

## FORMAT FOR REPORTING ALLEGED INADEQUACIES OF PORT RECEPTION FACILITIES<sup>1</sup>

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 Number: \_\_\_\_\_
- 1.5 Gross tonnage: \_\_\_\_\_
- 1.6 Port of registry: \_\_\_\_\_
- 1.7 Flag State: \_\_\_\_\_
- 1.8 Type of ship:  Oil tanker       Chemical tanker       Bulk carrier  
 Other cargo ship       Passenger ship       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:  Unloading port       Loading port       Shipyard  
 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)

<sup>1</sup> Released by MEPC.1/Circ.834, amended by the publisher.

### 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 <sup>3</sup> )	Amount not accepted (m <sup>3</sup> )	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)
<b>MARPOL Annex I-related</b>			
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 .....)			
<b>MARPOL Annex II-related</b>			
Category of NLS <sup>4</sup> residue/water mixture for discharge to facility from tank washings:			
Category X substance			
Category Y substance			
Category Z substance			
<b>MARPOL Annex IV-related</b>			
Sewage			
<b>MARPOL Annex V-related</b>			
Type of garbage:			
A. Plastics			
B. Food wastes			
C. Domestic wastes (e.g. paper products, rags, glass, metal, bottles, crockery, etc.)			
D. Cooking oil			
E. Incinerator ashes			
F. Operational wastes			
G. Animal carcass(es)			
H. Fishing gear			
I. E-waste			
J. Cargo residues (none HME)			
K. Cargo residues <sup>4</sup> (HME)			
<b>MARPOL Annex VI-related</b>			
Ozone-depleting substances and equipment containing such substances			
Exhaust gas-cleaning residues			
*) Remark by the publisher: The official IMO-form (MEPC.1/Circ.834) has not been adapted to the present regulations at the time of printing. Additional content has been completed by the publisher.			

<sup>4</sup> 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.

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

Yes       No

If Yes, with whom (please specify)

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

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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

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\_\_\_\_\_  
Master's signature

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (dd/mm/yyyy)