**REPORTING ALLEGED INADEQUACIES OF PORT RECEPTION FACILITIES**

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| 1. **SHIP'S PARTICULARS** | |
| 1.1 Name of ship | *[Name of ship]* |
| 1.2 Owner or operator | *[Owner or operator]* |
| 1.3 Distinctive number or letters | *[Distinctive number or letters* |
| 1.4 IMO Number | *IMO Number* |
| 1.5 Gross tonnage | *[Gross tonnage]* |
| 1.6 Port of registry | *[Port of registry]* |
| 1.7 Flag State | *[The name of the State whose flag ship is entitled to fly]* |
| 1.8 Type of ship:  Oil tanker Chemical tanker Bulk carrier  Other cargo ship Passenger ship Other (specify) *[Other]* | |

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| 1. **PORT PARTICULARS** |  |
| 2.1 Country | *[Country]* |
| 2.2 Name of port or area | *[Name of port or area]* |
| 2.3 Location/terminal name  (e.g. berth/terminal/jetty) | *[Location]* |
| 2.4 Name of company operating  the reception facility (if applicable) | *[Name of company]* |
| 2.5 Type of port operation:  Unloading port Loading port Shipyard  Other (specify) *[Other]* | |
| 2.6 Date of arrival | \_\_/\_\_/\_\_\_\_ (dd/mm/yyyy) |
| 2.7 Date of occurrence | \_\_/\_\_/\_\_\_\_ (dd/mm/yyyy) |
| 2.8 Date of departure | \_\_/\_\_/\_\_\_\_ (dd/mm/yyyy) |

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

Please 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 Ships had to shift berth involving delay/cost

F Unreasonable charges for use of facilities

G Other (please specify in paragraph 3.2)

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| **Type of wastes/residues** | **Amount for discharge (m3)** | **Amount not**  **accepted (m3)** | **Problems encountered** |
| **MARPOL Annex I - related** | | | |
| Oily bilge water | *[ ]* | *[ ]* | Choose one of the following: |
| Oily residues (sludge) | *[ ]* | *[ ]* | Choose one of the following: |
| Oily tank washings (slops) | *[ ]* | *[ ]* | Choose one of the following: |
| Dirty ballast water | *[ ]* | *[ ]* | Choose one of the following: |
| Scale and sludge from tank cleaning | *[ ]* | *[ ]* | Choose one of the following: |
| Other *[Other MARPOL Annex]* | *[ ]* | *[ ]* | Choose one of the following: |
| **MARPOL Annex II – related** | | | |
| Category of NLS[[1]](#footnote-1) residue/water mixture for discharge to facility from tank washings: | *[ ]* | *[ ]* | Choose one of the following: |
| Category X substance | *[ ]* | *[ ]* | Choose one of the following: |
| Category Y substance | *[ ]* | *[ ]* | Choose one of the following: |
| Category Z substance | *[ ]* | *[ ]* | Choose one of the following: |
| **MARPOL Annex IV – related** | | | |
| Sewage | *[ ]* | *[ ]* | Choose one of the following: |
| **MARPOL Annex V – related** | | | |
| A. Plastics | *[ ]* | *[ ]* | Choose one of the following: |
| B. Food wastes | *[ ]* | *[ ]* | Choose one of the following: |
| C. Domestic wastes | *[ ]* | *[ ]* | Choose one of the following: |
| D. Cooking oil | *[ ]* | *[ ]* | Choose one of the following: |
| E. Incinerator ashes | *[ ]* | *[ ]* | Choose one of the following: |
| F. Operational wastes | *[ ]* | *[ ]* | Choose one of the following: |
| G. Animal carcasses | *[ ]* | *[ ]* | Choose one of the following: |
| H. Fishing gear | *[ ]* | *[ ]* | Choose one of the following: |
| I. E-waste | *[ ]* | *[ ]* | Choose one of the following: |
| J. Cargo residues (non-HME)[[2]](#footnote-2) | *[ ]* | *[ ]* | Choose one of the following: |
| K. Cargo residues (HME)2 | *[ ]* | *[ ]* | Choose one of the following: |
| **MARPOL Annex VI – related** | | | |
| Ozone-depleting substances and equipment containing such substances | *[ ]* | *[ ]* | Choose one of the following: |
| Exhaust gas-cleaning residues | *[ ]* | *[ ]* | Choose one of the following: |

* 1. Additional information with regard to the problems identified in the above table.

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* 1. 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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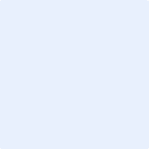
* 1. Did you give prior notification (in accordance with relevant port requirements) about the ship's requirements for reception facilities?

Yes  No  Not applicable

If Yes, did you receive confirmation on the availability of reception facilities on arrival?

Yes  No

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| 1. **ADDITIONAL REMARKS/COMMENTS**   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

*[Signature]*

Master’s signature

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

1. 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. [↑](#footnote-ref-1)
2. Indicate the proper shipping name of the dry cargo. [↑](#footnote-ref-2)