

# Ballast Water Treatment Sanitation Checklist

## Vessel & Operation Details

Vessel Name

IMO Number

Date

Time

Location

Inspector

## Checklist

Item	Yes	No	Remarks
Ballast water treatment system operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
System maintenance record updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ballast water sampling and analysis conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No visible contamination in ballast tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Alarm & monitoring devices functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Crew trained in ballast water procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Discharge performed according to regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

## Additional Comments

Inspector Signature

Date