

ISPS Code Restricted Areas Inspection Checklist

Date:

Time:

Inspected by:

Location / Area:

Vessel Name:

Designation:

Checklist

No.	Inspection Item	Yes	No	N/A	Remarks
1	Restricted area signage displayed and readable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2	Access points are locked/secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3	Entry and exit records maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4	Authorized personnel only policy enforced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5	Alarms and monitoring devices functional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Findings / Comments

Inspector's Signature:

Date: