Evidence Report Form This form supports the ship sanitation certificate (SSC), and provides a list of evidence found and control measures to be performed. 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).												
Ship's na	ime and IMO no. or n	egistration:		Name and signature of responsible on board ship officer: Capt. M. NXXXXX								
Name of Bergen, N	issuing authority: Norway			Actual inspection date (dd/mm/yyy 20 Oct 20XX			уу):					
Date of re	eferred SSC (dd/mm/	/yyyy): 20 Oct 20XX		SSC	issued in the port of: B	ued in the port of: Bergen						
Indicate	areas that <u>have not</u>	been inspected:										
☐ Quarte	ers	☐ Galley, pantry, service	area	☐ Stor	es	X Ch	ild-care	e faciliti	ies			
☐ Medic	☐ Medical care facilities X Swimm			☐ Solid and medical waste ☐ E		Engine room						
☐ Potab	le water	☐ Sewage		☐ Ballast water ☐ C			☐ Cargo holds					
		☐ Other (e.g. laundry and	d washing n	nachine	e)							
Detecte	d heath events on	board	x□Yes		□No							
Evidence code		ccording to WHO checklist; ach item of evidence to early separated)	Measure	e to be a	applied	Measure successfully performed (stamp and signature of re-inspecting authority)						
2.7.7 3.2.3	Cockroaches seen	in Galley	Disinsed	ction is	required		X		.,			
2.7.4	Galley not clean		Impleme	Implement a cleaning schedule								
2.8.1 2.8.2	-	ndlers was inadequate show sufficient knowledge		Train food handlers and supervisors in food hygiene								
3.2.2	Standing water in p	antry from broken drain		ing the area until drain is repaired / disinfect floor								
3.4.1.	Raw and prepared	products not separated		arate raw food from those that will be n without further process								
1.3.7	Bedbugs alive foun	d in crew cabin	Perform	Perform disinsectation								
9.19.8 9.19.6 9.2.1.	Potable water discomaintained	oloured. System not	contami Ensure tested	Test for microbiological and chemical contamination, Ensure water system is maintained and tested Bottled water needed immediately			X X					
1.3.6	The washing machi allow adequate clea	ne was broken, this will not aning of linens	Supply a	oly adequate laundry facilities								
Name of Allan Joh	issuing inspector:	Signature of issu	ing inspect	or:	Stamp of issuing author	ority:	Page of	3_ 3_				
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