

Evidence Report Form

Tõendusmaterjalide registreerimise vorm nr 2/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 sisaldab 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).

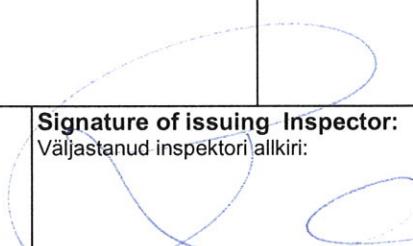
Ship's name and IMO no or registration: Laeva nimi ja IMO number või registreerimisnumber BALTIC ARROW, 9243863	Name and signature of responsible on board ship officer: Pardaloleva vastutava laevaohvitseri nimi ja allkiri:  IMO 9243863
Name of issuing authority: Health Board Väljastanud asutuse nimi:	Actual inspection date (dd/mm/yyyy): Tegelik kontrollimise kuupäev: 14. January 2025
Date of referred SSC (dd/mm/yyyy): Viidatud SSC 14. January 2025 08.10 – 10.40	SSC issued in the port of: 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 X 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)
			X		
9.1.1	No water quality analysis report available.	Samples have to be taken to assess actual status of potable water. Refer to WHO Guide to ship sanitation, Table 2.2, Examples of parameters frequently tested in potable water and typical values.	X		Water samples must be taken within two weeks.

Name of issuing inspector: Väljastanud inspektori nimi: Mare Rooden	Signature of issuing Inspector: Väljastanud inspektori allkiri: 	Stamp of issuing authority: Väljastanud asutuse temple: 	Page/ lk..1.. Of / kokku...1.
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