

Vessel Sanitation Practices Audit Checklist

Vessel Name:

Date:

Auditor Name:

Location:

1. Water Systems

Item	Compliant	Comments
Water storage tanks clean and protected	<input type="checkbox"/>	<div></div>
Regular water quality testing conducted	<input type="checkbox"/>	<div></div>
Distribution system free from contamination	<input type="checkbox"/>	<div></div>

2. Food Service Sanitation

Item	Compliant	Comments
Galley surfaces clean and sanitized	<input type="checkbox"/>	<div></div>
Handwashing facilities operational	<input type="checkbox"/>	<div></div>
Proper food storage and temperature controls	<input type="checkbox"/>	<div></div>

3. Housekeeping & Accommodation Areas

Item	Compliant	Comments
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Cabins and public areas clean/tidy	<input type="checkbox"/>	
Toilets/showers sanitized regularly	<input type="checkbox"/>	
Sanitary supplies adequately stocked	<input type="checkbox"/>	

4. Pest Control

Item	Compliant	Comments
Regular inspections for pests conducted	<input type="checkbox"/>	
No signs of infestation in any areas	<input type="checkbox"/>	
Pest control measures in place	<input type="checkbox"/>	

5. Waste Management

Item	Compliant	Comments
Garbage storage areas clean and secure	<input type="checkbox"/>	
Proper disposal of hazardous materials	<input type="checkbox"/>	
Waste disposal records maintained	<input type="checkbox"/>	

6. General Comments / Notes

7. Auditor Signature

