

Ship Laundry Sanitation Monitoring Form

Ship Name

Date

Inspector

Laundry Area Inspection

Item	Yes / No	Remarks
Floors clean and dry	<input type="text"/>	<input type="text"/>
Walls and ceiling clean	<input type="text"/>	<input type="text"/>
Proper ventilation	<input type="text"/>	<input type="text"/>
No accumulation of lint	<input type="text"/>	<input type="text"/>
Chemicals properly stored	<input type="text"/>	<input type="text"/>
Equipment clean and well maintained	<input type="text"/>	<input type="text"/>
Hand wash facilities available	<input type="text"/>	<input type="text"/>
Carts and bins clean	<input type="text"/>	<input type="text"/>

Laundry Process Controls

Control Point	Yes / No	Remarks
Separation of clean/dirty linen	<input type="text"/>	<input type="text"/>

Use of proper PPE	<div></div>	<div></div>
Appropriate detergent/disinfectant	<div></div>	<div></div>
Correct laundry temperatures	<div></div>	<div></div>
Linen handled hygienically	<div></div>	<div></div>

Additional Comments

Inspector Signature