

## WEEKLY HEALTH AND SANITATION INSPECTION

NOAA Ship			Month	Day	Year		
Pass	Fail	N/A	COMMON SPACES		Comments	Date Corrected	Initials
			1. PASSAGEWAYS - clean and dry; no clutter, food spillage, signs of infestation, or safety hazards				
			A. 03 Deck				
			B. 02 Deck				
			C. 01 Deck				
			D. 1 Deck (Main Deck)				
			E. 2 Deck				
			2. STAIRWELLS - clean and dry; non-slip treads in good condition; no food spillage, or safety hazards				
			A. Forward Stairwell				
			B. Amidships Stairwell				
			C. Aft Stairwell				
			3. COMMON HEADS - clean and dry; no clutter, signs of infestation, or safety hazards				
			A. Location -				
			B. Location -				
			C. Bridge Head -				
			4. LOUNGES - clean and dry; no clutter, food spillage, signs of infestation, or safety hazards				
			A. Location -				
			B. Location -				
			C. Location -				
			5. LABORATORIES - clean and dry; no clutter, signs of infestation, or safety hazards				
			A. Computer Laboratory				
			B. Dry Laboratory				
			C. Wet Laboratory				
			D. Chemical Laboratory or Other				
			6. LAUNDRY ROOM - clean and dry; no clutter or safety hazards				
			A. Dryer vents - lint screens and lint screen housings are clear				
			7. EXERCISE ROOM - clean and dry; no clutter; cleaning supplies present				
			8. GARBAGE AREA - clean and dry; no clutter, food spillage, safety hazards or signs of infestation				

COMMON SPACES      \_\_\_\_\_ Number of items evaluated      \_\_\_\_\_ Number of items Passed      \_\_\_\_\_ Number of items Failed

Pass	Fail	N/A	POTABLE WATER	Comments	Date Corrected	Initials
			1. GALLEY or MESS DECK water dispenser test (source to be rotated weekly)			
			A. Location and source -			
			B. Coliform results (note test used)			
			C. Escherichia coli results (note test used)			
			D. Halogen residual (normal 0.2 - 5.0 ppm)			
			2. BERTHING AREA water faucet or showerhead test (source to be rotated weekly)			
			A. Location and source -			
			B. Coliform results (note test used)			
			C. Escherichia coli results (note test used)			
			D. Halogen residual (normal 0.2 - 5.0 ppm)			

POTABLE WATER      \_\_\_\_\_ Number of items evaluated      \_\_\_\_\_ Number of items Passed      \_\_\_\_\_ Number of items Failed

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NOAA Ship				Month	Day	Year	
Pass	Fail	N/A	MEDICAL EQUIPMENT	Comments			
			1. SICKBAY - clean and dry; no clutter, signs of infestation, or safety hazards				
			2. SICKBAY BED FUNCTION TEST				
			3. SICKBAY EMERGENCY CALL DEVICE				
			4. AUTOMATED EXTERNAL DEFIBRILLATOR (AED) - battery check				
			5. MANUAL EXTERNAL DEFIBRILLATOR (Medical Class A ship only)				
			6. MANUAL EXTERNAL DEFIBRILLATOR - battery check (Medical Class A ship only)				
			7. 12-Lead ELECTROCARDIOGRAM - perform self test (Medical Class A ship only)				
			8. SPHYGMOMANOMETERS - test all blood pressure cuffs				
			9. SUCTION MACHINE				
			10. PORTABLE SUCTION MACHINE				
			11. GLUCOMETER				
			12. CENTRIFUGE				
			13. MEDICAL REEFER TEMPERATURES (33°F - 41°F)				
			A. External temperature gauge reading				
			B. Internal temperature gauge reading				
			14. PLUMBED EMERGENCY SHOWERS - flush until clear				
			A. Location	Flushed	<input type="checkbox"/>		
			B. Location	Flushed	<input type="checkbox"/>		
			15. PLUMBED EMERGENCY EYEWASH STATIONS - flush until clear				
			A. Location -	Flushed	<input type="checkbox"/>		
			B. Location -	Flushed	<input type="checkbox"/>		
			C. Location -	Flushed	<input type="checkbox"/>		
			D. Location -	Flushed	<input type="checkbox"/>		
			E. Location -	Flushed	<input type="checkbox"/>		
			F. Location -	Flushed	<input type="checkbox"/>		
			16. SELF-CONTAINED EMERGENCY EYEWASH STATIONS - clean, full and has inspection tag				
			A. Location -	Last change date -			
			B. Location -	Last change date -			
			17. MEDICAL OXYGEN (O <sub>2</sub> ) TANKS - marked "For Medical Use Only"				
			A. Location -	Tank # -	Size -	Hydro date -	PSI reading -
			B. Location -	Tank # -	Size -	Hydro date -	PSI reading -
			C. Location -	Tank # -	Size -	Hydro date -	PSI reading -
			D. Location -	Tank # -	Size -	Hydro date -	PSI reading -
			E. Location -	Tank # -	Size -	Hydro date -	PSI reading -
			F. Location -	Tank # -	Size -	Hydro date -	PSI reading -

MEDICAL EQUIPMENT \_\_\_\_\_ Number of items evaluated \_\_\_\_\_ Number of items Passed \_\_\_\_\_ Number of items Failed

INSPECTION TOTALS \_\_\_\_\_ Number of items evaluated \_\_\_\_\_ Number of items Passed \_\_\_\_\_ Number of items Failed

INSPECTED BY: Medical Officer or MPIC Name and Signature	DATE
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APPROVED BY: Commanding Officer Name and Signature	DATE
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