STANDARD FORMAT FOR THE WASTE DELIVERY RECEIPT

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

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	r letters:
2.3 Gross tonnage:		2.7 Flag State:	
2.4 Type of ship:			
Oil tanker	Chemical tanker	Bulk carrier	Container
Other cargo ship	Passenger ship	Ro-ro	Other (specify)

3. TYPE AND AMOUNT OF WASTES/RESIDUES RECEIVED

MARPOL Annex I – Oil	Quantity (m ³)
Oily bilge water	
Oily residues (sludge)	
Oily tank washings	
Dirty ballast water	
Scale and sludge from tank	
cleaning	
Other (please specify)	
MARPOL Annex II – NLS	Quantity
	(m ³)/Name ¹
Category X substance	
Category Y substance	
Category Z substance	
OS – other substance	
MARPOL Annex IV – Sewage	Quantity (m ³)

MARPOL Annex V – Garbage	Quantity (m ³)
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) ²	
K. Cargo residues (HME) ²	
MARPOL Annex VI – related	Quantity (m ³)
Ozone-depleting substances	
and equipment containing such	
substances	
Exhaust gas-cleaning residues	

On behalf of the port facility I confi	m that the above wastes/residues	were delivered.
Signature:	Full Name and Company Stam	p:

¹ Indicate the proper shipping name of the NLS involved.

² Indicate the proper shipping name of the dry cargo.