inspection reports and make decisions regarding follow-up on the effectiveness of the survey/inspection.
- After review, designated surveyors/officers will feed the centralized database, including details regarding the follow-up.
- Director Technical and Head of IT will control access to the database.
- Identification: A system of coding for filing will be developed Storage: Database and backups. Retrievability: IT Department will set up a protection and retrieval system.
- Retention Period: Hard Copies will be retained for a five (5) year period.
- Disposition: After the retention period, hard copies will be sent to the Public Records agency for archiving.

All departments and all Government entities will develop and implement similar procedures for record keeping in relation to relevant records **(Action 6)**.

- .6 Internal audit to verify the implementation of the procedures for record keeping systems in all involved Government entities will start to be implemented from 2017. **(Action 7)**.

CPICAP Form



MEMBER STATE'S COMMENTS ON THE PROGRESS OF IMPLEMENTATION OF THE CORRECTIVE ACTION

Member State	XXXX	Audit Period	2017
Department	QMS/TECHNICAL	Team leader	xxxxxxx
Finding No.:	3	Observation No.:	

FD-3: Records were not always available to provide evidence of conformity to requirements of the mandatory IMO instruments and no documented procedure was in place to define control, identification, storage, protection, retrieval, retention and disposition of records (III Code, paragraph 10)

Actions implemented *(describe all actions put forward in relation to the progress made in the implementation of the CAP)*

First submission 2020

1. A Procedure for General/Centralized Record Keeping in the Implementation of IMO Instruments has been developed and all the Government Entities involved in the implementation of IMO instruments are required to keep such records for audit purposes within their Organisation's system of record keeping (This document was part of MAs first submission to the IMO/ATL on 19th September 2019).
2. A template for centralised record keeping procedure has been developed for record keeping within the MA (This documentary evidence was submitted as part of MAs first submission to the IMO/ATL 2019).

List of evidence *(list below and attach to this form all relevant documented evidence)*

- Procedure for General/Centralised Record Keeping in the Implementation of IMO Instruments.
- Template for Record Keeping in the Implementation of IMO Instruments (III CODE/10)

Second submission

- 1) Critical Records (**for relevant departments that implement IMO Instruments**) have been identified and attached to this submission
- 2) A Procedure/policy that guides record keeping within MA. Full Scale Implementation of this policy commenced on the 1st of February 2021.

List of evidence *(list below and attach to this form all relevant documented evidence)*

- List of Critical Records under General Maritime Services
- List of Critical Records under Training Examination & Certification Unit.
- List of critical records under Flag State ,Port State and Coastal State Implementation (Technical Division)
- Record Keeping policy and procedure for MA

OUTSTANDING ACTIONS TO BE IMPLEMENTED

- 1) Completion and implementation of Centralized Record Keeping system. (Tentative Date for Completion set for 30th June 2021)

	TIMELINE: BY THE END OF JUNE 2021
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**ADDITIONAL INFORMATION AND EVIDENCE SOUGHT TO VERIFY THAT THE CORRECTIVE
ACTION PLAN HAS BEEN EFFECTIVELY IMPLEMENTED**



Ref.	FD-3
1	Additional information and evidence sought
1.1	Qs to verify completion of corrective actions (from the CPICAP assessment log) - please provide the following:
.1	Objective evidence to demonstrate that the newly established template for a record-keeping procedure was made available to all the Government entities. (Action 1).
.2	Objective evidence to demonstrate that each Government entity developed a general procedure for a centralized system of record keeping in each specific entity (Action 2).
.3	Objective evidence to demonstrate that specific officer(s) for record keeping within the various departments of the Government entities had been assigned (Action 3).
.4	Objective evidence to demonstrate that back-up arrangements had been made to have electronic copies of records (Action 4).
.5	Objective evidence to demonstrate that the Government entities developed and implemented a procedure for record keeping based on requirements stemming from III Code, paragraph 10 (Action 5).
.6	Objective evidence to demonstrate that a procedure detailing the control, identification, storage, retrieval, and disposition of records regarding survey and inspection had been developed and implemented as per agreed corrective action (Action 6).
.7	Objective evidence to demonstrate that internal audits had been carried out to verify the implementation of the procedures for record-keeping systems in all involved Government entities (Action 7).
1.2	Qs to verify that root causes were addressed - (from the CPICAP assessment log) - please provide the following:
.1	None – root cause addressed (RC 1).
.2	Objective evidence to demonstrate that a procedure for communication responsible specific officers for record-keeping activities had been appointed within the Government entities and their departments (RC 2).
1.3	Qs to verify the effectiveness of the implementation of corrective actions - please provide the following effectiveness of the implementation may only be verified for those corrective actions that have been completed):
	N/A

Records from the Audit

- All Records are maintained by IMO MSA
- No records shall be filed with the Audit Team Members
- Comments on the progress of implementation of the corrective action plan (CPICAP) will be released through the GISIS MSA module without validation



Questions? Thank you



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