

SHIP SANITATION CERTIFICATE PROGRAM COURSE

Unit 4: Inspection & Certificate Issuance

CIN: B-322-1100
SEPTEMBER 2012

Inspection And Certificate Issuance

- Topic 4.1 – Ship Sanitation Certificates
- Topic 4.2 – Preparing for the Inspection
- Topic 4.3 – SSC Inspection
- Topic 4.4 – Certificate Completion/Issuance
- Topic 4.5 – SSC Extensions
- Topic 4.6 – Record Keeping and Quality Assurance

Ship Sanitation Certificates

Enabling Objectives:

- 4.1 **Describe** the two types of Ship Sanitation Certificates
- 4.2 **Describe** the public health risk
- 4.3 **Discuss** exemption criteria
- 4.4 **Discuss** control criteria

Ship Sanitation Certificates

There are 2 types of SSC certifications set forth by the International Health Regulations (IHR):

- Ship Sanitation Control **Exemption** Certificate (SSCEC)
- Ship Sanitation **Control** Certificate (SSCC)

Public Health Risk

- Likelihood of an event that may affect adversely the health of human population
- Determination of which certificate to issue is based on evidence found of public health risk of international concern
- Evidence found of public health risk is typically sources of:
 - Infection
 - Contamination
 - Infestation

Criteria for Issuing a Ship Sanitation Control Exemption Certificate

A Shipboard Sanitation Control Exemption Certificate (SSCEC) is issued when there is **no evidence** of concern for international public health disease spread

Criteria for Issuing a Ship Sanitation Control Certificate

A Shipboard Sanitation Control Certificate (SSCC) is issued when there is evidence of a **public health risk of international concern**

- Requires immediate notification to the NMCPHC and control measures must be applied to prevent further threat
- Inspector must communicate findings with COC before issuing SSCC

Summary and Review

- The two types of Ship Sanitation Certifications
- Public Health Risk
- Exemption criteria (SSCEC)
- Control criteria (SSCC)

Preparing for the Inspection

Enabling Objective:

4.5 **Discuss** inspection preparations

Inspection Requests

- DoD, USCG, or NOAA vessel contacts a shore command or ship with Navy authorized SSC inspector and CDC seal to request a SSC inspection
- Upon request from ship Senior Medical Department Representative (SMDR), inspection date is scheduled
- Navy inspectors are not authorized to inspect cruise ships, private ships, nor foreign military vessels

Inspection Preparation

Advise ship on what documents to have ready for review upon inspector(s) arrival:

- Potable Water Log
- Pest Control Log
- DNBI Weekly Reports for past month
- Medical Readiness Inspection (Preventive Medicine section)
- Food Safety Training Records (PIC & Food Service personnel)
- Food Safety Inspection Reports past 6 months
- Habitability Inspection Reports

Inspection Preparation (cont'd)

- Assigned SSCP authorized agent reviews ship's previous SSC (if available)
- Determine equipment and supplies needed to conduct the inspection

Summary and Review

Inspection preparations:

- Inspections Requests
- Pre-Inspection Actions
- Review prior SSC(s)
- Gather necessary supplies and equipment

SSC Inspection

Enabling Objective:

4.6 **Discuss** components of SSC inspection

Upon Arrival

- Perform a visual inspection of the dock area, mooring lines, and items that may require further inspection
- Meet with SMDR or ship's designated point of contact and begin inspection with brief on purpose of inspection and areas/systems/services to be reviewed
- SMDR or ship POC accompanies inspector throughout the inspection

Elements of the SSC Inspection

Region	Area/System/Service Assessed
Outside	Pest Infestations
	Cargo Holds
	Dock area
	Rat guards (if applicable)
Engine Room	Pest Infestations
	Potable Water Treatment
	Sewage Treatment
	Ballast Discharge Management (if applicable)
Main Body of Ship	Pest Infestations
	Quarters and other Habitability Spaces
	Galley
	Dry Storage
	Cold Storage
	Waste (Solid and Medical)
	Medical Facilities

Pest Infestation Inspection

Review Pest Management Log

- Documentation for at least 1 year
- Note any pesticide applications and/or documentation of any pests/rodents onboard
- Review any surveillance data

Pest Infestation Inspection

Inspect ship for the following:

- Rodents
 - Droppings, rub marks, hair, nesting evidence, and gnaw marks
 - Use a black light to inspect for urine streaks
- Cockroaches
 - Frass, oothecae (egg cases), cast skin, and dead roaches

Pest Infestation Inspection

Inspect ship for the following:

- Flies
 - Presence of filth flies and larvae near garbage/waste collection and storage points
 - Fruit flies around food prep area
- Bed Bugs
 - Berthing areas for presence of live or dead bed bugs
 - Bedding linens for blood spots
- Vector Breeding Sites
 - Standing water for containing mosquito larvae
- Stored products Pests
 - Dry goods for presence of stored product pests

Pest Infestation Concerns



Bed bug

Photo Courtesy of CDC/Donated by World Health Organization, Geneva, Switzerland



Red Flour Beetle

Photo Courtesy of National Human Genome Research Institute/ Eric Day, Virginia Tech, Blacksburg, Va.



Rat

Photo Courtesy of National Human Genome Research Institute



Weevil

Photo Courtesy of USDA Agricultural Research Service (www.ars.usda.gov)



Fly

Photo Courtesy of Centers for Disease Control and Prevention (CDC)

Rat Guards

- Rat guards no longer required except when in a port where plague is endemic.
- Efforts to prevent rodents aboard ship are still necessary, particularly where large rodent populations exist.
- Commanding officers or medical department representatives may determine rat guards are advisable as additional protective measure.
- References:
 - OPNAVINST 6210.2 (Series)
 - NAVMED P-5052-26



U.S. Navy photo by Photographer's Mate 1st Class William R. Goodwin

Medical Surveillance Potable Water System

Ensure water treatment and record-keeping procedures are in compliance with NAVMED P-5010-6

Review Potable Water Log

- Potable water logs should confirm:
 - **DAILY** halogen (bromine or chlorine) residual
 - **WEEKLY** coliform bacteria testing
 - **MONTHLY** potable water tanks

Marine Sanitation Device Sewage Disposal

CHT (Collection, Holding, Transfer) Pump room

- Check for:
 - Pest infestations
 - No spills
 - Emergency Escape Breathing Devices
 - Safety/Health Placards posted
 - Hand washing sinks
 - Operational and stocked with soap and paper towels

CHT Handling/Disposal

- PPE and spill kit readily accessible
- Smoking, eating, and drinking are not permitted in Pump Room spaces
 - Placards posted with above information

Ballast Discharge Management Surface Ships

Ballast management for applicable surface ships:

- Valves remain closed in port and other non-discharge zones
- Engineering Department responsibility

Habitability Inspection Review

Habitability areas:

- Berthings/Staterooms
- Heads>Showers
- Recreation/Gyms
- Laundry
- Barbershop
- Ship's store

Habitability inspection reports

- Ensure ship inspections are being conducted periodically IAW with TYCOM instructions and other Navy references
 - OPNAVINST 9640
 - NAVMED P-5010-2

Habitability Inspection Review (cont'd)

- Free of clutter and/or trash permitting pest harborage areas
- Observe general sanitary compliance/cleanliness
- Close attention to pest infestation issues



U.S. Navy Photo by Hospital Corpsman 1st Class Brennan, NEPMU6

Food Safety/Galley Inspection Review

- Galley includes Wardroom, CPO Mess, Reach-in reefers/freezers, and pantry
- Review Ship Force Food Safety inspections for the last 6 months
- Attention focus on the Centers for Disease Control (CDC) 5 risk factors for food borne illness outbreaks:
 - Improper hot/cold holding temperatures of potentially hazardous food
 - Improper cooking temperatures of food
 - Dirty and/or contaminated utensils and equipment
 - Poor employee health and hygiene (handwashing)
 - Food from unsafe sources

Food Safety

Dry Food Storage

- Close attention to stored products for stored product pest infestation
- General cleanliness of area/spillage cleaned and disposed

Food Safety

Cold Food Storage

- Observe chill boxes and freezers for operational thermometers
- Confirm temperatures maintained for storage of potentially hazardous foods per NAVMED P-5010-1
- Review Temperatures logs for bulk storage reefers
- Proper labeling of advance prepped and leftover foods
- Observe general cleanliness of area

Food Safety Training Crew Compliance

- Review Food Safety Training compliance per OPNAVINST 4061.4
 - Person in Charge (Supervisor/Leadership)
 - Food Employees (Culinary Specialists)

Solid Waste/Medical Waste

- Look for pest infestations
- Review medical waste log for compliance with Afloat Medical Waste Management Guide OPNAV P-45-113-3-99



U.S. Navy Photo by Hospital Corpsman 1st Class Brennan, NEPMU6

Medical Disease Surveillance and Facility

- Review DNBI weekly report for past month looking for any spikes in GI or respiratory disease
- Review previous Medical Readiness Inspection (MRI)
- If applicable, review recent Medical Event Reports (MERs)

Summary and Review

Components of SSC Inspection:

- Actions upon arrival
- Pest Infestation Inspection
- Dry & Refrigerated Cargo Holds Bulk Storage for insect/rodent infestation
- Rat Guards (if applicable)
- Medical Surveillance
- Potable Water System
- Marine Sanitation Device Sewage Disposal

Summary and Review (cont'd)

Components of SSC Inspection:

- Ballast Discharge Management Surface Ships as applicable
- Habitability Inspection
- Food Safety
 - Food Preparation and Handling
 - Training
- Solid /Medical Waste Handling/Disposal
- Medical Disease Surveillance (DNBI)

SSC Certificate Completion and Issuance

Enabling Objectives:

4.7 **Discuss** when to issue a SSCEC

4.8 **Discuss** when to issue a SSCC

4.9 **Explain** how to complete NAVMED Form 6210/1

4.10 **Discuss** performing the outbrief

Ship Sanitation Certificate

- SSCEC is issued when **no evidence** of a public health risk of international concern is found
- SSCC is issued when **evidence** of public health risk of international concern is found
 - If a PHEIC is suspected and you have concurrence with your COC, notify the NMCPHC
 - NMCPHC will make the determination and notify CDC, if required

NAVMED 6210/1

- Serves as the SSCEC or SSCC
- Consist of 2 pages
- Valid for 6 months and may be extended only once for a period of one month

Ship Name

Should include full, unabbreviated name of the ship

UNITED STATES NAVY
SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE
 Issued IAW Article 39 of the International Health Regulations 2005. Certificate valid for 6 months from time of issuance.

SHIP NAME:		DATE (DD MM YYYY):	
SHIP HOMEPORT:	HULL NUMBER (LLL ###) Example "CV 65":	<input type="checkbox"/> LADEN <input type="checkbox"/> UNLADEN <small>IF LADEN, TONS OF CARGO</small>	
<input type="checkbox"/> SHIP SANITATION CONTROL EXEMPTION CERTIFICATE		<input type="checkbox"/> SHIP SANITATION CONTROL CERTIFICATE	

AREA INSPECTED ¹	EVIDENCE FOUND ²	DOCUMENTS REVIEWED	CONTROL MEASURES APPLIED	RE-INSPECTION DATE (DD MM YYYY)
<input type="checkbox"/> Rodent Infestation	<input type="checkbox"/>	Pest Control Log		
Vermin Infestation				
<input type="checkbox"/> Cockroaches	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Flies	<input type="checkbox"/>			
<input type="checkbox"/> Bird Droppings	<input type="checkbox"/>			
<input type="checkbox"/> Other	<input type="checkbox"/>			
<input type="checkbox"/> Berthing/Quarters	<input type="checkbox"/>	Habitability Inspections		
<input type="checkbox"/> Sewage (CMT)	<input type="checkbox"/>			
<input type="checkbox"/> Ballast Discharge Management (Valves closed for non-discharge zones)	<input type="checkbox"/>	(if applicable)		
Food Safety/Galley				
<input type="checkbox"/> Approved Sources	<input type="checkbox"/>	NAVMED 6240/1 Training Records		
<input type="checkbox"/> Ready Use Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Bulk Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Ready Use Refrigerated Storage	<input type="checkbox"/>			
<input type="checkbox"/> Bulk Refrigerated Storage	<input type="checkbox"/>			
<input type="checkbox"/> Food Safety Training	<input type="checkbox"/>			
<input type="checkbox"/> Preparation	<input type="checkbox"/>			
<input type="checkbox"/> Serving	<input type="checkbox"/>			
<input type="checkbox"/> Hand Hygiene	<input type="checkbox"/>			
Potable Water				
<input type="checkbox"/> Approved Source	<input type="checkbox"/>	Potable Water Log		
<input type="checkbox"/> Medical Surveillance	<input type="checkbox"/>			
Solid Waste				
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
Medical Waste				
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
Medical				
<input type="checkbox"/> Disease Surveillance	<input type="checkbox"/>	- DNBI Weekly Report (Past Month)		
<input type="checkbox"/> Facility and Public Health Areas	<input type="checkbox"/>	- Medical Readiness Inspection		

Public Health Risks of International Concern Not Found
 Public Health Risks of International Concern Found with Controls Measures Applied
(Refer Annex 2 of International Health Regulation (2005) and Notify Navy and Marine Corps Public Health Center within 24 hours)

Notes:
 1. Areas Inspected. Mark box if area inspected; leave box blank if not applicable or not inspected. For inspection findings which indicate a ship corrective action needed, provide recommendations along with Navy reference on comment page.
 2. Evidence Found. Mark box if evidence exists of infection or contamination that may affect adversely the health of human populations, with an emphasis on those which may spread internationally or may present a serious and direct danger. Consider vectors in all stages of growth; animal reservoirs for vectors; rodents or other species that could carry human disease, microbiological, chemical, and other risks to human health; and signs of inadequate sanitary measures. Also consider any human cases that would be included in the Maritime Declaration of Health.

NAME OF INSPECTOR:	INSPECTOR'S COMMAND UIC:	SIGNATURE and CDC SEAL:	DATE (DD MM YYYY):
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NAVMED 6210/1 (Rev. 01-2010) ORIGINAL to: Ship COPY 1 e-mail to: NMCPHCPTS-ssoc@med.navy.mil COPY 2 to: Command file Page 1 of 2

Homeport

For the name of the ships homeport. NOT the port/location where the assessment is being conducted.

UNITED STATES NAVY
SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE
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SHIP NAME:		DATE (DD MM YYYY):	
SHIP HOMEPORT:		HULL NUMBER (LLL ###) Example "CV 65":	
		<input type="checkbox"/> LADEN <input type="checkbox"/> UNLADEN <small>IF LADEN, TONS OF CARGO</small>	
<input type="checkbox"/> SHIP SANITATION CONTROL EXEMPTION CERTIFICATE		<input type="checkbox"/> SHIP SANITATION CONTROL CERTIFICATE	

AREAS (S) INSPECTED ¹	EVIDENCE FOUND ²	DOCUMENTS REVIEWED	CONTROL MEASURES APPLIED	RE-INSPECTION DATE (DD MM YYYY)
<input type="checkbox"/> Rodent Infestation	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Vermin Infestation	<input type="checkbox"/>			
<input type="checkbox"/> Cockroaches	<input type="checkbox"/>			
<input type="checkbox"/> Flies	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Bed Bugs	<input type="checkbox"/>			
<input type="checkbox"/> Other	<input type="checkbox"/>			
<input type="checkbox"/> Berthing/Quarters	<input type="checkbox"/>	Habitability Inspections		
<input type="checkbox"/> Sewage (CHT)	<input type="checkbox"/>			
<input type="checkbox"/> Ballast Discharge (Valves closed in restricted zones)	<input type="checkbox"/>	(if applicable)		
Food Safety/Safety				
<input type="checkbox"/> Approved Sources	<input type="checkbox"/>			
<input type="checkbox"/> Ready Use Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Bulk Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Ready Use Refrigerated Storage	<input type="checkbox"/>	NAVMED 6340/1		
<input type="checkbox"/> Bulk Refrigerated Storage	<input type="checkbox"/>	Training Records		
<input type="checkbox"/> Food Safety Training	<input type="checkbox"/>			
<input type="checkbox"/> Preparation	<input type="checkbox"/>			
<input type="checkbox"/> Serving	<input type="checkbox"/>			
<input type="checkbox"/> Hand Hygiene	<input type="checkbox"/>			
Potable Water				
<input type="checkbox"/> Approved Source	<input type="checkbox"/>	Potable Water Log		
<input type="checkbox"/> Medical Surveillance	<input type="checkbox"/>			
Solid Waste				
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
Medical Waste				
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
Medical				
<input type="checkbox"/> Disease Surveillance	<input type="checkbox"/>	- DNBI Weekly Report (Past Month)		
<input type="checkbox"/> Facility and Public Health Areas	<input type="checkbox"/>	- Medical Readiness Inspection		
<input type="checkbox"/> Public Health Risks of International Concern Not Found		<input type="checkbox"/> Public Health Risks of International Concern Found with Controls Measures Applied <small>(Refer Annex 2 of International Health Regulation (2005) and Notify Navy and Marine Corps Public Health Center within 24 hours)</small>		

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Ship Hull Number

Contains the full numerical, alpha-numerical hull number of the vessel and class of ship. i.e. FFG-55

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SHIP HOMEPORT:	HULL NUMBER (LLL ###) Example "CV 65":	<input type="checkbox"/> LADEN	<input type="checkbox"/> UNLADEN <small>IF LADEN, TONS OF CARGO</small>

SHIP SANITATION CONTROL EXEMPTION CERTIFICATE
 SHIP SANITATION CONTROL CERTIFICATE

AREAS (Systems & Services) INSPECTED ¹	EVIDENCE FOUND ²	DOCUMENTS REVIEWED	CONTROL MEASURES APPLIED	RE-INSPECTION DATE (DD MM YYYY)
<input type="checkbox"/> Rodent Infestation	<input type="checkbox"/>	Pest Control Log		
Vermis Infestation	<input type="checkbox"/>			
<input type="checkbox"/> Cockroaches	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Flies	<input type="checkbox"/>			
<input type="checkbox"/> Bed Bugs	<input type="checkbox"/>			
<input type="checkbox"/> Other	<input type="checkbox"/>			
<input type="checkbox"/> Berthing/Quarters	<input type="checkbox"/>	Habitability Inspections		
<input type="checkbox"/> Sewage (CHT)	<input type="checkbox"/>			
<input type="checkbox"/> Ballast Discharge Management <small>(Valves closed for non-discharge zones)</small>	<input type="checkbox"/>	(if applicable)		
Food Safety/Galley	<input type="checkbox"/>			
<input type="checkbox"/> Approved Sources	<input type="checkbox"/>	NAVMED 6240/1 Training Records		
<input type="checkbox"/> Ready Use Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Bulk Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Ready Use Refrigerated Storage	<input type="checkbox"/>			
<input type="checkbox"/> Bulk Refrigerated Storage	<input type="checkbox"/>			
<input type="checkbox"/> Food Safety Training	<input type="checkbox"/>			
<input type="checkbox"/> Preparation	<input type="checkbox"/>			
<input type="checkbox"/> Serving	<input type="checkbox"/>			
<input type="checkbox"/> Hand Hygiene	<input type="checkbox"/>			
Potable Water	<input type="checkbox"/>	Potable Water Log		
<input type="checkbox"/> Approved Source	<input type="checkbox"/>			
<input type="checkbox"/> Medical Surveillance	<input type="checkbox"/>			
Solid Waste	<input type="checkbox"/>			
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
Medical Waste	<input type="checkbox"/>			
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
Medical	<input type="checkbox"/>	- DNBI Weekly Report <small>(Past Month)</small>		
<input type="checkbox"/> Disease Surveillance	<input type="checkbox"/>	- Medical Readiness Inspection		
<input type="checkbox"/> Facility and Public Health Areas	<input type="checkbox"/>			

Public Health Risks of International Concern Not Found
 Public Health Risks of International Concern Found with Controls Measures Applied
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Cargo Status

If the ship Does not have cargo, check **UNLADEN**. Has cargo, check **LADEN**, and confirm with SUPPO tons of Cargo, if applicable.

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SHIP NAME:		DATE (DD MM YYYY):	
SHIP HOMEPORT:	HULL NUMBER (LLL ###) Example "CV 65":	<input type="checkbox"/> LADEN <input type="checkbox"/> UNLADEN <small>IF LADEN, TONS OF CARGO</small>	
<input type="checkbox"/> SHIP SANITATION CONTROL EXEMPTION CERTIFICATE		<input type="checkbox"/> SHIP SANITATION CONTROL CERTIFICATE	

AREAS (Systems & Services) INSPECTED ¹	EVIDENCE FOUND ²	DOCUMENTS REVIEWED	CONTROL MEASURES APPLIED	RE-INSPECTION DATE (DD MM YYYY)
<input type="checkbox"/> Rodent Infestation	<input type="checkbox"/>	Pest Control Log		
Vermin Infestation	<input type="checkbox"/>			
<input type="checkbox"/> Cockroaches	<input type="checkbox"/>			
<input type="checkbox"/> Flies	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Bed Bugs	<input type="checkbox"/>			
<input type="checkbox"/> Other	<input type="checkbox"/>			
<input type="checkbox"/> Berthing/Quarters	<input type="checkbox"/>	Habitability Inspections		
<input type="checkbox"/> Sewage (CHT)	<input type="checkbox"/>			
<input type="checkbox"/> Ballast Discharge Management (Valves closed for non-discharge zones)	<input type="checkbox"/>	(if applicable)		
Food Safety/Galley	<input type="checkbox"/>			
<input type="checkbox"/> Approved Sources	<input type="checkbox"/>			
<input type="checkbox"/> Ready Use Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Bulk Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Ready Use Refrigerated Storage	<input type="checkbox"/>	NAVMED 6240/1 Training Records		
<input type="checkbox"/> Bulk Refrigerated Storage	<input type="checkbox"/>			
<input type="checkbox"/> Food Safety Training	<input type="checkbox"/>			
<input type="checkbox"/> Preparation	<input type="checkbox"/>			
<input type="checkbox"/> Serving	<input type="checkbox"/>			
<input type="checkbox"/> Hand Hygiene	<input type="checkbox"/>			
Potable Water	<input type="checkbox"/>			
<input type="checkbox"/> Approved Source	<input type="checkbox"/>	Potable Water Log		
<input type="checkbox"/> Medical Surveillance	<input type="checkbox"/>			
Solid Waste	<input type="checkbox"/>			
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
Medical Waste	<input type="checkbox"/>			
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
Medical	<input type="checkbox"/>			
<input type="checkbox"/> Disease Surveillance	<input type="checkbox"/>	- DNBI Weekly Report (Past Month)		
<input type="checkbox"/> Facility and Public Health Areas	<input type="checkbox"/>	- Medical Readiness Inspection		
<input type="checkbox"/> Public Health Risks of International Concern Not Found		<input type="checkbox"/> Public Health Risks of International Concern Found with Controls Measures Applied <small>(Refer Annex 2 of International Health Regulation (2005) and Notify Navy and Marine Corps Public Health Center within 24 hours)</small>		

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NAME OF INSPECTOR:	INSPECTOR'S COMMAND UIC:	SIGNATURE and CDC SEAL:	DATE (DD MM YYYY):
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• This block is to contain the total combined weight of cargo or supplies being stored in the holds of the ship.
 • This information generally can be attained from engineering.

Date

Contains the date of the assessment. The fillable PDF file will automatically populate three locations: Two on the front and one on the back. Ensure all the dates correspond.

UNITED STATES NAVY
SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE
Issued IAW Article 39 of the International Health Regulations 2005. Certificate valid for 6 months from time of issuance.

SHIP NAME:		DATE (DD MM YYYY):	
SHIP HOMEPORT:	HULL NUMBER (LLL ###) Example "CV 65":	<input type="checkbox"/> LADEN	<input type="checkbox"/> UNLOADED CARGO
<input type="checkbox"/> SHIP SANITATION CONTROL EXEMPTION CERTIFICATE		<input type="checkbox"/> SHIP SANITATION CONTROL CERTIFICATE	

AREAS (Systems & Services) INSPECTED ¹	EVIDENCE FOUND ²	DOCUMENTS REVIEWED	CONTROL MEASURES APPLIED	RE-INSPECTION DATE (DD MM YYYY)
<input type="checkbox"/> Rodent Infestation	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Vermin Infestation	<input type="checkbox"/>			
<input type="checkbox"/> Cockroaches	<input type="checkbox"/>			
<input type="checkbox"/> Flies	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Bed Bugs	<input type="checkbox"/>			
<input type="checkbox"/> Other	<input type="checkbox"/>			
<input type="checkbox"/> Berthing/Quarters	<input type="checkbox"/>	Habitability Inspections		
<input type="checkbox"/> Sewage (CHT)	<input type="checkbox"/>			
<input type="checkbox"/> Ballast Discharge Management (Valves closed for non-discharge zones)	<input type="checkbox"/>	(if applicable)		
<input type="checkbox"/> Food Safety/Galley	<input type="checkbox"/>			
<input type="checkbox"/> Approved Sources	<input type="checkbox"/>			
<input type="checkbox"/> Ready Use Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Bulk Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Ready Use Refrigerated Storage	<input type="checkbox"/>	NAV/MED 6240/1		
<input type="checkbox"/> Bulk Refrigerated Storage	<input type="checkbox"/>	Training Records		
<input type="checkbox"/> Food Safety Training	<input type="checkbox"/>			
<input type="checkbox"/> Preparation	<input type="checkbox"/>			
<input type="checkbox"/> Serving	<input type="checkbox"/>			
<input type="checkbox"/> Hand Hygiene	<input type="checkbox"/>			
<input type="checkbox"/> Potable Water	<input type="checkbox"/>			
<input type="checkbox"/> Approved Source	<input type="checkbox"/>	Potable Water Log		
<input type="checkbox"/> Medical Surveillance	<input type="checkbox"/>			
<input type="checkbox"/> Solid Waste	<input type="checkbox"/>			
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
<input type="checkbox"/> Medical Waste	<input type="checkbox"/>			
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
<input type="checkbox"/> Medical	<input type="checkbox"/>	- DNBI Weekly Report (Past Month)		
<input type="checkbox"/> Disease Surveillance	<input type="checkbox"/>	- Medical Readiness Inspection		
<input type="checkbox"/> Facility and Public Health Areas	<input type="checkbox"/>			

Public Health Risks of International Concern Not Found
 Public Health Risks of International Concern Found with Controls Measures (Refer Annex 2 of International Health Regulation (2005) and Notify Navy and Marine Corps Public Health Center within 24 hours)

Notes:
 1. Areas Inspected. Mark box if area inspected; leave box blank if not applicable or not inspected. For inspection findings which indicate a ship corrective action needed, provide recommendations along with Navy reference on comment page.
 2. Evidence Found. Mark box if evidence exists of infection or contamination that may affect adversely the health of human populations, with an emphasis on those which may spread internationally or may present a serious and direct danger. Consider vectors in all stages of growth; animal reservoirs for vectors; rodents or other species that could spread disease, microbiological, chemical, and other risks to human health; and signs of inadequate sanitary measures. Also consider any human cases that would be included in the Maritime Declaration of Health.

NAME OF INSPECTOR:	INSPECTOR'S COMMAND UIC:	SIGNATURE and CDC SEAL:	DATE (DD MM YYYY):
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NAVMED 6210/1 (Rev. 01-2010) ORIGINAL to: Ship COPY 1 e-mail to: NMCPHCPTS-ssoec@med.navy.mil COPY 2 to: Command file Page 1 of 2

SSCEC or SSCC

Check the box for Ship Sanitation Control Exemption Certificate (left column) or Ship Sanitation Control Certificate (right column)

UNITED STATES NAVY
SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE
 Issued IAW Article 39 of the International Health Regulations 2005. Certificate valid for 6 months from time of issuance.

SHIP NAME:		DATE (DD MM YYYY):	
SHIP HOMEPORT:		HULL NUMBER (LLL ###) Example "CV 65":	
		<input type="checkbox"/> LADEN <input type="checkbox"/> UNLADEN IF LADEN, TONS OF CARGO	
<input type="checkbox"/> SHIP SANITATION CONTROL EXEMPTION CERTIFICATE		<input type="checkbox"/> SHIP SANITATION CONTROL CERTIFICATE	

AREAS (Systems & Services) INSPECTED ¹	EVIDENCE FOUND ²	DOCUMENTS REVIEWED	CONTROL MEASURES APPLIED	RE-INSPECTION DATE (DD MM YYYY)
<input type="checkbox"/> Pest Infestation	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Vector Infestation	<input type="checkbox"/>			
<input type="checkbox"/> Mosquitoes	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Fleas	<input type="checkbox"/>			
<input type="checkbox"/> Cockroaches	<input type="checkbox"/>			
<input type="checkbox"/> Quarters	<input type="checkbox"/>	Habitability Inspections		
<input type="checkbox"/> (CHT)	<input type="checkbox"/>			
<input type="checkbox"/> Discharge Management (closed for non-discharge zones)	<input type="checkbox"/>	(if applicable)		
<input type="checkbox"/> Rain Water	<input type="checkbox"/>			
<input type="checkbox"/> Solid Sources	<input type="checkbox"/>			
<input type="checkbox"/> Ready Use Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Bulk Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Ready Use Refrigerated Storage	<input type="checkbox"/>	NAVMED 6240/1 Training Records		
<input type="checkbox"/> Bulk Refrigerated Storage	<input type="checkbox"/>			
<input type="checkbox"/> Food Safety Training	<input type="checkbox"/>			
<input type="checkbox"/> Preparation	<input type="checkbox"/>			
<input type="checkbox"/> Serving	<input type="checkbox"/>			
<input type="checkbox"/> Hand Hygiene	<input type="checkbox"/>			
<input type="checkbox"/> Potable Water	<input type="checkbox"/>			
<input type="checkbox"/> Approved Source	<input type="checkbox"/>	Potable Water Log		
<input type="checkbox"/> Medical Surveillance	<input type="checkbox"/>			
<input type="checkbox"/> Solid Waste	<input type="checkbox"/>			
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
<input type="checkbox"/> Medical Waste	<input type="checkbox"/>			
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
<input type="checkbox"/> Medical	<input type="checkbox"/>			
<input type="checkbox"/> Disease Surveillance	<input type="checkbox"/>	- DNBI Weekly Report (Past Month)		
<input type="checkbox"/> Facility and Public Health Areas	<input type="checkbox"/>	- Medical Readiness Inspection		
<input type="checkbox"/> Public Health Risks of International Concern Not Found			<input type="checkbox"/> Public Health Risks of International Concern Found with Controls Measures Applied (Refer Annex 2 of International Health Regulation (2005) and Notify Navy and Marine Corps Public Health Center within 24 hours)	

Notes:
 1. Areas Inspected. Mark box if area inspected; leave box blank if not applicable or not inspected. For inspection findings which indicate a ship corrective action needed, provide recommendations along with Navy reference on comment page.
 2. Evidence Found. Mark box if evidence exists of infection or contamination that may affect adversely the health of human populations, with an emphasis on those which may spread internationally or may present a serious and direct danger. Consider vectors in all stages of growth; animal reservoirs for vectors; rodents or other species that could carry human disease, microbiological, chemical, and other risks to human health; and signs of inadequate sanitary measures. Also consider any human cases that would be included in the Maritime Declaration of Health.

NAME OF INSPECTOR:	INSPECTOR'S COMMAND UIC:	SIGNATURE and CDC SEAL:	DATE (DD MM YYYY):
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Areas, Systems, and Services Inspected

UNITED STATES NAVY SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE

Issued IAW Article 39 of the International Health Regulations 2005. Certificate valid for 6 months from time of issuance.

SHIP NAME:		DATE (DD MM YYYY):	
SHIP HOMEPORT:			
<input type="checkbox"/> SHIP SANITATION CONTROL EXEMPTION			
AREAS (Systems & Services)			
<input type="checkbox"/> Rodent Infestation			
<input type="checkbox"/> Vermin Infestation			
<input type="checkbox"/> Cockroaches			
<input type="checkbox"/> Flies			
<input type="checkbox"/> Bed Bugs			
<input type="checkbox"/> Other			
<input type="checkbox"/> Berthing/Quarters			
<input type="checkbox"/> Sewage (CHT)			
<input type="checkbox"/> Ballast Discharge Management (Valves closed for non-discharge zones)			
<input type="checkbox"/> Food Safety/Galley			
<input type="checkbox"/> Approved Sources			
<input type="checkbox"/> Ready Use Dry Storage			
<input type="checkbox"/> Bulk Dry Storage			
<input type="checkbox"/> Ready Use Refrigerated Storage			
<input type="checkbox"/> Bulk Refrigerated Storage			
<input type="checkbox"/> Food Safety Training			
<input type="checkbox"/> Preparation			
<input type="checkbox"/> Serving			
<input type="checkbox"/> Hand Hygiene			
<input type="checkbox"/> Potable Water			
<input type="checkbox"/> Approved Source		Potable Water Log	
<input type="checkbox"/> Medical Surveillance			
<input type="checkbox"/> Solid Waste			
<input type="checkbox"/> Handling			
<input type="checkbox"/> Disposal			
<input type="checkbox"/> Medical Waste			
<input type="checkbox"/> Handling			
<input type="checkbox"/> Disposal			
<input type="checkbox"/> Medical			
<input type="checkbox"/> Disease Surveillance		- DNBI Weekly Report (Past Month)	
<input type="checkbox"/> Facility and Public Health Areas		- Medical Readiness Inspection	
<input type="checkbox"/> Public Health Risks of International Concern Not Found		<input type="checkbox"/> Public Health Risks of International Concern Found with Controls Measures Applied (Refer Annex 2 of International Health Regulation (2005) and Notify Navy and Marine Corps Public Health Center within 24 hours)	

Notes:
 1. Areas Inspected. Mark box if area inspected; leave box blank if not applicable or not inspected. For inspection findings which indicate a ship corrective action needed, provide recommendations along with Navy reference on comment page.
 2. Evidence Found. Mark box if evidence exists of infection or contamination that may affect adversely the health of human populations, with an emphasis on those which may spread internationally or may present a serious and direct danger. Consider vectors in all stages of growth; animal reservoirs for vectors; rodents or other species that could carry human disease, microbiological, chemical, and other risks to human health; and signs of inadequate sanitary measures. Also consider any human cases that would be included in the Maritime Declaration of Health.

NAME OF INSPECTOR:	INSPECTOR'S COMMAND UIC:	SIGNATURE and CDC SEAL:	DATE (DD MM YYYY):
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This column contains all of the areas to be evaluated and examined for the certificate.

Important: You must actually, physically examine the spaces.

Documents Reviewed

UNITED STATES NAVY
SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE
 Issued IAW Article 39 of the International Health Regulations 2005. Certificate #

SHIP NAME:		
SHIP HOMEPORT:		HULL NUMBER (LLL ###) Example "CV 65":
<input type="checkbox"/> SHIP SANITATION CONTROL EXEMPTION CERTIFICATE		
AREAS (Systems & Services) INSPECTED ¹	EVIDENCE FOUND ²	DOCUMENTS REVIEWED
<input type="checkbox"/> Rodent Infestation	<input type="checkbox"/>	Pest Control Log
<input type="checkbox"/> Vermin Infestation	<input type="checkbox"/>	
<input type="checkbox"/> Cockroaches	<input type="checkbox"/>	Pest Control Log
<input type="checkbox"/> Flies	<input type="checkbox"/>	
<input type="checkbox"/> Bed Bugs	<input type="checkbox"/>	
<input type="checkbox"/> Other	<input type="checkbox"/>	
<input type="checkbox"/> Berthing/Quarters	<input type="checkbox"/>	Habitability Inspections
<input type="checkbox"/> Sewage (CHT)	<input type="checkbox"/>	
<input type="checkbox"/> Ballast Discharge Management (Valves closed for non-discharge zones)	<input type="checkbox"/>	(if applicable)
Food Safety/Galley		
<input type="checkbox"/> Approved Sources	<input type="checkbox"/>	NAVMED 6240/1 Training Records
<input type="checkbox"/> Ready Use Dry Storage	<input type="checkbox"/>	
<input type="checkbox"/> Bulk Dry Storage	<input type="checkbox"/>	
<input type="checkbox"/> Ready Use Refrigerated Storage	<input type="checkbox"/>	
<input type="checkbox"/> Bulk Refrigerated Storage	<input type="checkbox"/>	
<input type="checkbox"/> Food Safety Training	<input type="checkbox"/>	
<input type="checkbox"/> Preparation	<input type="checkbox"/>	
<input type="checkbox"/> Serving	<input type="checkbox"/>	
<input type="checkbox"/> Hand Hygiene	<input type="checkbox"/>	
<input type="checkbox"/> Potable Water	<input type="checkbox"/>	
<input type="checkbox"/> Approved Source	<input type="checkbox"/>	
<input type="checkbox"/> Medical Surveillance	<input type="checkbox"/>	
Solid Waste		
<input type="checkbox"/> Handling	<input type="checkbox"/>	
<input type="checkbox"/> Disposal	<input type="checkbox"/>	
Medical Waste		
<input type="checkbox"/> Handling	<input type="checkbox"/>	
<input type="checkbox"/> Disposal	<input type="checkbox"/>	
Medical		
<input type="checkbox"/> Disease Surveillance	<input type="checkbox"/>	- DNBI Weekly Report (Past Month)
<input type="checkbox"/> Facility and Public Health Areas	<input type="checkbox"/>	- Medical Readiness Inspection
<input type="checkbox"/> Public Health Risks of International Concern Not Found		<input type="checkbox"/> Public Health

Notes:
 1. Areas Inspected. Mark box if area inspected; leave box blank if not applicable or not inspected. For inspection findings which indicate a ship corrective action needed, provide recommendations along with Navy reference on comment page.
 2. Evidence Found. Mark box if evidence exists of infection or contamination that may affect adversely the health of human populations, with an emphasis on those which may spread internationally or may present a serious and direct danger. Consider vectors of disease, microbiological, chemical, and other risks to human health; and signs of inadequate sanitary measures. Also consider any human health risks.

NAME OF INSPECTOR:	INSPECTOR'S COMMAND UIC:	SIGNATURE:
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NAVMED 6210/1 (Rev. 01-2010) ORIGINAL to: Ship COPY 1 e-mail to: NMCPCPTS-ssoc@navy.mil

This column notes:

- Administrative documents to be reviewed
- Also see SSC Pre-Assessment Checklist for more detail on what to review, as well as references.
- Important: You must actually see the records.

Evidence Found

UNITED STATES NAVY
SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE
 Issued IAW Article 11 of the International Health Regulations 2005. Certificate valid for 6 months from time of issuance.

SHIP NAME: _____ DATE (DD MM YYYY): _____

SHIP HOMEPORT: _____ HULL NUMBER (LLL ###) Example "CV 65": _____ LADEN UNLADEN
 IF LADEN, TONS OF CARGO _____

SHIP SANITATION CONTROL EXEMPTION CERTIFICATE SHIP SANITATION CONTROL CERTIFICATE

AREAS (Systems & Services) INSPECTED ¹	EVIDENCE FOUND ²	DOCUMENTS REVIEWED	CONTROL MEASURES APPLIED	RE-INSPECTION DATE (DD MM YYYY)
<input type="checkbox"/> Rodent Infestation	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Vermin Infestation	<input type="checkbox"/>			
<input type="checkbox"/> Cockroaches	<input type="checkbox"/>			
<input type="checkbox"/> Flies	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Bed Bugs	<input type="checkbox"/>			
<input type="checkbox"/> Other	<input type="checkbox"/>			
<input type="checkbox"/> Berthing/Quarters	<input type="checkbox"/>	Habitability Inspections		
<input type="checkbox"/> Sewage (GHT)	<input type="checkbox"/>			
<input type="checkbox"/> Ballast Discharge Management (Valves closed for non-discharge zones)	<input type="checkbox"/>	(if applicable)		
Food Safety/Galley	<input type="checkbox"/>			
<input type="checkbox"/> Approved Sources	<input type="checkbox"/>			
<input type="checkbox"/> Ready Use Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Bulk Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Ready Use Refrigerated Storage	<input type="checkbox"/>	NAVMED 6240/1		
<input type="checkbox"/> Bulk Refrigerated Storage	<input type="checkbox"/>	Training Records		
<input type="checkbox"/> Food Safety Training	<input type="checkbox"/>			
<input type="checkbox"/> Preparation	<input type="checkbox"/>			
<input type="checkbox"/> Serving	<input type="checkbox"/>			
<input type="checkbox"/> Hand Hygiene	<input type="checkbox"/>			
Potable Water	<input type="checkbox"/>			
<input type="checkbox"/> Approved Source	<input type="checkbox"/>	Potable Water Log		
<input type="checkbox"/> Medical Surveillance	<input type="checkbox"/>			
Solid Waste	<input type="checkbox"/>			
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
Medical Waste	<input type="checkbox"/>			
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
Medical	<input type="checkbox"/>			
<input type="checkbox"/> Disease Surveillance	<input type="checkbox"/>	- DNBI Weekly Report (Past Month)		
<input type="checkbox"/> Facility and Public Health Areas	<input type="checkbox"/>	- Medical Readiness Inspection		

Public Health Risks of International Concern Not Found Public Health Risks of International Concern Found with Controls Measures Applied (Refer Annex 2 of International Health Regulation (2005) and Notify Navy and Marine Corps Public Health Center within 24 hours)

Notes:
 1. **Areas Inspected.** Mark box if area inspected; leave box blank if not applicable or not inspected. For inspection findings which indicate a ship corrective action needed, provide recommendations along with Navy reference on comment page.
 2. **Evidence Found.** Mark box if evidence exists of infection or contamination that may affect adversely the health of human populations, with an emphasis on those which may spread internationally or may present a serious and direct danger. Consider vectors in all stages of growth; animal reservoirs for vectors; rodents or other species that could carry human disease, microbiological, chemical, and other risks to human health; and signs of inadequate sanitary measures. Also consider any human cases that would be included in the Maritime Declaration of Health.

NAME OF INSPECTOR: _____ INSPECTOR'S COMMAND UIC: _____ SIGNATURE and CDC SEAL: _____ DATE (DD MM YYYY): _____

NAVMED 6210/1 (Rev. 01-2010) ORIGINAL to: Ship COPY 1 e-mail to: NMCPHCPTS-ssoco@med.navy.mil COPY 2 to: Command file Page 1 of 2

Evidence Found Column

- If Evidence box is checked:
 - Details on comment page required
 - Include brief, clear description of finding, recommended corrective action by ship's force, and applicable naval references
- Inspection may identify findings where public health risks to ship's force may exist but not to the level of international concern and public health intervention actions should be documented

Before Issuing SSCC Contact COC

FOR SSCCs ONLY

**UNITED STATES NAVY
SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE**
Issued IAW Article 39 of the International Health Regulations 2005. Certificate valid for 6 months from time of issuance.

Use this Column to describe :

- Evidence found as described above, found aboard vessel.
- When there is **PHEIC**.



SHIP NAME SHIP TYPE VESSEL TYPE PORT OF ORIGIN PORT OF DESTINATION DATE OF DEPARTURE DATE OF ARRIVAL (Valves closed for non-discharge zones) <input type="checkbox"/> (If applicable) <input type="checkbox"/>	DATE (DD MM YYYY): <input type="checkbox"/> LADEN <input type="checkbox"/> UNLADEN (IF LADEN, TONS OF CARGO)
<input type="checkbox"/> SHIP SANITATION CONTROL CERTIFICATE	
Food Safety/Galley <input type="checkbox"/> Approved Sources <input type="checkbox"/> Ready Use Dry Storage <input type="checkbox"/> Bulk Dry Storage <input type="checkbox"/> Ready Use Refrigerated Storage <input type="checkbox"/> Bulk Refrigerated Storage <input type="checkbox"/> Food Safety Training <input type="checkbox"/> Preparation <input type="checkbox"/> Serving <input type="checkbox"/> Hand Hygiene Potable Water <input type="checkbox"/> Approved Source <input type="checkbox"/> Medical Surveillance Solid Waste <input type="checkbox"/> Handling <input type="checkbox"/> Disposal Medical Waste <input type="checkbox"/> Handling <input type="checkbox"/> Disposal Medical <input type="checkbox"/> Disease Surveillance <input type="checkbox"/> Facility and Public Health Areas	CONTROL MEASURES APPLIED RE-INSPECTION DATE (DD MM YYYY)
NAVMED 6340/1 Training Records Potable Water Log - DNBI Weekly Report (Past Month) - Medical Readiness Inspection	

Re-Assessment Date for each Control Measure.



Public Health Risks of International Concern Not Found Public Health Risks of International Concern Found with Controls Measures Applied
(Refer Annex 2 of International Health Regulation (2005) and Notify Navy and Marine Corps Public Health Center within 24 hours)

Notes:
 1. Areas Inspected. Mark box if area inspected; leave box blank if not applicable or not inspected. For inspection findings which indicate a ship corrective action needed, provide recommendations along with Navy reference on comment page.
 2. Evidence Found. Mark box if evidence exists of infection or contamination that may affect adversely the health of human populations, with an emphasis on those which may spread internationally or may present a serious and direct danger. Consider vectors in all stages of growth; animal reservoirs for vectors; rodents or other species that could carry human disease, microbiological, chemical, and other risks to human health; and signs of inadequate sanitary measures. Also consider any human cases that would be included in the Maritime Declaration of Health.

NAME OF INSPECTOR: _____ INSPECTOR'S COMMAND UIC: _____ SIGNATURE and CDC SEAL: _____ DATE (DD MM YYYY): _____

NAVMED 6210/1 (Rev. 01-2010) ORIGINAL to: Ship COPY 1 e-mail to: NMCPHPTS-ssceoc@med.navy.mil COPY 2 to: Command file Page 1 of 2

Public Health Risk Of International Concern

UNITED STATES NAVY
SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE
 Issued IAW Article 39 of the International Health Regulations 2005. Certificate valid for 6 months from time of issuance.

SHIP NAME:		DATE (DD MM YYYY):	
SHIP HOMEPORT:	HULL NUMBER (LLL ###) Example "CV 65":	<input type="checkbox"/> LADEN	<input type="checkbox"/> UNLADEN
		IF LADEN, TONS OF CARGO	

SHIP SANITATION CONTROL EXEMPTION CERTIFICATE SHIP SANITATION CONTROL CERTIFICATE

AREAS (Systems & Services) INSPECTED ¹	EVIDENCE FOUND ²	DOCUMENTS REVIEWED	CONTROL MEASURES APPLIED	RE-INSPECTION DATE (DD MM YYYY)
<input type="checkbox"/> Rodent Infestation	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Vermin Infestation	<input type="checkbox"/>			
<input type="checkbox"/> Cockroaches	<input type="checkbox"/>			
<input type="checkbox"/> Flies	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Bed Bugs	<input type="checkbox"/>			
<input type="checkbox"/> Air Source	<input type="checkbox"/>	Potable Water Log		
<input type="checkbox"/> Medical Surveillance	<input type="checkbox"/>			
<input type="checkbox"/> Solid Waste	<input type="checkbox"/>			
<input type="checkbox"/> Hygiene	<input type="checkbox"/>			
<input type="checkbox"/> Disinfection	<input type="checkbox"/>			
<input type="checkbox"/> Medical Readiness	<input type="checkbox"/>			
<input type="checkbox"/> Hygiene	<input type="checkbox"/>			
<input type="checkbox"/> Potable Water	<input type="checkbox"/>			
<input type="checkbox"/> Medical Surveillance	<input type="checkbox"/>	- DNBI Weekly Report (Past Month)		
<input type="checkbox"/> Facilities and Public Health Areas	<input type="checkbox"/>	- Medical Readiness Inspection		

One of these boxes must be checked and form makes it easy:
 If SSCEC check Public Health Risk of International Concern NOT Found (left column)
 If SSCC check Public Health Risk of International Concern Found (right column)

Public Health Risks of International Concern Not Found Public Health Risks of International Concern Found with Controls Measures Applied
 (Refer Annex 2 of International Health Regulation (2005) and Notify Navy and Marine Corps Public Health Center within 24 hours)

Notes:
 1. Areas Inspected. Mark box if area inspected; leave box blank if not applicable or not inspected. For inspection findings which indicate a ship corrective action needed, provide recommendations along with Navy reference on comment page.
 2. Evidence Found. Mark box if evidence exists of infection or contamination that may affect adversely the health of human populations, with an emphasis on those which may spread internationally or may present a serious and direct danger. Consider vectors in all stages of growth; animal reservoirs for vectors; rodents or other species that could carry human disease, microbiological, chemical, and other risks to human health; and signs of inadequate sanitary measures. Also consider any human cases that would be included in the Maritime Declaration of Health.

NAME OF INSPECTOR:	INSPECTOR'S COMMAND UIC:	SIGNATURE and CDC SEAL:	DATE (DD MM YYYY):
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NAVMED 6210/1 (Rev. 01-2010) ORIGINAL to: Ship COPY 1 e-mail to: NMCPCPTS-sscec@med.navy.mil COPY 2 to: Command file Page 1 of 2

NAVMED Form 6210/1 Back

Top block should be pre-populated from the front of the form.
Verify all information is correct prior to applying seal.

SHIP SANITATION CERTIFICATE
Issued IAW Article 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

SHIP NAME:		DATE (DD MM YYYY):
SHIP HOMEPORT:	HULL NUMBER (LLL ###) Example "CV 65":	
RESULTS AND RECOMMENDATIONS		

Document public health findings with recommended corrective action and applicable references. Discuss with Ship Medical Department Representative before leaving ship. If evidence column checked comment required.

Contact Information

Contact information of the issuing authority for questions will be on the SSC Form, NAVMED 6210/1

- Minimum information:
 - Name of Authorized Agent
 - SSC Issuing Command/UIC
 - Signature of Authorized Agent
 - Date SSC issued
 - SSC Issuing Command generic email address in the event ship needs to request 1-month extension

CDC Seal Application

After reviewing the form and ensuring all information is correct, the CDC seal shall be applied:

If document is printed as:

- ONE PAGE (front and back)
 - Place seal on space provided on the front of the document.
- TWO PAGES (Place seal on BOTH pages)
 - Page one: space provided
 - Page two: lower right hand corner

Applying the Raised Seal

UNITED STATES NAVY SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE

Issued IAW Article 39 of the International Health Regulations 2005. Certificate valid for 6 months from time of issuance.

SHIP NAME:		DATE (DD MM YYYY):	
SHIP HOMEPORT:		HULL NUMBER (LLL ###) Example "CV 65":	
		<input type="checkbox"/> LADEN <input type="checkbox"/> UNLADEN IF LADEN, TONS OF CARGO	
<input type="checkbox"/> SHIP SANITATION CONTROL EXEMPTION CERTIFICATE		<input type="checkbox"/> SHIP SANITATION CONTROL CERTIFICATE	

AREAS (Systems & Services) INSPECTED ¹	EVIDENCE FOUND ²	DOCUMENTS REVIEWED	CONTROL MEASURES APPLIED	RE-INSPECTION DATE (DD MM YYYY)
<input type="checkbox"/> Rodent Infestation	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Vermin Infestation	<input type="checkbox"/>			
<input type="checkbox"/> Cockroaches	<input type="checkbox"/>			
<input type="checkbox"/> Flies	<input type="checkbox"/>	Pest Control Log		
<input type="checkbox"/> Bed Bugs	<input type="checkbox"/>			
<input type="checkbox"/> Other	<input type="checkbox"/>			
<input type="checkbox"/> Berthing/Quarters	<input type="checkbox"/>	Habitability Inspections		
<input type="checkbox"/> Sewage (CHT)	<input type="checkbox"/>			
<input type="checkbox"/> Ballast Discharge Management (Valves closed for non-discharge zones)	<input type="checkbox"/>	(If applicable)		
<input type="checkbox"/> Food Safety/Galley	<input type="checkbox"/>			
<input type="checkbox"/> Approved Sources	<input type="checkbox"/>			
<input type="checkbox"/> Ready Use Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Bulk Dry Storage	<input type="checkbox"/>			
<input type="checkbox"/> Ready Use Refrigerated Storage	<input type="checkbox"/>	NAVMED 6240/1 Training Records		
<input type="checkbox"/> Bulk Refrigerated Storage	<input type="checkbox"/>			
<input type="checkbox"/> Food Safety Training	<input type="checkbox"/>			
<input type="checkbox"/> Preparation	<input type="checkbox"/>			
<input type="checkbox"/> Serving	<input type="checkbox"/>			
<input type="checkbox"/> Hand Hygiene	<input type="checkbox"/>			
<input type="checkbox"/> Potable Water	<input type="checkbox"/>			
<input type="checkbox"/> Approved Source	<input type="checkbox"/>	Potable Water Log		
<input type="checkbox"/> Medical Surveillance	<input type="checkbox"/>			
<input type="checkbox"/> Solid Waste	<input type="checkbox"/>			
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
<input type="checkbox"/> Medical Waste	<input type="checkbox"/>			
<input type="checkbox"/> Handling	<input type="checkbox"/>			
<input type="checkbox"/> Disposal	<input type="checkbox"/>			
<input type="checkbox"/> Medical	<input type="checkbox"/>	- DNBI Weekly Report (Past Month)		
<input type="checkbox"/> Disease Surveillance	<input type="checkbox"/>	- Medical Readiness Inspection		
<input type="checkbox"/> Facility and Public Health Areas	<input type="checkbox"/>			

Public Health Risks of International Concern Not Found
 Public Health Risks of International Concern Found with Controls Measures Applied

RAISED CDC SEAL

NAME OF INSPECTOR:	INSPECTOR'S COMMAND UIC:	SIGNATURE:	DATE (DD MM YYYY):
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NAVMED 6210/1 (Rev. 01-2010)

ORIGINAL to: Ship

COPY 1 e-mail to: NMCPHCPTS-ssceoc@med.navy.mil


Command file

Page 1 of 2

Applying the Raised Seal (continued)

UNITED STATES NAVY
SHIP SANITATION CONTROL EXEMPTION CERTIFICATE/SHIP SANITATION CONTROL CERTIFICATE
Issued IAW Article 39 of the International Health Regulations 2005. Certificate valid for 6 months from time of issuance.

SHIP NAME:		DATE (DD MM YYYY):
SHIP HOMEPORT:	HULL NUMBER (LLL ###) Example "CV 65":	
RESULTS AND RECOMMENDATIONS		


**RAISED
CDC
SEAL**

NAVMED 6210/1 (Rev. 01-2010) ORIGINAL to: Ship COPY 1 e-mail to: NMCPHCPTS-660ec@med.navy.mil COPY 2 Page 2 of 2

Review SSC

- General information complete
- Correct date (3 places: 1st page top and bottom and page 2)
- SSCEC or SSCC box checked
- Areas inspected checked or N/A
- Make sure you've checked one of the following: Public Health Risk of International Concern **NOT FOUND** *or* **FOUND**
- Inspecting Official information
- Grammar, consistent wording, legibility and clarity — **Very Important!!**

SSC Outbrief

- Inspector shall debrief SMDR upon completion of inspection.
- Inform that the certificate expires in 6 months and the procedures for requesting a one month extension (provide ship an official email address).
- Discuss findings and recommendations for ship's force to follow up with corrective action for public health findings observed and documented on the comment page.

Summary and Review

- Ship Sanitation Certificates, to include:
 - When to issue a SSCEC
 - When to issue a SSCC
- How to complete NAVMED Form 6210/1, including:
 - Contact information
 - CDC seal application
 - How to review an SSC for completeness/accuracy
- Performing the inspection outbrief

SSC Extension

Enabling Objective:

4.11 **Explain** how to complete a SSC extension

SSC Extension

- Article 39, IHR
 - SSCECs and SSCCs shall be valid for a maximum period of six months
 - This period may be extended by one month if the inspection or control measures required cannot be accomplished at the port

NAVMED 6210/2

United States Navy
**NOTIFICATION OF 30 DAY EXTENSION OF
SHIP SANITATION EXEMPTION CONTROL CERTIFICATE**

SHORE STATION:	DATE (DD MMM YYYY):
EXPIRATION DATE OF EXISTING CERTIFICATE (DD MMM YYYY):	
INSPECTING AUTHORITY (NEPMU/MTF) FOR LAST INSPECTION	
ORGANIZATION NAME:	
ORGANIZATION POINT OF CONTACT:	ORGANIZATION TELEPHONE NUMBER:
SHIP INFORMATION	
SHIP NAME:	
SHIP HULL NUMBER:	SHIP POINT OF CONTACT:

INSPECTOR'S NAME	
INSPECTOR'S SIGNATURE	DATE (DD MMM YYYY):

- Complete NAVMED 6210/2 (11-2007), *Notification of 30 Day Extension of Ship Sanitation Certificate*
- Extension issued by entity which issued the expiring certificate.
- May be transmitted electronically.

SSC Extension Examples

- Extension is a period of one month from the day the SSC expires
 - USS Cleveland SSCEC expires June 28th and requests extension on June 26th
 - Extension expires July 28th
 - USS Boxer SSCEC expires July 28th and requests extension on August 2nd
 - Extension expires August 28th

Summary and Review

- Explained procedure for completing a SSC extension

Record Keeping and Quality Assurance

Enabling Objectives:

4.12 **Discuss** SSCP Record Keeping

4.13 **Discuss** Quality Assurance

Record Keeping and SSC Submission

- Copies of SSCECs and SSCCs issued by Navy authorized agents shall be kept via command/UIC files (electronic or hard copy)
- SSCC shall be scanned and emailed to NMCPHC immediately with COC review and concurrence
- SSCECs shall be scanned and emailed to NMCPHC not less than weekly
- Email SSCEC and SSCC to: NMCPHCPTS-SSCEC@med.navy.mil

Quality Assurance

- SSCs shall be QA reviewed by the SSCP Manager (Environmental Health Officer) of the local Preventive Medicine Service or NEPMU.
- Review for completeness, accuracy, consistency, and legibility of information on certificate.
- SSCP Manager will provide QA feedback to inspectors on proper completion of SSCs, as needed.
- Preventive Medicine Departments at MTFs and NEPMUs will be responsible for the QA Program oversight and liaison with NMCPHC.

Quality Assurance (continued)

- NEPMUs will provide:
 - AOR QA of the SSCs
 - SSC training for Navy authorized SSC inspectors
- NMCPHC will provide:
 - Policy guidance and liaison with CDC for Navy's SSC Program

Summary and Review

- SSCP record keeping and submission procedures
- Quality Assurance responsibilities of:
 - SSC Inspectors
 - SSCP Manager
 - MTF Preventive Medicine Departments
 - NEPMUs

Course Summary and Review

- Requirements of International Health Regulations and Ship Sanitation Certificate Program:
 - WHO and IHR (2005)
 - Key definitions
- Navy ship sanitation program policy
 - Navy/CDC MOU
 - Quarantine procedures
 - Authorized vessels

Course Summary and Review (cont'd)

- Elements of Shipboard Organization:
 - Chain of Command.
 - Vessel boarding procedures.
 - Ship organization, nomenclature and compartment designation.
 - Ship classes and SSC factors.
- Procedures to inspect and issue Ship Sanitation Certificates:
 - SSC types and Navy policy criteria for issuing certificates.
 - Preparing for, conducting, and components of SSC inspection.
 - Completion, issuance, record keeping and quality assurance Navy Ship Sanitation Certificate Program.