

# Vessel Sanitation Control Follow-Up Checklist

Vessel Name

Date

Location (Port)

Inspector Name

## Inspection Items

Area/Item	Status	Notes
Potable Water Systems	<input type="text"/>	<input type="text"/>
Food Preparation Areas	<input type="text"/>	<input type="text"/>
Galleys & Pantries	<input type="text"/>	<input type="text"/>
Housekeeping	<input type="text"/>	<input type="text"/>
Waste Management	<input type="text"/>	<input type="text"/>
Pest Control	<input type="text"/>	<input type="text"/>

General Comments

Inspector Signature

Date