Ship:                 Year:

* **Disinfection on the entire potable water distribution system in case of suspected or confirmed contamination, or before being placed into service for the first time or after seasonal shut-down, or before return to service after repair, and during** **dry dock (ie every two years) if practicable:**

| Potable water system disinfection, decontamination, flushing | | | | Free residual halogen after flush out  (should be < 5 ppm) | Remarks | Resp. person, signed: |
| --- | --- | --- | --- | --- | --- | --- |
| Date  (dd/mm/yy) | Time (start and stop) | If partial, identify section, branch etc. | Description of activity |
|  |  |  |  |  |  |  |
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*Water with a free chlorine residual of 50 ppm is to be circulated through the system until it is emitted from all outlets. The water thus circulated should then be allowed to stand for four hours. Place small sections of pipes in a large container filled with 50 mg/l (ppm) of free residual halogen for 4 hours. When all the tanks and the distribution have been disinfected in this manner, the distribution system is to be flushed out and normal operational parameters reinstated*

* **The potable water system must be sampled following a suspected or confirmed contamination, or before being placed into service for the first time or after seasonal shut-down.**

*The purpose of the sampling and analysis is to confirm that the system is free of contamination. Sampling sites should include a tap at: a) the forward end; b) the aft end; c) the farthest point from the storage tank (typically the bridge or upper deck) and d) the closest point to the storage tank (typically on lower deck)*

| Sample taken | | Sampling site & location of tap | Type of analysis | Type of parameter analyzed | Analysis Results | Resp. person signed |
| --- | --- | --- | --- | --- | --- | --- |
| Date  (dd/mm/yy) | Time |
|  |  |  |  |  |  |  |
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* **If there is contamination, record below details of the investigation and assessment, and corrective measures taken**

| Steps taken in investigation source of contamination | Assessment of possible impacts on the fleet |
| --- | --- |
| Results from the Investigation and assessment | Corrective measures taken |
| Date corrective measures completed: | Responsible person signature: |

*add additional pages if necessary for the list above:*      *pages added)*

Date:       Hotel Engineer:       Chief Engineer:

(*Maintain this log onboard for at least 12 months after the date on which corrective measures completed)*