

Crew Accommodation Hygiene Inspection

General Information

Date:

Inspector Name:

Location/Area:

Inspection Checklist

Item	Yes	No	Remarks
Sleeping rooms clean and tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Toilets and showers cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bedding and linen replaced/cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mess rooms and pantries hygienic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Garbage properly disposed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ventilation adequate and clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Comments / Findings

Inspector Signature: