**Part I - Inspection Checklist**

Reference MLC Regulation 3.1; [Fleet Ops](http://srv-glas301:82/Leisure/content/parent%20category%20topics/procedures%20and%20operations/fleet_ops.htm) > [1.0 Shipboard Administration](http://srv-glas301:82/Leisure/content/parent%20category%20topics/procedures%20and%20operations/ship_admin.htm) > 1.3 Shipboard Management; may be combined with the weekly PH11 self-inspection, or the monthly SAF112 OHS self-inspection as feasible

| **Part I - Inspection Checklist**  Reference MLC Regulation 3.1 | | |
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| **WHAT TO LOOK FOR CREW ACCOMMODATIONS/RECREATIONAL FACILITIES** | | |
| **ITEM No.** | **DESCRIPTION** | **Non exhaustive list of items that should be considered when carrying out the inspections. Substandard items and others comments shall be recorded in the “Inspection report” section.** |
|  | **SOLAS** | Safety signs, smoke/heat detector, manual call point, sprinkler head, escapes, lifejackets (lights, whistle) |
|  | **Crew Cabins and Mess rooms** | 1. Crew cabins and mess rooms are kept in clean and habitable condition and are free from any infestation. 2. No stores, equipment stores or cargoes are stowed in these places 3. No unauthorized electrical equipment or connections are being used such as: 4. Multiple adapters. 5. Irons. 6. Kettles and water heating devices. 7. Any other electrical heating appliance. 8. Separate sleeping rooms for male and female crew members are provided, where applicable |
|  | **Heating and ventilation systems** | 1. Sleeping rooms and mess rooms have adequately ventilation, providing sufficiency of air movements in all climatic conditions. 2. Air-conditioning systems, where installed, maintain the air at a satisfactory temperature and relative humidity as compared to outside air conditions. 3. Heating systems, where installed, maintain the temperature in the accommodation at satisfactory level under normal conditions of weather and climate likely to be met within the trade in which the ship is engaged. 4. Protection measures in place in mosquito infested trading areas |
|  | **Lighting systems** | 1. Accommodation including sleeping rooms and mess rooms is sufficient to enable a person with normal vision to read a standard newspaper. 2. Electrical features are in satisfactory order and that electrical cables and cable connectors are maintained duly isolated to avoid risks of electrical chocks 3. Check that lighting fixtures have adequate protection of the bulb/tube |
|  | **Toilets** | 1. Toilets are neat and clean, that flushes are working and not leaking and that floor tiles are in good condition. 2. Doors can properly close and lock 3. Floor drainage is in good condition. 4. Hot and cold water hand washing sink available |
|  | **/Shower rooms and laundry rooms** | 1. Condition of the spaces and that bathrooms and sinks are clean and free of cracks. 2. Doors can properly close and lock. 3. Hot and water is available |
|  | **Wash Places / Rooms** | 1. Clean and tidy 2. Provided with running hot and cold potable water |
|  | **Hospital** | 1. Hospital is in a good state of readiness and is used exclusively for medical purposes. 2. Sanitary facilities, where provided for the hospital, are for exclusive use by the occupants of the hospital. 3. Onboard hospital arrangements are to flag administration and MLC requirements. |
|  | **Recreational Facilities** | 1. Recreational facilities are in good condition and fit for purpose |
|  | **Provision Storerooms** | 1. No expired items (First in First Out principle observed) 2. No storage directly on floor 3. No infestation of insects/rodents (integrated Pest Management Plan in place) 4. Adequate ventilation and lighting 5. Proper stores temperatures maintained 6. Good packaging and labelling |
|  | **Galleys** | 1. Time and temperature control in place for food 2. No cross contamination between raw and cooked food 3. Personal hygiene of galley workers is good and they are fit for work 4. Wash, rinse sanitize program for articles with food contact 5. Adequate cleaning / sanitation of all areas |

**Part II - Inspection Report / Request of corrective actions**

**This inspection has been carried out by delegated personnel according to the ‘Crew Accommodation and Recreational Facilities” - Part I - Inspection Checklist Form OP525**

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| **AREA INSPECTED:**  Crew Cabins, Crew Mess, Crew Recreational Facilities, Hospital, Shower / Wash Places and Rooms, Laundry rooms | | | | **Inspection**  **Nr.** | | | **Date** | | |
| **Deck :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | **Areas / cabins inspected:** | | | | | | |
| Evidence that all corrective action have been cleared must be attached to the inspection report. | | | | | | | | | |
| **Remark**  **nr.** | **Cabin Nr/Area** | **LIST OF DEFECTS/CONDITIONS** | | | **Corrective**  **Action** | **Person in charge** | | **Target date** | **Date closed** |
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**Inspection Team Names/Position**

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