

Request for Approval to Conduct a Simulated Voyage Prior to Issuance of COVID-19 Conditional Sailing Certificate



Instructions

A cruise ship operator must request CDC's approval to conduct a simulated voyage at least 30 calendar days prior to the simulation and specify the dates and location of the simulation, identifying and contact information for all individuals or parties involved, and protocols or practices to be simulated.

A cruise ship operator must not apply for approval to conduct a simulated voyage until all of CDC's requirements relating to the protection of crew onboard ships in U.S. waters have been met. The cruise ship operator's responsible officials must sign this application and certify under 18 U.S.C. § 1001 that all of CDC's requirements relating to the protection of crew onboard cruise ships in U.S. waters have been satisfied.

CDC will respond to this request in a timely manner. CDC may deny the request to conduct a simulation if the cruise ship operator is not in compliance with any of CDC's requirements for the mitigation of COVID-19 onboard cruise ships, technical instructions, or orders, or if in CDC's determination the simulation does not provide adequate safeguards to minimize the risk of COVID-19 for all participants. CDC may also oversee and inspect any aspect of the simulated voyage, including through in-person or remote means allowing for visual observation.

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):

Proposed Dates of Simulated Voyage:

Proposed Port of Embarkation/Debarcation:

Identifying and contact information for all individuals or parties involved: (attached additional sheets as needed)

Protocols or practices to be simulated: (attached additional sheets as needed)

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Responsible Officials Information

The Chief Executive Officer (or equivalent), Chief Compliance Officer (or equivalent), and the highest-ranking Medical Officer, of the cruise ship's operating company and all parent companies must provide their contact information and signatures below.

Operating Company

Chief Executive Officer (or Equivalent) of Operating Company

Last name: First name: Middle initial:

Title:

Telephone number: Telephone number:

Address:

Chief Compliance Officer (or Equivalent) of Operating Company

Last name: First name: Middle initial:

Title:

Telephone number: Telephone number:

Address:

Highest-Ranking Medical Officer of Operating Company

Last name: First name: Middle initial:

Title:

Telephone number: Telephone number:

Address:

Parent Company

Chief Executive Officer (or Equivalent) of Parent Company

Last name: First name: Middle initial:

Title:

Telephone number: Telephone number:

Address:

Chief Compliance Officer (or Equivalent) of Parent Company

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| Last name: | First name: | Middle initial: |
| Title: | | |
| Telephone number: | | Telephone number: |
| Address: | | |

Highest-Ranking Medical Officer of Parent Company

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| Last name: | First name: | Middle initial: |
| Title: | | |
| Telephone number: | | Telephone number: |
| Address: | | |

A simulated voyage must meet the following requirements:

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| 1. | <input type="checkbox"/> | I certify under 18 U.S.C. § 1001 that all of CDC's requirements relating to the protection of crew onboard cruise ships in U.S. waters have been satisfied. |
| 2. | <input type="checkbox"/> | The cruise ship operator has received a determination by CDC that a plan submitted in response to the No Sail Order and Suspension of Further Embarkation; Notice of Modification and Extension and Other Measures Related to Operations published at 85 FR 21004 (April 15, 2020) (i.e., "No Sail Order response plan"), as modified and extended July 16, 2020 (published at 85 FR 44085 (July 21, 2020)), and September 30, 2020 (published at 85 FR 62732 (October 5, 2020)) is complete and accurate, including having submitted to CDC a signed Acknowledgment of No Sail Order Response Plan Completeness and Accuracy. |
| 3. | <input type="checkbox"/> | The cruise ship operator has continued to submit the Enhanced Data Collection (EDC) form as specified in CDC technical instructions or orders. If the cruise ship has been operating outside of U.S. waters, the cruise ship operators has submitted the EDC form during (at a minimum) the 28 days preceding the ship's expected arrival in U.S. waters and will continue to submit the EDC form after the ship's entering U.S. waters. |
| 4. | <input type="checkbox"/> | The cruise ship operator has observed and will continue to observe all elements of its No Sail Order response plan including by following the most current CDC recommendations and guidance for any public health actions related to COVID-19, or if any deviations from the plan have occurred such deviations have been reported and corrective actions taken to the satisfaction of CDC. |
| 5. | <input type="checkbox"/> | The cruise ship operator has arranged for and submitted and will continue to arrange for |

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| | | and submit laboratory test results as required by CDC for every crew member on board ships operating in U.S. waters and/or if operating outside of U.S. waters and the cruise ship operator intends for the ship to return to operating in U.S. waters. |
| 6. | <input type="checkbox"/> | If the cruise ship received any ship-to-ship transfers in the last 28 days, crew were only transferred from a cruise ship with no confirmed COVID-19 or COVID-like illness during the 28 days before the transfer occurred. |
| 7. | <input type="checkbox"/> | If the cruise ship received any land-based embarking crew, such crew were laboratory tested for COVID-19 upon embarkation and quarantined per CDC technical instructions or orders immediately upon embarking the ship. |
| 8. | | The cruise ship operator has documented the written approval of all U.S. port and local health authorities where the cruise ship named in this application intends to dock or make port during a simulated voyage. Such written approval includes the following: |
| | <input type="checkbox"/> | (1) A medical care agreement between the cruise ship operator and health care entities, addressing evacuation to onshore hospitals for passengers and crew in need of care, in accordance with CDC technical instructions and orders. |
| | <input type="checkbox"/> | (2) A housing agreement between the cruise ship operator and one or more shoreside facilities for isolation and quarantine of COVID-19 cases and close contacts, respectively, identified from the day of embarkation through disembarkation for each voyage, in accordance with CDC technical instructions and orders. |
| | <input type="checkbox"/> | (3) A port agreement between the cruise ship operator and port authority limiting the number of cruise ships at any single port in order to not overburden the public health response resources of any single jurisdiction in the event of a COVID-19 outbreak. |
| 9. | <input type="checkbox"/> | All volunteer passengers have been informed in writing that they are participating in a simulation of unproven and untested health and safety protocols for purposes of simulating a cruise ship voyage and that sailing during a pandemic is an inherently risky activity. |
| 10. | <input type="checkbox"/> | All volunteer passengers will be at least eighteen years old or older on the day of the simulation. |
| 11. | <input type="checkbox"/> | All volunteer passengers have provided to the cruise ship operator a written certification from a healthcare provider that they have no pre-existing medical conditions that would place them at high risk for COVID-19 as determined through CDC guidance. |
| 12. | <input type="checkbox"/> | The simulation will be conducted with the consent of all participants and not as a condition of employment or in exchange for consideration or future reward. The informed consent of all participants has been documented in writing. |
| 13. | <input type="checkbox"/> | The proposed simulated voyage has been designed and will be conducted insofar as possible to test the efficacy of the cruise ship operator's ability to mitigate the risks of COVID-19 onboard its cruise ship. |

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| | | Please indicate which of the following simulated activities will be conducted as part of this simulated voyage. All of these activities will need to be simulated prior to applying for a COVID-19 Conditional Sailing Certificate. However, the cruise ship operator may choose to conduct these simulated activities as part of one or more simulated voyages. |
| 14. | <input type="checkbox"/> | (i) embarkation and disembarkation procedures, including terminal check-in, |
| | <input type="checkbox"/> | (ii) on board activities, including at dining and entertainment venues, |
| | <input type="checkbox"/> | (iii) private island shore excursions, if any are planned during restricted passenger voyages, |
| | <input type="checkbox"/> | (iv) evacuation procedures, |
| | <input type="checkbox"/> | (v) transfer of symptomatic passengers or crew, or those who test positive for SARS-CoV-2, from cabins to isolation rooms, |
| | <input type="checkbox"/> | (vi) quarantine of all remaining passengers and non-essential crew, and |
| | <input type="checkbox"/> | (vii) other activities as may be listed in CDC technical instructions and orders. |
| 15. | <input type="checkbox"/> | The cruise ship operator will meet standards during the simulated voyage for hand hygiene, use of face masks, and social distancing for passengers and crew, as well as ship sanitation, as may be required by CDC technical instructions or orders. |
| 16. | <input type="checkbox"/> | The cruise ship operator will modify meal service and entertainment venues to facilitate social distancing during the simulated voyage. |
| 17. | <input type="checkbox"/> | A monitored observation period of volunteer passengers as directed in CDC technical instructions or orders will be conducted prior to embarking on a simulated voyage. |
| 18. | <input type="checkbox"/> | The cruise ship operator will conduct laboratory testing of all passengers and crew on the day of embarkation and again on the day of disembarkation with rapid point-of-care results as required by CDC technical instructions or orders. |
| 19. | <input type="checkbox"/> | The cruise ship operator will conduct laboratory testing of all passengers and crew post-disembarkation as required by CDC technical instructions or orders. |
| 20. | <input type="checkbox"/> | The cruise ship operator will conduct laboratory testing of any passengers or crew who report illness consistent with COVID-19 during the simulated voyage, as well as any identified close contacts, with rapid point-of-care results as required in CDC technical instructions or orders. |
| 21. | <input type="checkbox"/> | I understand and acknowledge that CDC may require the cruise ship operator to immediately end the simulated voyage and take other action to protect the health and safety of volunteer passengers and crew if COVID-19 is detected during the simulation. |
| 22. | <input type="checkbox"/> | The cruise ship operator will document any deficiencies in its health and safety protocols |

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| | | through an “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. |
| 23. | <input type="checkbox"/> | 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 understand and acknowledge that I am submitting this form as part of an application to obtain permission to a simulated passenger voyage in U.S. waters and that the statements contained herein are true and correct to the best of my knowledge and belief.

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

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| Last name: | First name: | Middle initial: |
| Signature: | | Date: |

Chief Compliance Officer (or Equivalent) of Operating Company

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| Last name: | First name: | Middle initial: |
| Signature: | | Date: |

Highest-Ranking Medical Officer of Operating Company

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| Last name: | First name: | Middle initial: |
| Signature: | | Date: |

Chief Executive Officer (or Equivalent) of Parent Company

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| Last name: | First name: | Middle initial: |
| Signature: | | Date: |

Chief Compliance Officer (or Equivalent) of Parent Company

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| Last name: | First name: | Middle initial: |
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| Highest-Ranking Medical Officer of Parent Company | | |
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| Last name: | First name: | Middle initial: |
| Signature: | | Date: |
| <i>For official use only:</i> | | |

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