**IMO (REVISED CONSOLIDATED) FORMAT FOR REPORTING**

**ALLEGED INADEQUACIES OF PORT RECEPTION FACILITIES1 (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 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. Name of ship:
   2. Owner or operator:
   3. Distinctive number or letters:
   4. IMO Number2:
   5. Gross tonnage:
   6. Port of Registry:
   7. Flag State3:
   8. Type of Ship:

Oil Tanker  Chemical Tanker  Bulk Carrier

Other Cargo Ship  Passenger Ship  Other (Specify) \_\_\_\_\_\_\_\_\_\_

1. **PORT PARTICULARS**
   1. Country:
   2. Name of Port or Area:
   3. Location/Terminal Name:

(e.g. berth/terminal/jetty)

* 1. Name of Company Operating the

Reception facility (if applicable):

* 1. Type of Port Operation:

Unloading Port  Loading Port  Shipyard

Other (Specify) \_\_\_\_\_\_\_\_\_\_

* 1. Date of Arrival: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)
  2. Date of Occurrence: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)
  3. Date of Departure: \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)

1 This format was approved by the firfty-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.1117(30).

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

1. **INADEQUACY OF FACILITIES**
   1. Type and amount of waste for which the port reception facility was inadequate and nature of problems encountered.

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Waste/ residues** | **Amount for discharge (m3)** | **Amount not accepted (m3)** | **Problems encountered**  Indicate the problems encountered by using one of 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 of 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 NLS4 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: |  |  |  |
| 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 (non-HME)5 |  |  |  |
| K. Cargo residues (HME)5 |  |  |  |
| **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.

5 Indicate the proper shipping name of the dry cargo.

* 1. Additional information with regard to the problems identified in the above table.
  2. Did you discuss these problems or report them to the port reception facility?

Yes No

If Yes, which whom (please specify):

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

* 1. 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

1. **ADDITIONAL REMARKS/COMMENTS**

Master’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ (dd/mm/yyyy)