



AIRCRAFT COVID-19 DISINFECTION CONTROL SHEET - (PHC) Form 2

Aircraft Registration: _____

Aircraft disinfection was made in accordance with the recommendation of the World Health Organization, at a frequency determined by the National Public Health Authority and in accordance with approved products and application instructions of the aircraft manufacturer.

Date (dd/mm/yy)	Time (24hr -UTC)	Airport (ICAO code)	Remarks	Disinfector name
Aircraft areas treated		Disinfectant material	Comments	Disinfector signature
Flight deck <input type="checkbox"/> Passenger cabin <input type="checkbox"/> Cargo compartment(s) <input type="checkbox"/> Other: _____				

Date (dd/mm/yy)	Time (24hr -UTC)	Airport (ICAO code)	Remarks	Disinfector name
Aircraft areas treated		Disinfectant material	Comments	Disinfector signature
Flight deck <input type="checkbox"/> Passenger cabin <input type="checkbox"/> Cargo compartment(s) <input type="checkbox"/> Other: _____				

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Aircraft areas treated		Disinfectant material	Comments	Disinfector signature
Flight deck <input type="checkbox"/> Passenger cabin <input type="checkbox"/> Cargo compartment(s) <input type="checkbox"/> Other: _____				

Public health corridor (PHC) Form 2