|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AO 1 Name | | | | AO 1 Number | | | AO 2 Name | | | | AO 2 Number | | | | IMO Number | | | | | | Vessel Name | | | Inspection Port | |
|  | | | |  | | |  | | | |  | | | | |  | | | | |  | | |  | |
| No. of Holds | | Reinspection (Yes/No) | | | Marine Surveyor certificate sighted (Yes/No) | | | | Marine Surveyor name | | | | Supplementary Inspection | | | | | Inspection Level | | | Inspection Start Date and Time | | | Inspection End Date and Time | |
|  |  | | | |  | | | |  | | | |  | | | | |  | | |  | | |  | |
| Inspection Site | | | Hold 1 | | Hold 2 | Hold 3 | | Hold 4 | | Hold 5 | | Hold 6 | | Hold 7 | | | Hold 8 | | Hold 9 | Additional Areas | | Result | Approved for loading | | Key |
| Hatch Covers | | |  | |  |  | |  | |  | |  | |  | | |  | |  | Fo’c’s’le Lockers | |  |  | | C – Clear  N/A – Not applicable  L – Light Infestation  H – Heavy Infestation  T – Trogoderma Sp  G - Grain  M – Mineral Residue  R – Rodents  S – Scale  W – Water  O - Other  \*Enter the count for up to50 and 50+ for over 50 insects  **Results for Holds/Additional Areas:**  P – Pass  F – Fail  PCC – Passed for Cross Contamination  N/A – Not applicable |
| Deck Beams | | |  | |  |  | |  | |  | |  | |  | | |  | |  | Weather deck | |  |  | |
| Cable Casings | | |  | |  |  | |  | |  | |  | |  | | |  | |  | Mast houses | |  |  | |
| Pipe Casings | | |  | |  |  | |  | |  | |  | |  | | |  | |  | Provision stores | |  |  | |
| Ventilation Trunking | | |  | |  |  | |  | |  | |  | |  | | |  | |  | Dunnage | |  |  | |
| Bulkheads | | |  | |  |  | |  | |  | |  | |  | | |  | |  |  | |  |  | |
| Exposed Metal Surfaces | | |  | |  |  | |  | |  | |  | |  | | |  | |  |  | |  |  | |
| Tank Top Ceilings | | |  | |  |  | |  | |  | |  | |  | | |  | |  |  | |  |  | |
| Bilges | | |  | |  |  | |  | |  | |  | |  | | |  | |  |  | |  |  | |
| Total Infestation | | |  | |  |  | |  | |  | |  | |  | | |  | |  |  | |  |  | |
| Total No. of Insects\* | | |  | |  |  | |  | |  | |  | |  | | |  | |  |  | |  |  | |
| Result | | |  | |  |  | |  | |  | |  | |  | | |  | |  |  | |  |  | |
| Approved for Loading | | |  | |  |  | |  | |  | |  | |  | | |  | |  |  | |  |  | |