

# Evidence Report Form

## Tõendusmaterjalide registreerimise vorm nr 17/IRO

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).  
Tõendusmaterjalide registreerimise vorm. See vorm toetab laeva sanitaarsertifikaati (SSC) ning sisaldb leitud tõendusmaterjalide ning rakendatavate kontrolli- ja tõrjemeetmete 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).

<b>Ship's name and IMO no or registration:</b> Laeva nimi ja IMO number või registreerimisnumber <b>ICE CRYSTAL, 9818321</b>	<b>Name and signature of responsible on board ship officer:</b> Pardaloleva vastutava laevaohvitseri nimi ja allkiri: <b>KLARKOWSKI JACEK</b>
<b>Name of issuing authority:</b> Health Board Väljastanud asutuse nimi:	<b>Actual inspection date (dd/mm/yyyy):</b> Tegelik kontrollimise kuupäev: 06. December 2024
<b>Date of referred SSC (dd/mm/yyyy):</b> Viidatud SSC 06. December 2024, 14.30 – 16.00	<b>SSC issued in the port of:</b> SSC väljastatud sadamas: Kunda, 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 type="checkbox"/> Child-care facilities/ Lastehoiuruumid
<input type="checkbox"/> Medical care facilities/ Medabi osutamise ruumid	<input 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 t'HW	<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 /Tõendid on leitud**       Yes/ Jah       No/ Ei

Evidence code/ Valdkonna kood	Evidence found /Leitud tõendid (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/ Soovitav	Measure successfully performed/ Meede edukalt rakendatud (stamp and signature of re-inspecting authority)

<b>Name of issuing inspector:</b> Väljastanud inspektori nimi: <b>Mare Rooden</b>	<b>Signature of issuing Inspector:</b> Väljastanud inspektori allkiri:	<b>Stamp of issuing authority:</b> Väljastanud asutuse tempel: 	<b>Page/ lk..1..</b> <b>Of / kokku...1.</b>
---	---	---	--