

Email: <a href="mailto:regulatoryaffairs@register-iri.com">regulatoryaffairs@register-iri.com</a> Phone: +1-703-620-4880 Fax: +1-703-476-8522	<b>MARITIME ADMINISTRATOR          OF THE REPUBLIC OF THE MARSHALL ISLANDS</b> c/o Marshall Islands Maritime and Corporate Administrators, Inc. 11495 Commerce Park Drive Reston, Virginia 20191-1506	THIS SPACE FOR OFFICIAL USE ONLY
--	---	----------------------------------

**REPORT ON ALLEGED INADEQUACY OF PORT RECEPTION FACILITIES**

**INSTRUCTIONS**

1. This form shall be submitted to the Maritime Administrator as soon after the incident as possible.
2. The form shall be completed in full. Entries which do not apply should be indicated as not applicable by inserting "N.A."
3. This form should be completed by the Master or person in charge, or, if neither is available, by the owner or his duly authorized agent.

**1. SHIP 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] \_\_\_\_\_

**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 <u>not</u> accepted (m <sup>3</sup> )	<b>Problems encountered</b> 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/costs 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 in 3.2)			

<b>MARPOL Annex II-related</b> Type of NLS* 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:			
Plastics			
Food wastes			
Domestic wastes (e.g., paper products, rags, glass, metal, bottles, crockery, etc.)			
Cooking oil			
Incinerator ashes			
Operational wastes			
Cargo residues including hold washings			
HME** cargo residues and hold washings			
Animal carcass(es)			
Fishing Gear			
Other (please specify in 3.2)			
<b>MARPOL Annex VI-related</b>			
Ozone-depleting substances and equipment containing such substances			
Exhaust gas-cleaning residues			
3.2 Additional information with regard to the problems identified in the above table.			
3.3 Did you discuss these problems or report them to the port reception facility? <input type="checkbox"/> Yes <input type="checkbox"/> No  If Yes, with whom (please specify)  If Yes, what was the response of the port reception facility to your concerns?			
3.4 Did you give prior notification (in accordance with relevant port requirements) about the vessel's requirements for reception facilities? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable  If Yes, did you receive confirmation on the availability of reception facilities on arrival? <input type="checkbox"/> Yes <input type="checkbox"/> No			

\* 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.

\*\* Materials Hazardous to the Marine Environment as declared by shipper

**4. ADDITIONAL REMARKS/COMMENTS**

**5. NAME OF SHIP'S OFFICER-IN-CHARGE** \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_ [dd/mm/yyyy]

**6. NAME/RANK OF SHORE REPRESENTATIVE** \_\_\_\_\_  
Signature \_\_\_\_\_ Date: \_\_\_\_\_ [dd/mm/yyyy]