



**BALLAST WATER NOTIFICATION FORM**

VESSEL: \_\_\_\_\_ IMO NO: \_\_\_\_\_ VOY NO: \_\_\_\_\_ DATE: \_\_\_\_\_

TO: \_\_\_\_\_

ATTN: \_\_\_\_\_

FROM: BALLAST WATER MANAGEMENT OFFICER

NOTIFICATION OF BALLAST WATER EXCHANGE/TREATMENT PRIOR ARRIVAL AT  
DESTINATION: \_\_\_\_\_

NEXT PORT: \_\_\_\_\_ ETA: \_\_\_\_\_

LOCATION FOR BALLAST WATER EXCHANGE:  
/TREATMENT

FROM: LATITUDE: \_\_\_\_\_ LONGITUDE: \_\_\_\_\_

TO: LATITUDE: \_\_\_\_\_ LONGITUDE: \_\_\_\_\_

BALLAST WATER EXCHANGE METHOD (Select boxes as appropriate) :

**SEQUENTIAL / FLOW-THROUGH / TREATMENT**

☐☐☐

BALLAST WATER EXCHANGE/TREATMENT DURATION:

COMMENTS WITH RESPECT TO SHIP SAFETY, IF ANY:

COMMENCE AT: \_\_\_\_\_

INTERRUPTED AT (IF APPLICABLE): \_\_\_\_\_

COMPLETED AT: \_\_\_\_\_

ANY INCREASED IN THE BLIND SECTOR OR REDUCED HORIZONTAL FIELD OF VISION

**IF YES, DOES VESSEL DETERMINES IT IS SAFE AND PROVIDE PROPER LOOKOUT DURING THE EXCHANGE OPERATION?**

ANY MALFUNCTION OF THE BALLAST WATER MANAGEMENT SYSTEM (IF FITTED)

IF YES, VESSEL TO PROVIDE THE FOLLOWING INFORMATION:

DATE OF THE FAILURE/MALFUNCTION: \_\_\_\_\_

ELABORATE AND DESCRIBE THE FAILURE/MALFUNCTION: \_\_\_\_\_

IF APPLICABLE, ACTION TAKEN FOR RECTIFICATION: \_\_\_\_\_

YES	NO	NA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: SEND THIS NOTIFICATION TO TCCS (MSD) AFTER EACH BALLAST WATER EXCHANGE/TREATMENT OPERATION.**

CHIEF OFFICE NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_