

APPENDIX 2

FORMAT FOR REPORTING ALLEGED INADEQUACIES OF PORT RECEPTION FACILITIES¹

According to MEPC.1/Circ.834/Rev.1

The master of a ship having encountered difficulties in discharging waste to reception facilities should forward the information below, together with any supporting documentation, to the Administration of the flag State and, if possible, to the competent Authorities in the port State. The flag State shall notify IMO and the port State of the occurrence. The port State should consider the report and respond appropriately informing IMO and the reporting flag State of the outcome of its investigation.

1 SHIP'S PARTICULARS

- 1.1 Name of ship: _____
- 1.2 Owner or operator: _____
- 1.3 Distinctive number or letters: _____
- 1.4 IMO Number²: _____
- 1.5 Gross tonnage: _____
- 1.6 Port of registry: _____
- 1.7 Flag State³: _____
- 1.8 Type of ship:
- | | | |
|---|--|--|
| <input type="checkbox"/> Oil tanker | <input type="checkbox"/> Chemical tanker | <input type="checkbox"/> Bulk carrier |
| <input type="checkbox"/> Other cargo ship | <input type="checkbox"/> Passenger ship | <input type="checkbox"/> Other (specify) _ |

2 PORT PARTICULARS

- 2.1 Country: _____
- 2.2 Name of port or area: _____
- 2.3 Location / terminal name: _____
(e.g. berth / terminal / jetty)
- 2.4 Name of company operating the reception facility (if applicable):
.....
- 2.5 Type of port operation:
- | | | |
|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Unloading port | <input type="checkbox"/> Loading port | <input type="checkbox"/> Shipyard |
| <input type="checkbox"/> Other (specify) | | |
- 2.6 Date of arrival: / / (dd / mm / yyyy)
- 2.7 Date of occurrence: / / (dd / mm / yyyy)

¹ This format was approved by MEPC 53.

² In accordance with the *IMO ship identification number scheme*, adopted by the Organization by Assembly resolution A.1117 (30).

³ The name of the State whose flag the ship is entitled to fly.

2.8 Date of departure: / / (dd / mm / yyyy)

3 INADEQUACY OF FACILITIES

3.1 Type and amount of wastes / residues for which the port reception facility was inadequate and nature of problems encountered

Type of wastes/residues	Amount for discharge (m ³)	Amount <u>not</u> accepted (m ³)	Problems encountered Indicate the problems encountered by using one or more of the following code letters, as appropriate. A No facility available B Undue delay C Use of facility technically not possible D Inconvenient location E Ships had to shift berth involving delay / cost F Unreasonable charges for use of facilities G Other (please specify in paragraph 3.2)
MARPOL Annex I - related			
Oily bilge water			
Oily residues (sludge)			
Oily tank washings (slops)			
Dirty ballast water			
Scale and sludge from tank cleaning			
Other (please specify)			
MARPOL Annex II – related			
Category of NLS ⁴ residue / water mixture for discharge to facility from tank washings:			
Category X substance			
Category Y substance			
Category Z substance			
MARPOL Annex IV – related Sewage			
MARPOL Annex V – related			
A. Plastics			
B. Food wastes			
C. Domestic wastes			
D. Cooking oil			
E. Incinerator ashes			
F. Operational wastes			
G. Animal carcasses			
H. Fishing gear			
I. E-waste			
J. Cargo residues (non-HME) ⁵			
K. Cargo residues (HME) ⁵			
MARPOL Annex VI – related			

⁴ Indicate, in paragraph 3.2, the proper shipping name of the NLS involved and whether the substance is designated as "solidifying" or "high viscosity" as per MARPOL Annex II, regulation 1, paragraphs 15.1 and 17.1 respectively.

⁵ Indicate the proper shipping name of the dry cargo.

Ozone-depleting substances and equipment containing such substances			
Exhaust gas-cleaning residues			

3.2 Additional information with regard to the problems identified in the above table.

3.3 Did you discuss these problems or report them to the port reception facility?

Yes No

If Yes, with whom (please specify)

If Yes, what was the response of the port reception facility to your concerns?

3.4 Did you give prior notification (in accordance with relevant port requirements) about the ship's requirements for reception facilities?

Yes No Not applicable

If Yes, did you receive confirmation on the availability of reception facilities on arrival?

Yes No

4 ADDITIONAL REMARKS / COMMENTS

Date: ___ / ___ / ___ (dd/mm/yyyy)

 Master's signature