

# Ship Drinking Water Quality Checklist

Vessel Name

Date

Location (Port/At Sea)

Names of Persons Conducting Inspection

Item	Yes	No	Remarks
Is the source of the drinking water safe and protected?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Is the water storage tank clean and well-maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Is there evidence of water contamination (odor, taste, color)?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Are water distribution pipes in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Is free residual chlorine level within safe limits?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Are potable water testing records available and up to date?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Are backflow prevention devices fitted and functioning?	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Water Test Results (pH, chlorine, bacteria, etc.)

Corrective Actions Taken / Comments

Inspector's Signature

