

Ship Sanitation Inspection Checklist

Ship Name:

IMO Number:

Inspected By:

Inspection Date:

Areas of Inspection

Area/Item	Compliant	Non-Compliant	Comments
Drinking Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Food Storage/Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Galley Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Garbage Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Wastewater Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Pest Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Crew Accommodation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Medical Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Summary of Findings:

Corrective Actions Required:

Inspector Signature:

Date: