

**APPENDIX 3**

**STANDARD FORMAT FOR THE WASTE DELIVERY RECEIPT**

*The designated representative of the reception facility provider should provide the following form to the master of a ship that has just delivered wastes/residues.*

*This form shall be retained on board the ship along with the appropriate Oil Record Book, Cargo Record Book or Garbage Record Book.*

**1. RECEPTION FACILITY AND PORT PARTICULARS**

1.1 Location/Terminal name:	
1.2 Reception facility provider(s)	
1.3 Treatment facility provider(s) – if different from above:	
1.4 Waste/residue Discharge Date and Time from:	to

**2. SHIP PARTICULARS**

2.1 Name of ship:	2.5 Owner or operator:
2.2 IMO number:	2.6 Distinctive number or letters:
2.3 Gross tonnage:	2.7 Flag State:
2.4 Type of ship: <input type="checkbox"/> Oil tanker <input type="checkbox"/> Chemical tanker <input type="checkbox"/> Bulk carrier <input type="checkbox"/> Container <input type="checkbox"/> Other cargo ship <input type="checkbox"/> Passenger ship <input type="checkbox"/> Ro-ro <input type="checkbox"/> Other (specify)	

**3. TYPE AND AMOUNT OF WASTES/RESIDUES RECEIVED**

MARPOL Annex I – Oil	Quantity (m <sup>3</sup> )	MARPOL Annex V – Garbage	Quantity (m <sup>3</sup> )
Oily bilge water		A. Plastics	
Oily residues (sludge)		B. Food wastes	
Oily tank washings		C. Domestic wastes	
Dirty ballast water		D. Cooking oil	
Scale and sludge from tank cleaning		E. Incinerator ashes	
Other (please specify)		F. Operational wastes	
<b>MARPOL Annex II – NLS</b>	<b>Quantity (m<sup>3</sup>)/Name<sup>1</sup></b>	G. Animal carcasses	
Category X substance		H. Fishing gear	
Category Y substance		I. E-waste	
Category Z substance		J. Cargo residues (non-HME) <sup>2</sup>	
OS – other substance		K. Cargo residues (HME) <sup>2</sup>	
<b>MARPOL Annex IV – Sewage</b>	<b>Quantity (m<sup>3</sup>)</b>	<b>MARPOL Annex VI – related</b>	<b>Quantity (m<sup>3</sup>)</b>
		Ozone-depleting substances and equipment containing such substances	
		Exhaust gas-cleaning residues	

On behalf of the port facility I confirm that the above wastes/residues were delivered.

Signature: ..... Full Name and Company Stamp: .....

<sup>1</sup> Indicate the proper shipping name of the NLS involved.

<sup>2</sup> Indicate the proper shipping name of the dry cargo.