Version 2025 February 13	Updated MRL Approved RAK	

SMM 7.0.8 Cleaning & Hygiene Form

Purpose

To establish the correct procedure for maintaining a clean and hygienic shipboard environment. The habits of personnel may need to be improved to ensure the health of all persons in a ship atmosphere free of infestation and disease. This procedure is applicable to all personnel aboard UW MAROPS vessels.

Procedure

- The Master shall make monthly inspections of the quarters, toilet and washing spaces, serving pantries, galleys, and the like, to ensure that those spaces are maintained in a sanitary condition. The Master shall enter in the ship's *Official Logbook* the results of these inspections.
- Each department shall be assigned cleaning duties.
- All personnel are responsible for keeping their quarters clean and in a sanitary condition.
- Garbage is to be disposed of at least once per week.
- Laundry is to be addressed as soon as it is feasible.
- Head facilities are to be cleaned daily with approved cleaners.
- Food is not to be stored in living quarters. Dishes are to be returned to the galley.
- In normal water supply conditions, all personnel are urged to take daily showers and to clean their linens once per week.
- Persons experiencing symptoms of illness shall contact their supervisor and follow the instructions of the Master. The hospital is to be used at the Master's discretion.

Documentation

- Ship's ***Official Logbook***

Master's Monthly Sanitation Inspection Report

Ref: ISM Code 7.0
46 CFR 131.515

Date: _____

The Code of Federal Regulations specifically requires the Master to inspect the ship periodically to ensure specific spaces are maintained in a sanitary condition. UW MAROPS requires that this inspection be conducted at least once a month.

The following areas were inspected:

☐ Quarters ☐ Toilet and Washing Spaces ☐ Serving Pantry ☐ Galley
☐ Other (please specify) _____
☐ Other (please specify) _____
☐ Other (please specify)

If there were any deficiencies identified during the monthly inspection please describe them below. If applicable, identify by date when the deficiency was first noted.

1. _____ Date _____
2. _____ Date _____
3. _____ Date _____
4. _____ Date _____
5. _____ Date _____
6. _____ Date _____
7. _____ Date _____
8. _____ Date _____
9. _____ Date _____
10. _____ Date _____

If any of the above deficiencies require corrective action assistance from UW MAROPS please specify below:

_____ _____
Master's printed/typed name Master's signature

This form shall be filed in Sinex and emailed to MarOps by the Master.