



Folkhälsomyndigheten

Evidence Report Form					
<p>This form supports the ship sanitation certificate (SSC), and provides a list of evidence found and control measures to be performed.</p> <p>When attached to the SSC, each page of this attachment needs to be signed, stamped and dated by the competent authority. If this document is used as an attachment to a pre-existing SSC, this attachment must be noted in the SSC (e.g. by using a stamp).</p>					
Ship's name and IMO no. registration:			Name and signature of responsible onboard ship officer:		
Name of issuing authority:			Actual inspection date (dd/mm/yyyy):		
Date of referred SSC (dd/mm/yyyy):			SSC issued in the port of:		
Indicate areas that <u>have not</u> been inspected:					
<input type="checkbox"/> Quarters	<input type="checkbox"/> Galley, pantry, service area	<input type="checkbox"/> Stores	<input type="checkbox"/> Child-care facilities		
<input type="checkbox"/> Medical care facilities	<input type="checkbox"/> Swimming pools/spas	<input type="checkbox"/> Solid and medical waste	<input type="checkbox"/> Engine room		
<input type="checkbox"/> Potable water	<input type="checkbox"/> Sewage	<input type="checkbox"/> Ballast water	<input type="checkbox"/> Cargo holds		
<input type="checkbox"/> Other (e.g. laundry and washing machine)					
Detected health events on board			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Evidence code	Evidence found (brief description according to WHO checklist; draw a line under each item of evidence to ensure items are clearly separated)	Measure to be applied	Required	Recommended	Measure successfully performed (stamp and signature of re-inspecting authority)
Name of issuing inspector:	Signature of issuing inspector:	Stamp of issuing authority:		Page of	