**Monthly Audit**

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| **Auditor/s Name/s** | **Date** | | **Vessel** | **Auditor Signature/s** |
|  |  | |  |  |
| **Item** | | **Deficiencies** | | | |
| **All crew wearing masks in public areas**   * **correct company issued mask** * **worn correctly over nose and mouth** * **not touching the mask** * **hand sanitiser used when entering any outlet** | |  | | | |
| **All crew following physical distancing guidelines** | |  | | | |
| **Crew following mess guidelines**   * **Washing hands** * **Changing mask** * **Distancing** | |  | | | |
| **All crew following quarantine rules**   * **Relevant information provided to crew in quarantine** * **No crew leaving the suite during quarantine** | |  | | | |
| **Sailing into health training or refresher training delivered to all crew within 7 days of release from quarantine** | |  | | | |
| **Infection Prevention PPE requirements followed** | |  | | | |
| **Crew temperature check requirements followed** | |  | | | |
| **Antigen testing requirements followed** | |  | | | |
| **Other** | |  | | | |

**Outcome and actions**

**Total number of deficiencies:**

**Corrective Action required (Specific action with a deadline):**

**Please send audit document to** [**jennyr@silversea.com**](mailto:jennyr@silversea.com)

**When corrective action is complete, include details below, attach evidence and re-send this document to** [**jennyr@silversea.com**](mailto:jennyr@silversea.com)