

Conditional Sail Order Simulated Voyage After-Action Report Template



Instructions

As per the terms of CDC's Temporary Extension & Modification of [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:

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

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

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	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	

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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	

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

15.	<i>Description of best practices and lessons learned from voyages that occurred outside of the U.S. (attach additional sheets as needed).</i>
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Certification Statement

Simulated Voyage After-Action Report

I hereby certify 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.

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: