

Evidence Report Form

Töendusmaterjalide registreerimise vorm nr

12/PRO

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).

Töendusmaterjalide registreerimise vorm. See vorm toetab laeva sanitaarsertifikaati (SSC) ning sisaldb leitud töendusmaterjalide ning rakendatavate kontrolli- ja törjemeetmete loetelu. SSCle manustamisel peab pädev asutus selle dokumendi iga lehekülje allkirjastama ning templi ja kuupäevaga varustama. Kui seda dokumenti kasutatakse varem väljastatud SSC manusena, siis tuleb see märkida SSCle (nt templit kasutades).

Ship's name and IMO no or registration:

Laeva nimi ja IMO number või registreerimisnumber:

ATLANTICBORG IMO 9466350

Name of issuing authority: Health Board of Estonia

Väljastanud asutuse nimi:

Name and signature of responsible on board ship officer:
Pardaloleva vastutava laevaohvitseri nimi ja allkiri:

O. Kuzmenko

ATLANTICBORG

Actual inspection date (dd/mm/yyyy):
Tegelik kontrollimise kuupäev: 30.01.2025

Date of referred SSC (dd/mm/yyyy): 30.01.2025

Viidatud SSC kuupäev

SSC issued in the port of:

SSC väljastatud sadamas: Vene-Balti, Estonia

Indicate areas that have not been inspected/ Nimetada valdkonnad/alad, mida ei ole kontrollitud:

<input type="checkbox"/> Quarters/ Eluruumid	<input type="checkbox"/> Galley, pantry service area/ Kambüüs, sahver, teenindusala	<input type="checkbox"/> Stores/ Laod	<input checked="" type="checkbox"/> Child-care facilities/ Lastehoiuruumid
<input type="checkbox"/> Medical care facilities/ Medabi osutamise ruumid	<input checked="" type="checkbox"/> Swimming pools, spas/ Ujumisbasseinid, spaad	<input type="checkbox"/> Solid and medical waste/ Tahked ja meditsiinilised jäätmed	<input type="checkbox"/> Engine room/ Masinaruum
<input type="checkbox"/> Potable water/Joogivesi t°CW 21,7°C t°HW 59°C	<input type="checkbox"/> Sewage/Reovesi	<input type="checkbox"/> Ballast water/ Ballastvesi	<input type="checkbox"/> Cargo holds/ Lastiruumid
<input type="checkbox"/> Other (e.g. laundry and washing machine)/ Muud			

Detected health events on board / Töendid on leitud

Yes/ Jah

No/ Ei

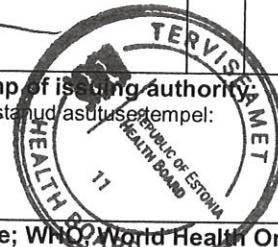
Evidence code/ Valdkonna kood	Evidence found /Leitud töendid (brief description according to WHO checklist, draw a list under each item of evidence to ensure item are clearly separated)	Measure to be applied/ Rakendatavad meetmed	Required/ Nõutav	Recommended/ Soovitatav	Measure successfully performed/ Meede edukalt rakendatud (stamp and signature of re-inspecting authority)

Name of issuing inspector:
Väljastanud inspektori nimi

Eduard Ristoja

Signature of issuing Inspector:
Väljastanud inspektori allkiri:

Stamp of issuing authority:
Väljastanud asutusestempel:



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