

APPENDIX 1

REVISED CONSOLIDATED FORMAT FOR REPORTING ALLEGED INADEQUACIES OF PORT RECEPTION FACILITIES¹ (MEPC.1/Circ.469/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 the 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)
- 2.8 Date of departure: ___/___/___ (dd/mm/yyyy)

¹ This format was approved by the fifty-third session of the Marine Environment Protection Committee in July 2005.
² In accordance with the IMO ship identification number scheme adopted by the Organization by Assembly resolution A.600(15).
³ The name of the State whose flag the ship is entitled to fly.

3 INADEQUACY OF FACILITIES

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

Type of waste	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 Vessel 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			
Type of oily waste:			
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			
Type of garbage:			
Plastic			
Floating dunnage, lining, or packing materials			
Ground paper products, rags, glass, metal, bottles, crockery, etc.			
Cargo residues, paper products, rags, glass, metal, bottles, crockery, etc.			
Food waste			
Incinerator, ash			
Other (please specify)			
MARPOL Annex VI-related			
Ozone-depleting substances and equipment containing such substances			
Exhaust gas-cleaning residues			

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.

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 vessel'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

Master's signature

Date: __/__/____ (dd/mm/yyyy)

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