

Vessel Sanitation Facility Checklist

General Information

Vessel Name	<input type="text"/>	Date	<input type="text"/>
Location	<input type="text"/>	Inspector	<input type="text"/>

Restroom Facilities

Item	Yes	No	Comments
Restrooms clean and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Handwashing stations operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Soap and drying supplies available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Toilets flushed and functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Sanitation Systems

Item	Yes	No	Comments
Holding tanks properly maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
No evidence of leaks or spills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Piping and fixtures in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Waste Management

Item	Yes	No	Comments
Disposal records available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Solid waste managed properly	<input type="checkbox"/>	<input type="checkbox"/>	
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Additional Notes

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