



ST KITTS & NEVIS INTERNATIONSHIP REGISTRY

MARITIME CIRCULAR - MC 164 - 26

Mandatory Corrective Action Plans for Flag State Inspection and Port State Control Deficiencies

1. Purpose

- 1.1 This Marine Circular establishes the mandatory requirement for Companies operating vessels registered under the St. Kitts & Nevis International Ship Registry to prepare and submit a Corrective Action Plan (CAP) following any Flag State Inspection (FSI) or Port State Control (PSC) inspection that records one or more deficiencies.
- 1.2 The purpose of the CAP is to ensure that deficiencies are rectified effectively, their root or contributing causes are identified, adequate preventive measures are implemented, and recurrence is prevented.
- 1.3 This requirement supports the Administration's statutory oversight of vessel condition, safety, security, environmental compliance, labour conditions, and the implementation and effectiveness of the Company's Safety Management System (SMS).

2. Applicability

- 2.1 This Marine Circular applies to all ships registered under the St. Kitts & Nevis International Ship Registry.
- 2.2 It applies to all FSI and PSC inspection reports that contain one or more deficiencies, including:
 - Non-detainable deficiencies
 - Detainable deficiencies
 - Deficiencies rectified immediately during an inspection
 - Deficiencies subject to a rectification period or condition
 - Inspections resulting in a detention
- 2.3 The CAP requirement applies irrespective of the number, severity, category, or risk level of deficiencies, and irrespective of whether the vessel has been detained.
- 2.4 The requirement applies to the Company, shipowner, operator, technical manager, ISM manager, Master, DPA, relevant shipboard personnel, and Recognized Organization (RO), where applicable to its delegated statutory functions or attendance.

3. Legal References and Framework

3.1 This Marine Circular shall be read in conjunction with the following instruments, procedures, and forms:

- The Saint Christopher & Nevis Merchant Shipping Act, Cap. 7:05
- IMO Resolution A.1185(33), *Procedures for Port State Control, 2023*
- SOLAS, as amended, including Chapter IX where applicable
- International Safety Management (ISM) Code
- International Convention for the Prevention of Pollution from Ships (MARPOL), as amended
- Maritime Labour Convention, 2006, as amended (MLC, 2006)
- Code for Recognized Organizations, IMO Resolution MSC.349(92)
- IMO Instruments Implementation Code (IIC Code), IMO Resolution A.1070(28)
- Any other applicable statutory requirements, Administration instructions, or circulars.

3.2 Where PSC or FSI deficiencies indicate possible failure of the Company's SMS, inadequate statutory compliance, repeated non-conformities, poor maintenance culture, or ineffective implementation of previous corrective actions, the Administration may require further verification through an additional Flag State Inspection, RO attendance, SMC audit, DOC audit, or other equivalent oversight action.

4. Expectations from the Flag

4.1 Use of CAP Form

4.1.1 A completed CAP shall be prepared using either the vessel's/company's own format or the attached **OP-PSC-F-01, Corrective Action Plan (CAP) Form, Rev. 00**. This form can be found in our Downloads Directory <https://www.skanregistry.com/en/downloads-directory>

4.1.2 A CAP shall be submitted for every FSI or PSC inspection that results in one or more deficiencies. A CAP is required even where the deficiency has been rectified before departure or to the satisfaction of the attending inspector or Port State Control Officer.

4.1.3 Each deficiency shall be addressed individually. A single generic response covering several deficiencies is not acceptable unless the Administration expressly agrees otherwise in writing.

4.2 Required content

4.2.1 For each deficiency, the CAP shall include, as a minimum:

- The FSI or PSC report reference number and deficiency reference number

- The deficiency category and applicable statutory, convention, code, or regulatory reference, where known
- The deficiency description, consistent with the inspection report
- Risk assessment and the potential impact of the deficiency, where applicable
- Immediate corrective action taken to rectify or control the deficiency
- Root-cause analysis and relevant contributing causes
- Corrective and preventive actions to prevent recurrence
- The person responsible for each action, including onboard rank and/or ashore position
- Target completion date and actual completion date, where applicable
- Supporting evidence and objective evidence of rectification
- Verification of effectiveness, including the method, responsible verifier, review date or period, results, and any further action required
- CAP approval by the appropriate Company representative.

4.2.2 Supporting evidence shall be relevant, legible, traceable, and sufficient to substantiate the action reported. Evidence may include photographs, test records, service reports, PMS records, work orders, invoices, class or statutory reports, RO attendance reports, audit reports, revised procedures, and training records.

4.3 Detentions and urgent notification

4.3.1 The Company and the relevant RO, where applicable, shall notify the Administration immediately when a PSC detention notice is issued.

4.3.2 For a detained vessel, the Company shall promptly provide the Administration with:

- Confirmation of the detention
- The complete PSC inspection report, deficiency list, and detention notice
- A completed or proposed CAP addressing every detainable and non-detainable deficiency
- Supporting evidence of rectification as it becomes available
- The anticipated schedule and arrangements for release from detention.

4.3.3 A detained vessel shall be treated as a high-priority case. The Administration may require an official Flag State Inspection, urgent RO attendance, an additional ISM/SMS audit, or other verification before accepting the CAP or considering case closure.

4.4 Submission, review, and closure

4.4.1 For non-detained vessels, the Company shall submit the completed CAP and

supporting evidence within the timeframe stated in the FSI or PSC report, specified by the Administration, or otherwise communicated by the Administration.

4.4.2 The Administration will review the CAP to verify that each deficiency has been individually addressed, actions are adequate and timely, root or contributing causes have been considered, preventive measures are proportionate, responsibilities and deadlines are clear, and objective evidence supports the reported rectification status.

4.4.3 Where the CAP is incomplete, inadequate, inconsistent with the seriousness of the findings, or unsupported by satisfactory evidence, the Administration may require clarification, a revised CAP, further evidence, or additional follow-up action.

4.4.4 A deficiency case may be closed only when the Administration is satisfied that the deficiencies have been adequately rectified and all required follow-up action has been completed.

4.4.5 A detention case may be closed only after the Administration receives satisfactory evidence of release from detention, rectification of all deficiencies, completion of required Flag State Inspection, RO attendance, or audit follow-up, and acceptance of the CAP and any necessary preventive measures.

5. Further Instructions and Assistance

5.1 Companies shall distribute this Marine Circular to relevant shore-based and shipboard personnel and ensure that the CAP requirement is incorporated into their PSC and FSI response arrangements.

5.2 The Master shall ensure that inspection reports, deficiency lists, evidence of rectification, and relevant correspondence are made available to the Company without delay following an FSI or PSC inspection.

5.3 The DPA, technical management, and relevant senior personnel shall ensure that CAPs address the underlying cause of each finding and are not limited to a statement that a deficiency was “rectified” or “closed.”

5.4 Where a finding may affect other vessels, equipment, operating procedures, PMS routines, or SMS arrangements, the Company shall evaluate the need for fleet-wide corrective and preventive actions.

5.5 Questions regarding this Marine Circular, the CAP form, submission requirements, or any required follow-up action should be directed to

Technical Department
St. Kitts & Nevis International Ship Registry
Email: technical@skanregistry.com

6. Validity and Supersession

- 6.1 This Marine Circular enters into force on **September 15th, 2026**.
- 6.2 This Marine Circular shall remain valid until amended, withdrawn, or superseded by the Administration.
- 6.3 In the event of any inconsistency between this Marine Circular and applicable international conventions, statutory requirements, or subsequent Administration instructions, the latter shall prevail to the extent of the inconsistency.
- 6.4 This Marine Circular does not relieve the Company, Master, shipowner, operator, or Recognized Organization of any obligation under applicable international conventions, national legislation, statutory certification requirements, or the Company's SMS.

7. Control of MC Changes

Document Version	Date	Details of Change
00	31/08/2026	Initial issue



ST KITTS & NEVIS INTERNATIONAL SHIP REGISTRY

The Saint Christopher & Nevis Merchant Shipping
Act Cap 7.05 Department of Maritime Affairs



Corrective Action Plan (CAP) Form

General Note: The **Corrective Action Plan (CAP) Form** is mandatory for any Flag State Inspection or Port State Control (PSC) Inspection resulting in one or more deficiencies.

This requirement applies regardless of the severity of the deficiencies and regardless of whether a detention has been imposed. The CAP shall address each deficiency individually and include, as a minimum, the deficiency details, corrective actions implemented, root cause analysis, preventive actions, responsible persons, target completion dates, supporting evidence, and verification of effectiveness.

1. Inspection Information

Item	Details
Vessel Name	
IMO Number	
Vessel Type	
Inspection Type	☐ Port State Control ☐ Flag State Inspection
Port State Control Authority	
Port / Location	
Inspection Date	
Report Reference No.	
Detention Issued	☐ Yes ☐ No
CAP Prepared By	
Date of CAP	

2. Deficiency Record and Analysis (Section to be expanded as needed)

Deficiency No. ____ / Total ____

Item	Details										
Deficiency Reference No. (from the FSI or PSC inspection Report)											
Deficiency Category	<table><tbody><tr><td>☐ ISM</td><td>☐ Navigation</td></tr><tr><td>☐ Safety</td><td>☐ MLC</td></tr><tr><td>☐ Fire Safety</td><td>☐ MARPOL</td></tr><tr><td>☐ Lifesaving</td><td>☐ Documents</td></tr><tr><td>☐ Eng. Room</td><td>☐ Other</td></tr></tbody></table>	☐ ISM	☐ Navigation	☐ Safety	☐ MLC	☐ Fire Safety	☐ MARPOL	☐ Lifesaving	☐ Documents	☐ Eng. Room	☐ Other
☐ ISM	☐ Navigation										
☐ Safety	☐ MLC										
☐ Fire Safety	☐ MARPOL										
☐ Lifesaving	☐ Documents										
☐ Eng. Room	☐ Other										

Item	Details
Regulatory Reference (Convention / Code/IMO Regulation/Skan Regulation)	
Deficiency Description (as stated by the FSI or PSC Inspector Report)	

Risk Assessment

Risk Level
☐ Low Risk ☐ Medium Risk ☐ High Risk ☐ Very High-Risk Level

Describe the potential impact of the deficiency:

Immediate Corrective Action (if any and using as reference the above risk level table)

Actions taken to rectify the deficiency before departure or within the required timeframe (as per the FSI or PSC report):

Responsible Person	
Rank (onboard)/ Position (Ashore)	☐ Master ☐ Chief Officer ☐ Chief Engineer ☐ DPA /CSO/Superintendent
Date Completed (dd/mm/yyyy)	
Supporting Evidence	☐ Photos ☐ Test Records ☐ Service Report ☐ PMS Record ☐ Other

Details:

Closure Evidence / Objective Evidence

Documents attached:

Type (Description	Please only select is the document is provided
Photographs	☐
PMS Records	☐
Service Report	☐
Training Records	☐
Class Survey Report or Records	☐

Type (Description	Please only select is the document is provided
Other	☐

Additional Comments (if any):

Example (Completed)

Deficiency: PSC Deficiency No. 7

Fire door on accommodation deck not self-closing as required.

Reference: SOLAS Chapter II-2 Regulation 9

Immediate Corrective Action

- Door closer adjusted.
- Functional test carried out.
- PSC Officer witnessed satisfactory operation.
- Photographs attached.

Root Cause

PMS maintenance routine did not specifically require testing of all accommodation fire door self-closing arrangements.

Corrective/Preventive Actions

1. Update PMS routine to include quarterly fire door functionality checks.
2. Conduct vessel-wide inspection of all fire doors.
3. Issue fleet circular requiring similar inspections on sister vessels.
4. Verify completion during next superintendent visit.

Effectiveness Verification

Results of quarterly inspections reviewed by Technical Superintendent for the next six months. Findings to be discussed during Management Review meeting.

**Name of the person
approving this CAP /
Signature**

☐ Designated Person ☐ Company Security Officer

Position / Rank

☐ Superintendent ☐ Ship`s Master