



clever solutions | beyond class

CIRCULAR

## Alert on Detainable Deficiencies

C26016 | 16 February 2026

Notice to: Ship Owners/ Managers/ Operators / Surveyors/ Auditors

Following recent Port State Control (PSC) inspections, deficiencies were recorded that resulted in the detention of the vessels. Dromon wishes to draw attention to those deficiencies considered as 'grounds for detention' to avoid recurrence.

These detainable deficiencies, all of which contributed to detentions, were:

### Structural Condition

- There was exposed electric cabling running throughout the ship.

### Water/Weathertight Condition

- The engineroom funnel was found holed (10 cm x 10 cm).
- Numerous watertight doors were severely corroded and unable to close fully.
- Several accommodation window gaskets on the main deck level were worn out or partially missing, with signs of visible water ingress.
- The goose neck type ventilation of the CO2 room was found damaged & holed.
- The galley & steering gear room ventilation covers were missing.

### Emergency Systems

- The emergency lighting around the lifeboat embarkation area was inoperative.
- The alarm on the portable gas detector was not operational.
- Emergency lighting in the engine room was insufficient – several bulbs were broken.
- There were no records of onboard testing of the emergency fire pump.
- The emergency fire pump could not be started within 20 minutes.
- The emergency generator could not supply consumers and shut down by itself.
- There were no means of communication between the navigation bridge and the steering gear compartment, although shipboard plans indicated that a telephone to the emergency position was fitted.

- Several external emergency lights around the accommodation block were inoperative.

### Cargo Operations, including equipment

- Fixed Cargo lashing gear (D Rings) were not approved. Chain lashings used for securing vehicles were not in accordance with the approved method in the Cargo Securing Manual. Cargo securing was not carried out in accordance with the Manual.
- The gas detector was inoperational.

### Radio Communications

- The INMARSAT-C station was not receiving EGC messages.
- The GMDSS weekly and monthly tests were not as required.
- The enhanced group call (EGC) messages could not be received through the INMARSAT-C station.

### Fire Safety

- The stairwell fire doors were not closing properly. The galley self-closing fire door was tied back by a rope.
- The Separator Room smoke detector was blocked with a plastic cover.
- Closed cargo spaces (other than RO-RO cargo spaces) intended for the carriage of motor vehicles were not provided with at least six air changes per hour.
- Two Accommodation smoke detectors were blocked with plastic covers.
- Testing of the Galley heat detector failed.
- The funnel emergency lighting was inoperative. The funnel fire damper was not closing properly; the closing handle was inoperative, unmarked, and obstructed by steel pipes.
- Some mushroom vent handles were seized, and vent heads were found holed.
- Accommodation external doors were found not to be closing properly.
- The Emergency Generator Room fireman's outfit light was not working.
- All three paint rooms' vent covers were missing.
- The fire detection system was malfunctioning.
- The fire alarm panel was turned off/not operational.
- Quick-closing valves (forward deep tanks) were inoperative.
- The Engine Room Skylight could not be closed.
- The rigid helmet of the firefighter's outfit was found broken.
- Two engineroom smoke detectors had been removed.
- The smoke detection panel showed a 'fault' indicator. The CO2 room emergency lighting was inoperative.
- There were no (explosion-proof type) two-way portable radiotelephone apparatus for the fire-fighting parties onboard.
- The engine-room fire detection and alarm system could not be tested.
- The engine-room CO2 horn could not be tested.
- The engine-room manual fire alarm button was inoperative.
- One fire hose was found holed.
- One fire hydrant on the main deck was leaking.
- The smoke detector above the generator was signposted as a heat detector. The detector in the emergency generator room was found broken. The detector in the galley was a smoke detector, but according to the fire plan, it should have been a heat detector.
- The CO2 lines for cargo holds were found holed, damaged, corroded and poorly maintained.
- The settling tank quick-closing valves were inoperative.
- Several self-closing fire doors were not closing properly, and the ECR fire door self-closing device was found broken.
- The Fire Control Plan posted outside the deckhouse did not include the Engine Room Fire Pump.
- The isolation valve on the fire main could not be closed.

### Alarms

- There were no records of the ship having tested the fire alarms.
- The bilge alarm (aft) could not be tested.
- The oil mist detector could not be tested.

## Safety of Navigation

- The Voyage Data recorder was displaying several malfunctions, including 'no data input' and 'fuse blown'.
- The onboard Chart Catalogue was not the latest edition. The Notice to Mariners (NTMs) Cumulative List was not available. Not all NTMs were available on board; there was no publication's backup.
- It was not possible to check the Sailing Directions, Light Lists, Tide Tables or the List of Radio Signals due to an internet signal failure, and no backup was available.
- The voyage plans were not always updated with all required information, ship's drafts were not entered, and the plans were not always signed by the Officers in charge.
- There were no voyage plans for the previous voyages.
- The IAMSAR Vol 3, SOLAS, MARPOL, and STCW Books were not the latest editions.
- There was no chart correction file, and correction numbers were not entered on the charts.
- Nautical publications had not been updated as required.
- The Bridge Navigational Alarm Watch System (BNWAS) was not working, and the battery was not operating.
- Manual position observations on the ECDIS for the last voyage were not recorded. The passage plan was not comprehensive and was not completed. The position observation frequency column was not completed. The Master/Pilot information exchange was not in line with the bridge procedure guide requirements. The pilot card was not signed by the Master.
- One of the two ECDIS had not been updated.
- Several Nautical Publications were missing. Several Nautical Publications were not the latest editions.
- The Port Chart was missing.
- The nautical charts for the intended voyage had not been updated.
- There was no VDR annual test certificate available.
- The ship's bell was found missing from the forecastle deck.
- Several charts used for the last voyage were not the latest edition.
- There was a S-VDR system fault alarm indicated on the bridge control panel.
- The BNWAS was showing a system fault.
- The Aldis signalling lamp was inoperative.

## Life-saving Appliances

- The davit-launched liferaft was not ready for emergency use due to being stowed inside.
- The lifeboat engine would not start within 5 minutes; once started, it stopped within 3 minutes. It was not ready for emergency use – the electric plug had been removed. Lifeboat windows were cracked, and the searchlight was missing.
- The emergency VHF's were inoperative.
- The lifeboat engine was inoperative.
- The lifeboat davit electric motor was inoperative.
- The rescue boat engine throttle lever was broken.
- One seat in the free-fall lifeboat was not secured properly.
- The liferaft painter was not secured to the hydrostatic release unit.
- The lifeboat's 5-yearly load test certificate was missing.
- The liferaft's annual test certificate was missing.
- The free-fall lifeboat was found not ready for use. The lifeboat was secured to the davit, which couldn't be operated. The lifeboat motor couldn't reach full power. The engine was producing abnormally large amounts of smoke.
- There were no records that lifeboats were manoeuvred in the water.
- Records showed that the rescue boat launching drills had not included manoeuvring the boat in the water by its assigned operating crew.
- The lifeboat (fully enclosed) couldn't be lowered from inside the boat because the lowering wire was broken. A tangled lowering wire obstructed lowering by the brake.

## Loadline

- The vessel was overloaded.

## Certificates & Documentation – Documents

- The fire plans at the entrance to the accommodation were not accessible.
- The Oil Record Book had not been correctly filled.
- The List of National Operational Contact Points had not been updated. The SOPEP manual had not been approved by the Administration. The Port Contacts had not been updated.
- The Intact Stability Book and the Loading Manual had not been approved by the Administration.

#### Certificates & Documentation – Crew certificates

- One able seafarer had no certificate for a rating forming part of the navigational watch, and one oiler had no certificate for a rating forming part of the engine watch in the engine room, both required by the minimum safe manning document.
- Both oilers had no certificate for a rating forming part of the engine watch. The required number of ER ratings was short of one rating (wiper).
- There was no deck rating onboard with an STCW A II-5 level of competence, required to be responsible for operating anchoring equipment.
- Flag state endorsements of all crew members were not available onboard.
- Flag state endorsements for the 2<sup>nd</sup> Officer and the Chief Engineer were not available on board.

#### Propulsion and auxiliary machinery

- Related certificates and fitness documents for D/G placed on deck were missing. Deck generator electric connections found removed.
- Barrels of D.O. were stowed in the E/R.
- Heavy oil leakage was noted on the steering gear machinery.

#### ISPS

- ISPS controls were missing. The Visitor's Logbook was not utilised.

#### ISM

- Crew members lacked the required familiarity and competence with the operation of the lifeboat engine. They were unable to demonstrate the engine-starting procedure.
- During a galley fire drill, initially only one firefighter was deployed to fight the fire. The lead firefighter had no radio communication, was not wearing a safety helmet, and the breathing apparatus face mask was not tightened. The firefighter's outfit belt was unsecured and hanging loosely. The drill was repeated upon request with the same unsatisfactory outcome: firefighters still lacked safety helmets and could not properly don breathing apparatus. Crew members had exposed skin due to improper dressing, and one firefighter was wearing safety boots lacking the required thermal protection.
- During the fire drill in the galley:
  - the second fire team was not prepared;
  - a second set of fire hoses was not prepared at the fire scene;
  - the galley light was not switched off;
  - the galley ventilation was not shut down because it had no damper;
  - the fire blanket was not used;
  - the fire team did not carry portable VHF's;
  - the fire team did not carry flashlights;
  - no reporting was made;
  - the breathing apparatus cylinder was leaking air from the valve, and the set was not used at all.
- The fire drill failed. The fireman entered the fire area without a fire extinguisher or any other means to extinguish the fire.
- The fire drill failed. The crew did not follow their allotted duties. Galley doors and windows were left open. Fireman, although donning BA sets, did not open the air bottles when entering the area. One fireman did not wear a face mask. The crew did not bring a fire extinguisher to the scene.
- The crew did not know which lifeboat was the rescue boat.
- Records of crew familiarisation with emergency systems were missing for several Officers and one rating.
- During the fire drill in the engine room, both firemen showed a lack of training. One fireman entered with the air cylinder closed. The second fireman had air leaking from the face mask due to a broken face mask strap.

- The ship's drill schedule had not been followed. No enclosed space drill had been carried out in the last 6 months.

#### Pollution Prevention – MARPOL Annex I

- There were no records of proper testing of the Oily Water Separator.
- The OWS 15 ppm alarm was not operational. The overboard valve was found unlocked.
- The oil filtering equipment was leaking water.

#### Pollution Prevention – MARPOL Annex IV

- The sewage treatment plant was found inoperative.

#### Pollution Prevention - Ballast Water

- The Ballast Water Treatment System was found to have had a critical alarm fault for several weeks.
- As per the electronic log, a quantity of ballast water on board from the last port had not been treated. The latest ballast intake was recorded in the Ballast Record Book and stated in the pre-arrival information as "treated"; however, the BWTS electronic logbook records did not support this claim, and the information about the latest ballasting operation was missing from the BWTS memory.
- The designated person responsible for ballast operation and the ship's staff were not familiar with the operation of the BWTS.
- Operation of the ballast water treatment system could not be demonstrated during the inspection.

#### MLC, 2006, Working and living conditions

- The multi-gas detector was found to be inoperative.
- There were no work and rest hours recorded for the previous 3 months.

#### MLC, 2006 Conditions of employment

- The Deck Officers stated that they had not received wages.

#### MLC, 2006 Accommodation, recreational facilities, food and catering

- There were some broken sanitary facilities in an Officer's bathroom.

#### Act now

Surveyors / Auditors should take note of the above detainable deficiencies and pay special attention during forthcoming class and statutory surveys and audits, irrespective of scope.

Shipowners / Managers / Operators are requested to pay special attention to those deficiencies, note the Regulations' requirements, and ensure compliance with all Conventions / Codes and MSC / MEPC Circulars.