

Cargo Ship Engine Room Inspection Form

Vessel Name

Date

Inspector Name

Time Started

Time Finished

Item	Status	Remarks
Main Engine	<input type="text"/>	<input type="text"/>
Generators	<input type="text"/>	<input type="text"/>
Steering Gear	<input type="text"/>	<input type="text"/>
Pumps	<input type="text"/>	<input type="text"/>
Compressed Air System	<input type="text"/>	<input type="text"/>
Bilge System	<input type="text"/>	<input type="text"/>
Firefighting Equipment	<input type="text"/>	<input type="text"/>
Emergency Systems	<input type="text"/>	<input type="text"/>
Lubrication System	<input type="text"/>	<input type="text"/>
Refrigeration & Air Conditioning	<input type="text"/>	<input type="text"/>

Findings and Observations

Corrective Actions Taken

Inspector Signature:

Chief Engineer Signature: