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| **Navigation Cross Audit** |
| **Auditor:**  |   | Date: |
| # | Item | Yes/No | Action To Be Taken |
| **Housekeeping** |
| 1 | Is the navigation room clean of debris, floors swept and dry, trash removed regularly? |   |   |
| 2 | Are all equipment, supplies and loose items secured against ship movement? |   |   |
| 3 | Are open drinks near computers and laptops? |   |   |
| 4 | Is the lighting adequate? |   |   |
| 5 | Is the temperature/air conditioning satisfactory? |   |   |
| **Safety** |
| 6 | Is the location of the First Aid kits known by personnel and clear of obstructions? |   |   |
| 7 | Are the fire extinguishers obstructed? |   |   |
| 8 | Are wire cables sufficently bundled or tied down to prevent hazards? |   |   |
| 9 | Are exits clearly marked and not obstructed? |   |   |
| 10 | Do people not involved in operations adhere to restrictions on door use? |   |   |
| **Communications** |
| 10 | Is the phone working correctly? |   |   |
| 11 | Are tool box meetings completed daily? |   |   |
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| **Additional Comments:** |  |  |
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