AIRCRAFT COVID-19 DISINFECTION CONTROL SHEET
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 - Coordinated Universal Time (UTC))	Airport (ICAO code)	Remarks	Disinfector name
Aircraft areas treated	**Disinfectant material**		**Comments**	**Disinfector signature**
Flight deck ☐ Passenger cabin ☐ Cargo compartment(s) ☐ Other: _____ _____				

Date *(dd/mm/yy)*	Time (24hr -UTC)	Airport (ICAO code)	Remarks	Disinfector name
Aircraft areas treated	**Disinfectant material**		**Comments**	**Disinfector signature**
Flight deck ☐ Passenger cabin ☐ Cargo compartment(s) ☐ Other: _____ _____				

Date *(dd/mm/yy)*	Time (24hr -UTC)	Airport (ICAO code)	Remarks	Disinfector name
Aircraft areas treated	**Disinfectant material**		**Comments**	**Disinfector signature**
Flight deck ☐ Passenger cabin ☐ Cargo compartment(s) ☐ Other: _____ _____				

Public health corridor (PHC) Form 2