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नौवहन महानिदेशालय / DIRECTORATE GENERAL OF SHIPPING,

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सं./ No.: ENG/DGS/DOC(1)/2011-Domestic

दिनांक / Date : 10.08.2011

12 AUG 2011

Engineering Circular No. 135

Subject: Procedure to be followed for audit and issuance of certificates under Domestic Safety Management (DSM) Code

1.0 Background:

As per DGS order No. 6 of 2010 (i.e. Notification for Construction, Survey, Certification & Operation of Indian River-Sea Vessels- Type 1, 2, 3 & 4) dated 15th November, 2011 and MS Notice 7 of 2011 dated 11th March, 2011, Type 3 & 4 River-Sea Vessels of 500 GT and more, are required to comply with the Annex-XII (Domestic Safety Management Code) requirement by 15th May 2011. Procedure for the issuance of DSM certificates / Qualification of DPAs/ Fees/ Formats etc. are as follows:

2.0 Procedures pertaining to issuance of Domestic Document of Compliance (DDOC):

1. Application for Domestic Document of Compliance (DDOC), will be made by the Company to the ISM Cell of the Directorate along with the following:

- Applicable fees in favour of D.G. Shipping for Initial DDOC audit.
- Background of the Company.
- Organization structure giving the qualification and experience of personnel.
- Type of ship for which DDOC is being applied.
- SMS document in compliance with DSM Code for the required ship type.
- Company Identification Number (optional).
- Copy of Registered document for office premise.
- Copy of Certificate of incorporation issued by Registrar of Companies.
- Details of DPA with qualification details.
- Duly filled DSM- Form-03.

2. On receipt and scrutiny of Company's application for Initial DDOC Audit, a letter of nomination for scrutiny of SMS manual will be issued by the Directorate to an auditor and a copy to Company for information. The auditor after satisfactory completion of preliminary scrutiny shall endorse and return the manual along with the recommendation to the ISM Cell of the Directorate

within the prescribed period. The ISM Cell of the Directorate, on receiving the recommendation, will nominate an audit team to the Company's premise to carry out the audit towards Initial verification for the identified ship type(s). On receiving the audit report from the auditor the certificate will be issued by the Directorate. In case of major non-conformities the Company may be advised to address the non-conformities. Companies may remit the certificate fee of Rs. 2000/- (two thousand rupees) along with the application.

.3 For the Intermediate/Renewal/Additional DDOC audit's following procedures are required to be followed by the Companies and auditors.

- a) The application for the applicable DDOC Audit shall be made along with audit request form DSM-03 with the appropriate audit fee, at least one month in advance from the date of the audit.
- b) For Intermediate DDOC audits, the company shall ensure that the audit is completed satisfactorily within 30 months (+/- 6 months), before the expiry of the full term certificate.
- c) For Renewal DDOC audits, request for audit date should be made at the earliest and the company shall ensure that the audit is completed satisfactorily at least two months before the expiry of the DOC to facilitate the Directorate to issue full-term DDOC with effect from the date of expiry.
- d) On satisfactory completion of DDOC audit and payment of required certification fee of Rs.2,000/- in favour of D.G. Shipping, Mumbai which may be paid along with the application for the audit, the certificate for the recommended period will be prepared by the Directorate and dispatched immediately.
- e) Failure in closing the non-conformities within the prescribed period (maximum of three months), will be treated as major non-conformity on the Company and their DDOC, as the case may be, is liable for the withdrawal.

.4 For the vessel audits Company's shall approach Indian Register of Shipping(IRS) after obtaining their DDOC for first assessment as per the instructions contained in MS Notice 07 of 2011 and there after as per the Code.

If the Company who is responsible for the operation of the River-Sea vessel is other than the owner, full name and details of such Company is required to be submitted to the DGS and IRS at the time of giving the vessel for the technical management (i.e DSM-01, DSM-02, DSM-08 & DSM-09).

3.0 Minimum Qualification of Designated Person Ashore (DPA).

S.No.	Category of Ships	Minimum Qualification
1.	Type-3 & Type 4 River sea vessels	Holder of COC as Master (NCV) or Chief Engineer (NCV), with adequate sea experience or, a Naval Architect/B.E (Mechanical Engineering) having relevant past experience (minimum 3 years) or, holder of COC as Chief Mate (FG) or Second

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		Engineer (FG) with 1 year rank experience or, holder of COC as 2 nd Mate (FG) or Marine Engineer Officer Class IV (FG) with 3 years rank experience.
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4.0 Fees for DSM Code Audits:

- Fee for Initial DDOC Audit – Rs. 25,000 (Twenty five thousand only)
- Fee for Intermediate/Renewal/Additional DDOC Audit – Rs. 15,000 (Fifteen thousand rupees only)
- Fee for the certificate – Rs. 2,000 (Two thousand rupees only)

5.0 DSM forms for certification under DSM Code:

All companies and auditors are advised to use the following format when transmitting information to the Directorate.

DSM-01, DSM-2, DSM-03, DSM-04, DSM-05, DSM-06, DSM-07, DSM-8, DSM-09, DSM-Audit Schedule.

Company who is responsible for the operation of the River-sea vessel is other than the owner must submit DSM-01, DSM-02, DSM-08 & DSM-09 forms to Directorate & IRS prior taking over management of the vessel

This issues with the approval of the Director General of Shipping & ex-officio Additional Secretary to the Govt. of India.

(D. Mehrotra)
(D. Mehrotra)

Dy. Chief Surveyor-cum-Sr.DDG (Tech.)

- The Principal Officer, Mercantile Marine Department, Mumbai / Kolkata / Chennai / Kandla / Cochin.
- The Surveyor-in-charge, Mercantile Marine Department, Goa / Jamnagar / Port Blair / Visakhapatnam / Tuticorin / Delhi / Haldia / Paradip / Mangalore.
- All Classification Societies.
- Indian National Shippers Association (INSA), Mumbai.
- ICC Shipping, Mumbai.
- All Shipping Companies.
- The Chief Surveyor with the Govt. of India.
- The Nautical Adviser to the Govt. of India.
- The Engineering Branch.
- The Nautical Branch.
- MSL Branch
- Guard Cell.
- Computer Cell.

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DECLARATION
FORM NO. DGS/DSM - 01

(To be completed by authorised representatives of the owner / bareboat charterer and the company on first notification and when reporting any changes thereafter)

1. VESSEL

Name of Vessel:	Type of Vessel:
Official No. / Call Sign:	IMO Number:

2. OWNER / BAREBOAT CHARTERER

Registered Name: (Enclose certificate of Incorporation)		
Registered Address:	Tel. No.:	
	Fax No.:	
	E-mail:	

3. DECLARATION OF PARTICULARS OF THE COMPANY (DSM Code Ref.: 4.2.1)

Registered Name: (Enclose certificate of Incorporation)	
COMPANY ID NO.	
Registered Address:	Operation Office Address:
Tel. No.:	Tel. No.:
Fax No.:	Fax No.:
Telex No.:	Telex No.:
E-mail:	E-mail:

I, the undersigned, hereby declare and state for and on behalf of the **company** that the above information is true and correct and I am duly authorised by the **company** to provide the aforesaid information.

Name:	Place & Date:	
Signature:	Stamp:	

I, the undersigned, hereby declare and state for and on behalf of the **owner / bareboat charterer** that the above information is true and correct and I am duly authorised by the **owner / bareboat charterer** to provide the aforesaid information.

Name:	Place & Date:	
Signature:	Stamp:	

Certified by

Name & Stamp of the Registrar of Ship

Annex to Form No. DGS/DSM - 01

(To be completed by authorised representatives of the owner / bareboat charterer and the company on first notification and when reporting any changes thereafter)

DSM Code Ref.: 4.2.1

<p>For and on behalf of the Owner / Bareboat Charterer:</p> <p>I, the undersigned, hereby declare and state as below:</p> <p>1) The owner / bareboat charterer has agreement with the company for the operations of the vessel and to discharge of all duties, responsibilities and obligations of the owner / bareboat charterer, which fall within the scope of Chapter XII of the Indian River-Sea vessels rules from the date of the present declaration.</p> <p>2) The owner / bareboat charterer has read and understood the ISM Code and the requirement of the D.G. Shipping on the development, implementation and certification of SMS issued by the D.G. Shipping.</p> <p>3) The owner / bareboat charterer accepts, agrees and undertakes to be responsible for the company (named overleaf).</p> <p>4) The above information is true and I am duly authorised to make this declaration for and on behalf of the owner / bareboat charterer.</p>	<p>For and on behalf of the Company:</p> <p>I, the undersigned, hereby declare and state as below:</p> <p>1) The company has accepted the agreement with the owner / bareboat charterer and undertake to carry out all aspects of the operation of the vessel and discharge all duties, responsibilities and obligations of the owner / bareboat charterer, which fall within the scope of Chapter XII of the Indian River-Sea vessels rules from the date of the present declaration.</p> <p>2) The company has received from the owner / bareboat charterer sufficient instructions, guidance, means and resources to the entire satisfaction of the company and arrangements have been made which enable and will enable the company to carry out and fulfil the duties, responsibilities and obligations which are hereby accepted and undertaken.</p> <p>3) The company accepts, agrees and undertakes to be bound, as far as the operation of the vessel and for any matter related thereto, by the applicable rules and regulations of the D.G. Shipping.</p> <p>4) The company has read and understood the DSM Code and the requirements of the D.G. Shipping on the development, implementation and certification of SMS issued by the D.G. Shipping.</p> <p>5) The above information is true and correct and I am duly authorised to make this declaration for and on behalf of the company.</p>
<p>For and on behalf of the Owner / Bareboat Charterer:</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Place & Date: _____</p> <p>Stamp: _____</p>	<p>For and on behalf of the Company:</p> <p>Name: _____</p> <p>Signature: _____</p> <p>Place & Date: _____</p> <p>Stamp: _____</p>

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DECLARATION
FORM NO. DGS/DSM - 02

(To be completed by authorised representatives of the company and also for reporting changes)

1. VESSEL

Name of Vessel:	Type of Vessel:
Official No. / Call Sign:	IMO Number:

2. PARTICULARS OF THE COMPANY (DSM Code Ref.: 1.2)

Registered Name: (Enclose certificate of Incorporation)	
COMPANY ID No.	
Registered Address:	Operation Office Address:
Tel. No.:	Tel. No.:
Fax No.:	Fax No.:
Telex No.:	Telex No.:
E-mail:	E-mail:

3. DESIGNATED PERSON (DSM Code Ref.: 4.2.2) (Enclose certified copy in proof of qualification, training and experience)

Designated Person:	Alternate Designated Person:
Name:	Name:
Position:	Position:
Identity Document:	Identity Document:
Office Address: (Place of work)	Office Address: (Place of Work)
Tel. No.:	Tel. No.:
Mobile No.:	Mobile No.:
Fax No.:	Fax No.:
Telex No.:	Telex No.:
E-mail:	E-mail:
AOH Tel. / Fax Nos.:	AOH Tel. / Fax Nos.:

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4. IDENTIFICATION OF HIGHEST LEVEL OF MANAGEMENT (HLM)

Highest Level of Management:	Alternate to HLM:
Name:	Name:
Position:	Position:
Identity Document:	Identity Document:
Tel. No.:	Tel. No.:
Mobile No.:	Mobile No.:
Fax No.:	Fax No.:
Telex No.:	Telex No.:
E-mail:	E-mail:
AOH Tel. / Fax Nos.:	AOH Tel. / Fax Nos.:

5. BRANCH OFFICE(S)

Registered Name: (Enclose certificate of Incorporation)	Operation Office Address:
Registered Address:	
Tel. No.:	Tel. No.:
Fax No.:	Fax No.:
Telex No.:	Telex No.:
E-mail:	E-mail:

I, the undersigned, hereby declare and state for and on behalf of the company that the company has been incorporated and exists under the laws of the state and the officers of the company are those as indicate in the enclosed list / below, the company does operate branch offices as mentioned below / does not operate branch offices (strike if not applicable).

The above information is true and correct and I am duly authorised by the company and the aforesaid persons to provide the aforesaid information.

(to be completed if a counter signature is required)

Name:	Name:
Signature:	Signature:
Place & Date:	Place & Date:

Certified by

Name & Stamp of the Registrar of Ship

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AUDIT REQUEST FORM-DSM 03

We request the Directorate General of Shipping to instruct its Auditors to assess our Safety Management System (SMS) to DSM Code on or around.....
(Minimum 30 days notice to be given from the date audit is requested)

The scope of assessment for which audit is requested:

DDOC

Interim / Initial / Intermediate / Renewal / Additional / Surveillance*

We agree to provide the Directorate General of Shipping with all the documents, information and facilities to carryout the above mentioned audit activities.

Details of fees submitted in favour of "the Directorate General of Shipping, Mumbai" towards carrying out the above audit are mentioned below.

Details of payment of audit fees.....

We also agree to pay any other fees as applicable for Audit and issuance of Certificate.

Particulars:

Name of Company:	
Company ID No.	
Company Address	
No. of Branch Offices and their details of location, covered under DOC, if any:	
Ship type for which audit is requested:	
Date of last audit and Name of Auditor (s)	
Details of Additional DDOC audit undertaken and the reason for such audit	

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Indicate the details of detention of vessel under FSI (Name of vessel, Inspecting authority, port and date of inspection)	
Total No of Ships to be covered under the requested audit (Mention in Ship Type wise along with their name date and type of last audit along with the validity and endorsement of the certificate)	
Present DDOC Certificate Number and its date of validity (in case of multiple DDOC, give date of validity for all DDOC):	
Date of last DDOC endorsement (s) (in case of multiple DOC, give date of endorsement for all DDOC):	
Name of Vessel (s) / type of vessel / IMO No. / GT / yr. of built for which audit is requested:	
Location (s) of Audit:	

Name of Designated Person

Signature of Designated person

Address

Date of Application

Place

(*strike out which is not applicable)
FORM NO. DGS/DSM – 03/Rev.0/ April 2011



DIRECTORATE GENERAL OF SHIPPING, GOVT. OF INDIA

COMPANY INITIAL/INTERMEDIATE/RENEWAL/ADDITIONAL AUDIT ASSESSMENT REPORT

Port:
Date:

COMPANY NAME:	
COMPANY ID NO.:	
OFFICE ADDRESS WITH TEL. NO. & FAX NO.:	
CONTACT PERSON: (Address of Branch Offices included in this assessment are to be given in additional sheet)	
DDOC NO.	ISSUED ON
ISSUED BY	VALID TILL
EXISTING SCOPE (SHIP TYPE)	LAST ENDORSEMENT DATE:
ASSESSMENT NOW BEING REPORTED <i>INTERMEDIATE/ADDITIONAL/RENEWAL</i>	
TEAM LEADER:	AUDIT DATE(S):
TEAM MEMBER(s):	
NO. OF MAJOR NCs:	NO. OF NCs:
MAJOR NCs CLEARED: <input type="checkbox"/> YES <input type="checkbox"/> NO	ALL PREVIOUS NCs CLEARED: <input type="checkbox"/> YES <input type="checkbox"/> NO
NO. OF OBSERVATIONS:	NO. OF FINDINGS:
SUMMARY OF RECOMMENDATIONS:	
COPIES OF ALL NCs/OBS. (AS APPROPRIATE) ARE ATTACHED TO THIS REPORT: YES/NO/NIL	
ISSUE DDOC VALID FROM (date of assessment completion) FOR YEARS MONTHS	
REPORTED SCOPE (SHIP TYPE):	
ADDITIONAL ASSESSMENT REQUIREMENT?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOC ENDORSED <input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE OF TOP MANAGEMENT / DESIGNATED PERSON	SIGNATURE OF AUDIT TEAM LEADER / LEAD AUDITOR

Original copy of this form to be given to the auditee and photo copy to be forwarded to the ISM Cell, D.G. Shipping. Company must retain this report for at least five years from the date of issue.
Form No.: DGS/DSM-04/Rev. 0/April 2011



(9)

DIRECTORATE GENERAL OF SHIPPING, GOVT. OF INDIA
NON CONFORMITY/OBSERVATION/MAJOR NON CONFORMITY REPORT

Port:
Date:

Type of Audit : <i>INTERIM/INITIAL/ANNUAL/INTERMEDIATE/RENEWAL/ADDL.</i>		
Company Name :		NC/MAJOR NC/OBS NO.:
Company ID No.:		
Ship Name:		
Statement of NC/MAJOR NC/OBS		
<p style="font-size: 0.8em; opacity: 0.5;">DIRECTORATE GENERAL OF SHIPPING, GOVT. OF INDIA NON CONFORMITY/OBSERVATION/MAJOR NC/OBS</p>		
DSM Code Reference		<i>NC/Major NC/Observation/Finding</i>
Proposed Completion Date : (by Auditee)		Prescribed Completion Date : (by Team Leader)
Auditee (Sign.)	Team Leader (Sign.)	Audit Team Member(s) (Sign.)
<p style="font-size: 0.8em; opacity: 0.5;">Corrective/Preventive Action Report</p>		
Auditee/Company Representative (Sign. & Date)		Actual Completion Date :
Accepted / Down Graded	Team Leader Sign. & Date	Team Member Sign. & Date (Optional)
Comments		

Form No.: DGS/DSM-06/Rev. 0/April 2011

Note: 1) Strike out whichever is not applicable 2) Use overleaf if space is not sufficient for Corrective/Preventive Action.



DIRECTORATE GENERAL OF SHIPPING, GOVT. OF INDIA

DSM AUDIT LOG

Port:
Date:

NAME OF AUDITOR:				
TYPE OF AUDIT: INTERIM/INITIAL/ANNUAL/INTERMEDIATE/RENEWAL/ADDL. COMPANY/SHIP				
COMPANY NAME:				
COMPANY ID NO.:				
HEAD OFFICE ADDRESS:				
<p>(Addresses of Branch Offices included in this Audit are to be given in additional sheet)</p>				
DETAIL OF OFFICE AUDIT				
OFFICE LOCATION	DATE & DURATION OF AUDIT DAYS	ROLE IN AUDIT (AUDITOR/LEAD AUDITOR)	TOTAL NO. IN TEAM	VERIFICATION BY AUDITEE (Name, Signature, Position, Stamp and Date)
DETAIL OF SHIP AUDIT				
NAME OF SHIP	DATE & DURATION OF AUDIT DAYS	ROLE IN AUDIT (AUDIT/LEAD AUDITOR)	TOTAL NO. IN TEAM	VERIFICATION BY AUDITEE (Name, Signature, Position, Stamp and Date)

Form No.: DGS/DSM-07/Rev. 0/April 2011
Note: Strike out whichever is not applicable.

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DOMESTIC SAFETY MANAGEMENT (DSM) CODE
DECLARATION OF COMPANY
FORM NO. DGS/DSM - 08

We understand that the "Company" means the Owner of a ship or any other organization or person such as the Manager, or the Bareboat Charterer, who has assumed the responsibility for operation of the ship from the Ship owner and who on assuming such responsibility has agreed to take over all the duties and responsibility imposed by the DSM Code.

The undersigned affirms that:

Name of Company	
Company ID No.	
Address	
Telephone Nos.	
FAX & E-mail	

is the Owner of the following Indian registered Ship(s):

Ship Name	Type of Ship and GT	Date of Build	Port of Registry	Official Number	Call Sign	IMO Number

In accordance with Clause 4.2.1 of DSM Code, if the entity who is responsible for the operation of the ship is other than the above stated Owner, the Owner must report the full name and details of such entity to the D.G. Shipping. If such is the case here, the undersigned affirms with due diligence that:

Name of Company	
Company ID No.	
Address	
Telephone Nos.	
FAX & E-mail	

is the "Company" responsible for complying with all the requirements of the DSM code for the above mentioned Indian registered Ship(s).

The undersigned further affirms that any change in "Company" must be made in writing by Fax or otherwise within two (2) working days after such arrangement / agreement.

Signature: Title of top Management of Company (owner) _____

Place:

Date:

Seal

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DOMESTIC SAFETY MANAGEMENT (DSM) CODE
DECLARATION OF DESIGNATED PERSON
FORM NO. DGS/DSM - 09

To ensure the safe operation of each ship and to provide a link between the "Company" and those on board, every "Company" as appropriate shall designate a person or persons ashore having direct access to the highest level of management. The responsibility and authority of the designated person or persons shall include monitoring the safety and pollution prevention aspects of the operation of each ship and to ensure that adequate resources and shore based support are applied, as required.

The undersigned affirms that _____ and _____ as an alternate _____ assigned pursuant to Chapter XII of the Indian River-Sea vessels rules (DSM Code), as the "Designated Person(s)" for the following Indian registered Ship(s) (Enclose documentary evidence showing that the designated person and the assistant / alternate designated person (s) have the relevant qualification, training and experience as required) :

Ship Name	Type of Ship and GT	Date of Build	Port of Registry	Official Number	Call Sign	IMO Number

It is undertaken that the said "Designated Person(s)" will be available to the ISM cell of the Directorate General of Shipping, Mumbai at any time.

The full address of the "Designated Person(s)" to which official correspondence and materials may be sent:

Name of Company

Company ID No.

Address

Telephone No. / Mobile phone No.

Fax number / E-mail address

Signature:

Name:

Designation of Designated Person

Place and Date:

Seal:

The undersigned affirms and understands that any change in "Designated Person(s)" shall be intimated to the D.G. Shipping immediately and all the correspondences received or made by Designated person are on behalf of the undersigned.

Signature: _____

(Title of Top Management of Company)

Name:

Place and Date:

Seal



DIRECTORATE GENERAL OF SHIPPING, GOVT. OF INDIA

DSM AUDIT SCHEDULE

Port:
Date:

Name of Vessel:

Name of Company:

Company ID No.:

Type of Audit: INTERIM/INITIAL/INTERMEDIATE/RENEWAL/ADDITIONAL

Language of Audit: ☐ English ☐ Other, please specify

Time	Audit Function/Department (Indicate audit team composition, if more than one team this column to be divided accordingly depending on the no of teams)
hrs.	OPENING MEETING
TEAM COMPOSITION —	
hrs.	
hrs.	
hrs.	
hrs.	
hrs.	
hrs.	
hrs.	
hrs.	
hrs.	
hrs.	
hrs.	CLOSING MEETING

Name of Audit Team
Leader and Members:

Identification of Reference Documents associated with the SMS

Signature of Team Leader

Note: 1) Use reverse of the audit schedule for listing of the personnel attending opening / closing meeting. 2) Strike out whichever is not applicable.

Audit Report Distribution

Original to Auditee (Master in case of Ship/DP in case of Company)

Copies to Auditor (s), ISM Cell