**BALLAST WATER PUMP TEST**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Vessel: |  |  | Date: |  |
| Port of Register: |  |  | IMO No: |  |
| Port / Location: |  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  | Ballast Pump No.1 | Ballast Pump No.2 |
| Pump ID No. |  |  |
| Original rated capacity of pump |  |  |
| Details of tank(s) used in test: |  |  |
| a) Maximum tank capacity (m3): |  |  |
| b) Initial contents (m3): |  |  |
| c) Time start pumping: |  |  |
| d) Time tank overflowed: |  |  |
| e) Time taken for Pumping (d – c): |  |  |
| f) Volume pumped (a – b): |  |  |
| g) Pump’s delivery rate: (f ÷ e) per hour |  |  |
|  |  |  |

Note: 1. The pumps are to be tested at least every 12 months.

2. Fore peak tank preferred for single pump tests, forward upper wing tanks preferred for

testing combined pumps).

3. Vessel is allows to add additional column for recording if there is 3 or more ballast pumps.

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| Chief Officer: |  | Master: |  |
| Signature: |  | Signature: |  |