

Shipboard Water Supply Sanitation Inspection Form

Ship Name

Date of Inspection

IMO Number

Port

Flag State

Inspector's Name

Designation

Water Source & Distribution

Item	Yes	No	N/A	Comments
1. Is the source of water safe and protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2. Is bunkered water accompanied by certificates?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3. Are pipes & tanks free from leaks/contamination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4. Is potable water clearly labeled and separated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Storage & Treatment

Item	Yes	No	N/A	Comments
5. Are storage tanks clean and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6. Is water treated/disinfected as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7. Is residual chlorine within recommended limit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8. Water temperature monitored (legionella risk)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Distribution Points

Item	Yes	No	N/A	Comments
9. Are taps/fountains clean and functional?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
10. Is water appearance/smell/taste normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Sampling & Records

Item	Yes	No	N/A	Comments
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11. Sampling conducted periodically?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
12. Records of water treatment & tests kept?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Observations / Recommendations

Inspector's Signature

Ship's Representative Signature

Date

Date