

Bulk Carrier Hatch Cover Inspection Form

Vessel Name

Inspection Date

Location

Inspector Name

Weather Conditions

Hatch No.	Visual Condition	Sealing/Gasket Integrity	Cleats/Dogs	Drain Channels	Comments
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Remarks

Corrective Actions Required

Inspector Signature