

Cruise Ship Security Inspection Checklist

Ship Name

Date

Inspector Name

1. Access Control

Item	Yes	No	N/A	Remarks
Gangway security checks in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Visitor log maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Access restriction to sensitive areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

2. Surveillance & Monitoring

Item	Yes	No	N/A	Remarks
CCTV system functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Surveillance coverage of critical areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Recording equipment operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

3. Security Personnel

Item	Yes	No	N/A	Remarks
Personnel properly uniformed & identifiable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Patrols conducted at scheduled intervals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Radio/communication devices functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
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4. Emergency Preparedness

Item	Yes	No	N/A	Remarks
Emergency procedures posted & accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Drills regularly conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Equipment accessible & serviceable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

5. Additional Comments