

MARITIME ADMINISTRATION DEPARTMENT

PORT SECURITY SECTION

MONTHLY REPORTING SUMMARY FORM

**Month:** …………………………………

**Company**: ……………………………………………………………………………………

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ACTIVITIES** | **REPORTING STATUS** | **Remarks** |
| **1** | **BOMB THREAT INCIDENTS** |  |  |
| 2 | **DISCOVERY OF EXPLOSIVES** |  |  |
| 3 | **DISCOVERY OF**  **ARMS / AMMUNITION** |  |  |
| 4 | **UNAUTHORISED ACCESS** |  |  |
| 5 | **UNACCOMPANIED**  **BAGGAGE** |  |  |
| 6 | **Other Incidents** |  |  |
| 7 | **TRAINING** |  |  |
| 8 | **DRILL / EXERCISE** |  |  |
| 9 | **SELF ASSESSMENT** |  |  |

Signature Name: …………..……………………………………

* (1) This form must be submitted within seven (7) days.
* (2) Under reporting status, please insert : **Nil**, for no activity, the **Date** for activities

conducted or incidents occurred.

* (3) Under remarks, state whether report form was submitted to MARAD.