



PASSENGER SHIP SAFETY CERTIFICATE FOR SHIPS OPERATING SOLELY IN UK CATEGORISED WATERS

This certificate shall be supplemented by a Record of Equipment and Information (MSF 1256) which must be carried on board

PARTICULARS OF SHIP

Name of Ship	<h1>SAMPLE</h1>
Official Number	
IMO Number	
Gross Tonnage	
Name of Owner/Operator	
Address	

THIS IS TO CERTIFY THAT:

- 1 The ship has been surveyed and found to comply with The Merchant Shipping (Passenger Ships) (Safety Code for UK Categorised waters) Regulations 2010
- 2 The ship holds a valid Partial Declaration of Survey of a passenger ship.
- 3 The ship is fit to ply on voyages within the limits stated on the Record of Equipment and Information which supplements this Certificate.
- 4 The ship is fit to carry the numbers of passengers shown below, under the conditions indicated.
- 5 An Exemption Certificate has been issued / has not been issued *.

Area of Operation	<h1>SAMPLE</h1>					
Mode						
Maximum Number of Passengers allowed						
Minimum Number of Crew						

See also Operational Limits and Notes.

This Certificate is valid until unless previously cancelled, subject to the Annual Surveys and Safety Management In-service verification being completed and endorsed on the Certificate.

Date of Stability Verification: Inclining / Heel Test / Lightweight

Date of last 2 of inspections of the outside of the ship's bottom

Anniversary Date

If the vessel's owner operates under ISM, please click ISM button to CANCEL endorsements

Completion date of survey and verification on which this Certificate is issued

Certificate Issue

Place of Issue	<h1>SAMPLE</h1>	Official Stamp
Date of Issue		
Name		
Signed		

(Signature of Authorised Official issuing the Certificate)

Safety Management In-Service Verification

In-Service Range Dates to

Place	<h1>SAMPLE</h1>	Official Stamp
Date		
Name		
Signed		

Signature of Authorised Official issuing the Certificate

Name of Ship

**ENDORSEMENT FOR ANNUAL SURVEYS AND IN-SERVICE VERIFICATION OF SAFETY MANAGEMENT SYSTEM
WHICH MUST BE COMPLETED EACH YEAR BETWEEN THE RANGE DATES SPECIFIED**

Record of out-of-water Surveys CLICK here to add a NOTE <input type="checkbox"/> * delete which not appropriate	Annual Survey Range Dates [] and []	Safety Management In-Service Verification In-Service Range Dates [] to [] Note: Must be conducted when vessel in service.
1st Type: waiver / out water * Signed [] Name [] Place [] Date [] CLICK TO CANCEL ENDORSEMENT AREA Official Stamp []	Signed [] Name [] Place [] Date [] CLICK TO CANCEL ENDORSEMENT AREA Official Stamp []	Signed [] Name [] Place [] Date [] Official Stamp []
2nd Type: waiver / out water * Signed [] Name [] Place [] Date [] CLICK TO CANCEL ENDORSEMENT AREA Official Stamp []	Signed [] Name [] Place [] Date [] CLICK TO CANCEL ENDORSEMENT AREA Official Stamp []	Signed [] Name [] Place [] Date [] Official Stamp []
3rd Type: waiver / out water * Signed [] Name [] Place [] Date [] CLICK TO CANCEL ENDORSEMENT AREA Official Stamp []	Signed [] Name [] Place [] Date [] CLICK TO CANCEL ENDORSEMENT AREA Official Stamp []	Signed [] Name [] Place [] Date [] Official Stamp []
4th Type: waiver / out water * Signed [] Name [] Place [] Date [] CLICK TO CANCEL ENDORSEMENT AREA Official Stamp []	Signed [] Name [] Place [] Date [] CLICK TO CANCEL ENDORSEMENT AREA Official Stamp []	Signed [] Name [] Place [] Date [] Official Stamp []

SAMPLE

SAMPLE

SAMPLE



SUPPLEMENTARY RECORD OF EQUIPMENT AND INFORMATION FOR A PASSENGER SHIP OPERATING SOLELY IN UK CATEGORISED WATERS

This document must be kept on board and be available for inspection at all times

1. PARTICULARS OF SHIP

Name of Ship

Official Number

SAMPLE	
SAMPLE	
SAMPLE	

Date on which keel was laid or ship was at a similar stage of construction

2. OPERATIONAL LIMITS

If all Operational Limits cannot be accommodated in this field please use the 'Additional Operational Limits' form MSF 1243 to record further limits.

SAMPLE	
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3. PASSENGER AND CREW NUMBERS

Area of Operation						
Mode						
Maximum Number of Passengers						
Minimum Number of Crew						

The **REVISION DATE** on each page of the Supplementary Record will automatically complete with the issue date recorded from the declaration / supplementary. This date **CAN BE OVERWRITTEN** for subsequent issues of Supplementary pages where updates to equipment and information are to be recorded and page (s) re-issued. The new date should correspond with the relevant entry on Page 9 of the Supplementary Record under '**DOCUMENT CONTROL**'

3. PASSENGER AND CREW NUMBERS (Cont.d)

	Location	Area	Number of Passengers	Number of Seats
On Deck	SAMPLE			
In Cabins				

4. CREW DETAILS

Minimum Certification Requirements for Master	SAMPLE
Minimum Numbers of holders of Certificates of Proficiency in Survival Craft and Rescue Boats	
Other certification requirements	

5. STABILITY DETAILS

Subdivision / Loadline * marked on ships side at amidships	Survivability Standard	Freeboard / Clear Height * at side	Measured from a line...below main deck level at side	Extreme draft amidships	Remarks with regard to alternative service conditions

SAMPLE

* delete as appropriate

7. LIFESAVING APPLIANCES AND EQUIPMENT

		Port Side	Starboard Side
1	Total number of persons for which life-saving appliances are provided		
2	Total number of lifeboats		
2.1	Total number of persons accommodated by them		
3 ***	Description of lifeboat davits (inc.S.W.L.)		
4	Number of Rescue Boats		
4.1	Number of Rescue Boats (included in in total lifeboats shown above)		
4.2 ***	Description of Rescue Boat davits (inc.S.W.L.)		
5 **	Number and Type of liferafts		
5.1	Total number of persons accommodated by them		
5.2 ***	Description of Liferaft davits (inc.S.W.L.)		
5.3 **	Type / Manufacturer of Marine Evacuation System (if fitted)		
6	Number of Buoyant Apparatus		
6.1	Number of persons capable of being supported		
7	Total number of lifebuoys		
7.1	Number of lifebuoys with lines		
7.2 *	Number of lifebuoys with lights		
7.3 *	Number of lifebuoys smoke signals		
7.4 *	Number of lifebuoys smoke signals and lights		
8.1	Number and type / manufacturer of Lifejackets for persons over 32 kg		
8.2	Number and type / manufacturer of Lifejackets for persons under 32 kg		
8.3 **	Number and type / manufacturer of Inflatable Lifejackets		
8.4	Number and type / manufacturer of Buoyancy Aids for persons over 32 kg		
8.5	Number and type / manufacturer of Buoyancy Aids for persons under 32 kg		
8.6	Number of Life Jackets / Buoyancy Aids Fitted with Lights		
9.1	Number of rocket parachute distress flares		
9.2 *	Number of Hand held flares		
9.3 *	Number of Buoyant Smoke Signals		
10 *	Number of Line Throwing Apparatus		
11	Means of recovering persons from water		
12 *	First Aid Equipment category and number		

* These items must be kept within valid dates

** These items must have record of service within dates specified by manufacturer

*** These items to be load tested every 5 years and records kept

Note : See also Section 14 - Approved Variations of Equipment

8. DETAILS OF NAVIGATIONAL SYSTEMS AND EQUIPMENT

1.1	Standard magnetic compass *	
1.2	Spare magnetic compass *	
1.3	Gyro compass *	
1.4	Gyro compass heading repeater *	
1.5	Gyro compass bearing repeater *	
1.6	Navigational Lights	
1.7	Heading or track control system *	
1.8	Pelorus or compass bearing device *	
1.9	Means of correcting heading and bearings *	
1.10	Transmitting heading device (THD) *	
2.1	Nautical charts	
2.2	Backup for ECDIS	
2.3	Nautical publications - Description and Area covered	
2.4	Backup arrangements for electronic nautical publications	
3.1	Receiver for a global navigational satellite system / terrestrial radio-navigational system *	
3.2	9 GHz radar *	
3.3	Automatic radar plotting aid (ARPA) *	
3.4	Automatic tracking aid *	
3.5	Electronic plotting tracking aid *	
4	Automatic Identification System (AIS)	
5	Voyage data recorder (VDR)	
6	Speed and distance measuring device (through the water) *	
7	Echo sounding device *	
8	Rudder, Propeller, thrust, pitch and operational mode indicator *	
9	Communications to emergency steering position	
10	Daylight signalling lamp *	
11	Search Light	
12	Radar reflector *	
13	International Code of Signals	
14	IAMSAR Manual	

* Alternative means of meeting this requirement are permitted. In case of other means they shall be specified.

9. DETAILS OF RADIO EQUIPMENT

1	VHF Radio Installation	Manufacturer	Type
1.1	DSC Encoder		
1.2	DSC Watch Receiver		
1.3	Radiotelephony		
2	Secondary Means of Alerting		
3	NAVTEX receiver		
4 **	EPIRB		
5 *	Number of hand held two-way VHF radiotelephone apparatus		
6	SART		
Other Radio Equipment			

Methods used to ensure availability of Radio Facilities

1	Duplication of Equipment	
2	Shore-Based maintenance	

* Batteries of these items must be kept within valid dates

** These items must have record of service within dates specified by manufacture

10. FIRE PROTECTION AND DETECTION

Where necessary reference can be made to identified plans

1	Fire extinguishers: Type and Location	
	Fixed fire extinguishing system : Details	
2	Structural Fire Protection: Details	
3	Fire Pumps	

10. FIRE PROTECTION AND DETECTION (Cont.d)

4	Fire Hoses and Nozzles (include Type)	
5	Fire Blanket	
6	Fire-fighters Protective Equipment (Clothing, boots, gloves, axe, helmet, safety lamp)	
7	Emergency Lighting	
8	Fire Detection System	
9	Fire Alarm System	

11. MACHINERY

1	Main Engines	
	Number	
	Manufacturer	
	Type	
	Year	
	Number of Cylinders	
	Diameter of Cylinders	
	Length of Stroke	
2	Shaft and Propeller : Type and Year	
3	Remote Stops / extended spindles	

11. MACHINERY (Cont.d)

4	Generators	SAMPLE
	Number	
	Type	
	Power	
5	Electrical Equipment	
6	Steering Gear	
7	Bilge Pumps	
8	Machinery operation manuals	

12. EXEMPTIONS FROM STATUTORY REQUIREMENTS

Regulation	Date of Issue	Comment
SAMPLE		
SAMPLE		

13. SURVEYOR REMARKS

SAMPLE

Coastguard Station at which SAR Plan is held

14. APPROVED VARIATIONS OF EQUIPMENT

Item Number	Details of Equivalence	Conditions
SAMPLE		

I certify that this Record is correct in all respects.

Office

Signature of surveyor

Signature of surveyor

Date

Name of surveyor

Name of surveyor

Official Stamp

The area below is to be used for recording Alternative means as indicated in Section 3. Navigation Details and Equipment. Please click the check box below to add the suggested heading 'Alternative Means Provided where indicated above' then TAB to add the relevant information. Please not that the border below will not print on your final document. You can add your own heading by clicking in the heading area and removing / adding text.

Click here to edit heading

Alternative Means Provided where indicated below

SAMPLE

DOCUMENT CONTROL - MSF 1256

Page	Revision Date					
1						
2						
3						
4						
5						
6						
7						
8						
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SAMPLE

SAMPLE

Revision Date