

# Conditional Sail Order Simulated Voyage After-Action Report Template



## Instructions

As per the terms of CDC's [Framework for Conditional Sailing Order](#) (CSO), cruise ship operators must conduct at least one simulated voyage as a condition of receiving controlled free pratique for restricted passenger voyages under a COVID-19 Conditional Sailing Certificate. A simulated voyage must be designed and conducted insofar as practicable to test the efficacy of the cruise ship operator's ability to mitigate the risk of COVID-19 onboard a cruise ship. The cruise ship operator must document any deficiencies in its health and safety protocols through this "after-action" report and describe how the cruise ship operator intends to address those deficiencies prior to applying for a COVID-19 Conditional Sailing Certificate. The after-action report must be submitted to the CDC as soon as practicable at the end of the simulation and as part of the cruise ship operator's application for a COVID-19 Conditional Sailing Certificate. Where appropriate, incorporate into the after-action report photographic, video, testimonial, or other evidence documenting that the simulated voyage was conducted in accordance with the cruise ship operator's health and safety protocols and CDC's technical instructions.

## Cruise Ship Operator and Ship Information

Name of Cruise Ship Operator:

Name of Cruise Ship:

Name and Contact Information of any Third Parties Auditing or Documenting the Simulated Voyage on the Cruise Ship Operator's Behalf:

Dates of Simulated Voyage (including number of days and overnight stays):

Port of Embarkation/Debarcation:

Itinerary:

## Simulated Activity # 1: Terminal Check-in

1.	Description of Simulated Activity	

## Simulated Voyage After-Action Report

	Strengths	
	Areas for Improvement	
	Corrective Actions	
<b>Simulated Activity # 2: Embarkation</b>		
2.	Description of Simulated Activity	
	Strengths	
	Areas for Improvement	
	Corrective Actions	
<b>Simulated Activity # 3: Disembarkation</b>		
3.	Description of Simulated Activity	
	Strengths	
	Areas for Improvement	

**Simulated Voyage After-Action Report**

	Corrective Actions	
<b>Simulated Activity # 4: Onboard Activities</b>		
4.	Description of Simulated Activity	
	Strengths	
	Areas for Improvement	
	Corrective Actions	
<b>Simulated Activity # 5: Evacuation</b>		
5.	Description of Simulated Activity	
	Strengths	
	Areas for Improvement	
	Corrective Actions	
<b>Simulated Activity # 6: Transfer of Travelers Who Are Symptomatic or Test Positive for SARS-CoV-2</b>		
6.	Description of Simulated Activity	

**Simulated Voyage After-Action Report**

	Strengths	
	Areas for Improvement	
	Corrective Actions	

**Simulated Activity # 7: Onboard Isolation and Quarantine**

7.	Description of Simulated Activity	
	Strengths	
	Areas for Improvement	
	Corrective Actions	

**Simulated Activity # 8: Shoreside Isolation and Quarantine**

8.	Description of Simulated Activity	
	Strengths	
	Areas for Improvement	
	Corrective Actions	

Simulated Voyage After-Action Report

**Simulated Activity # 9: Recreational Activities**

9.	Description of Simulated Activity	
	Strengths	
	Areas for Improvement	
	Corrective Actions	

**Simulated Activity # 10: Private-island Shore Excursions**

10.	Description of Simulated Activity	
	Strengths	
	Areas for Improvement	
	Corrective Actions	

**Simulated Activity # 11: Ports of Call Shore Excursions**

11.	Description of Simulated Activity	
	Strengths	

### Simulated Voyage After-Action Report

	Areas for Improvement	
	Corrective Actions	

#### Additional Simulated Activities (Attach Additional Sheets as Necessary)

12.	Description of Simulated Activity	
	Strengths	
	Areas for Improvement	
	Corrective Actions	

#### Post-disembarkation Test Results

13.	<input type="checkbox"/>	<p>By checking this box, I confirm that at least 75% of all passengers have provided a specimen collected 3 to 5 days after disembarkation to the cruise ship operator's selected laboratory for COVID-19 testing. CDC may lower the 75% post-disembarkation testing requirement for future simulated voyages based on lessons learned from previous simulated voyages and other factors. I further confirm that all aggregate post-disembarkation test results are included in the after-action report to CDC or if any post-disembarkation test results are received after the submission of this report that an amended report will be submitted to CDC.</p>
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#### Overall Assessment of Health and Safety Protocols

14.	<p><i>In this section, include the cruise ship operator's overall assessment and conclusions regarding the efficacy of its health and safety protocols at mitigating the risk of COVID-19 onboard the cruise ship and whether any changes, modifications, or adjustments to these protocols will occur based on "lessons learned" from the simulated voyage.</i></p>
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## Simulated Voyage After-Action Report

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### Best Practices and Lessons Learned from Voyages Outside of U.S. (if applicable)

15.	<p><i>Activities conducted on voyages that occurred outside of U.S. waters during the period of the No Sail Order or CSO that were not conducted as part of a CDC-approved simulated voyage, do not count towards the activities that must be simulated on a simulated voyage. However, cruise ship operators may use this section to describe how best practices and lessons learned from these voyages were incorporated into the simulated voyage (attach additional sheets as needed).</i></p>
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## Simulated Voyage After-Action Report

### Certification Statement

I hereby certify under 18 U.S.C. § 1001 that the information submitted in this after-action report is complete and accurate to the best of my knowledge and belief. This after-action report is submitted in fulfillment of CDC's requirements for conducting a simulated voyage and as a condition of obtaining a COVID-19 Conditional Sailing Certificate. 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 in this after-action report 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

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: \_\_\_\_\_

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