

Cargo Hold Cleanliness Inspection Checklist

General Information

Vessel Name	<input type="text"/>	Date	<input type="text"/>
Voyage No.	<input type="text"/>	Inspector	<input type="text"/>
Cargo Hold No.	<input type="text"/>	Location	<input type="text"/>

Inspection Items

Inspection Item	Yes	No	Remarks
All previous cargo residues removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Surface clean and free of contaminants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Bilges, corners, bulkheads, and frames free from residues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Decks, ladders, and platforms clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No strong odors or pests present	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Hatch covers and coamings clean & dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Comments

Inspector's Signature

Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
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