

# Simulated Voyage

## After-Action Report Template



### Instructions

The cruise ship operator must document any deficiencies in its health and safety protocols through this “after-action” report and address how the cruise ship operator intends to address those deficiencies prior to applying for a COVID-19 Conditional Sailing Certificate. This after-action report will also include test results for any volunteer passengers or crew on the simulated voyage. The after-action report will be submitted to the CDC as soon as practical at the end of the simulation and as part of the cruise ship operator’s application for a COVID-19 Conditional Sailing Certificate.

### Cruise Ship Operator and Ship Information

Name of Cruise Ship Operator:

Name of Cruise Ship:

Name and Contact Information for Third-Party Auditor (if any):

Dates of Simulated Voyage:

Port of Embarkation/Debarcation:

### Simulated Protocol or Practice # 1

|   |                                |  |
|---|--------------------------------|--|
| 1 | Simulated Protocol or Practice |  |
|   | Strengths                      |  |
|   | Areas for Improvement          |  |
|   | Correctiv                      |  |

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|   |                                |  |
|---|--------------------------------|--|
|   | e Actions                      |  |
| <b>Simulated Protocol or Practice # 2</b> |                                |  |
| 2.  | Simulated Protocol or Practice |  |
|   | Strengths                      |  |
|   | Areas for Improvement          |  |
|   | Corrective Actions             |  |
| <b>Simulated Protocol or Practice # 3</b> |                                |  |
| 3.  | Simulated Protocol or Practice |  |
|   | Strengths                      |  |
|   | Areas for Improvement          |  |
|   | Corrective Actions             |  |
| <b>Simulated Protocol or Practice # 4</b> |                                |  |
| 4.  | Simulated Protocol or Practice |  |
|   | Strengths                      |  |
|   | Areas for Improvement          |  |

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|  |                    |  |
|--|--------------------|--|
|  | Corrective Actions |  |
|--|--------------------|--|

### Simulated Protocol or Practice # 5

|    |                                |  |
|----|--------------------------------|--|
| 5. | Simulated Protocol or Practice |  |
|    | Strengths                      |  |
|    | Areas for Improvement          |  |
|    | Corrective Actions             |  |

### Simulated Protocol or Practice # 6

|    |                                |  |
|----|--------------------------------|--|
| 6. | Simulated Protocol or Practice |  |
|    | Strengths                      |  |
|    | Areas for Improvement          |  |
|    | Corrective Actions             |  |

### Acknowledgment

I understand and acknowledge that I am submitting this after-action report as a requirement of conducting a simulated voyage and as a condition of obtaining a COVID-19 Conditional Sailing Certificate and that the statements contained herein are true and correct to the best of my knowledge and belief.

I understand and acknowledge that based on CDC's review of the after-action report, CDC may require that the cruise ship operator modify its practices or procedures and/or engage in additional simulated voyages prior to the issuance of the COVID-19 Conditional Sailing Certificate.

I acknowledge that any false or misleading statements or omissions may endanger health and safety,

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including but not limited to the loss of lives and other irreparable harm. Therefore, false or misleading statements or omissions may result in criminal and civil actions for fines, penalties, damages, and imprisonment.

#### **Chief Executive Officer (or Equivalent) of Operating Company**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Chief Compliance Officer (or Equivalent) of Operating Company**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Highest-Ranking Medical Officer of Operating Company**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Chief Executive Officer (or Equivalent) of Parent Company**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Chief Compliance Officer (or Equivalent) of Parent Company**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Highest-Ranking Medical Officer of Parent Company**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*For official use only:*