

**OFFICE OF THE ASSISTANT COMMISSIONER OF
MARITIME AFFAIRS THE REPUBLIC OF VANUATU**

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THIS SPACE FOR OFFICIAL USE ONLY

REPORT ON ALLEGED INADEQUACY OF PORT RECEPTION FACILITIES

INSTRUCTIONS

1. This form shall be submitted to the Office of the Assistant Commissioner of Maritime Affairs as soon 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 ³)	Amount <u>not</u> accepted (m ³)	Problems encountered
			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)

MARPOL Annex I-related

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)

MARPOL Annex II-related Type of NLS* 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:			
Plastics			
Food wastes			
Domestic wastes (e.g., paper products, rags, glass, metal, bottles, crockery, etc.)			
Cooking oil			
Incinerator ashes			
Operational wastes			
Cargo residues			
Animal carcass(es)			
Fishing Gear			
Other (please specify in 3.2)			
MARPOL Annex VI-related			
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? ☐ Yes ☐ 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? ☐ Yes ☐ No ☐ Not applicable If Yes, did you receive confirmation on the availability of reception facilities on arrival? ☐ Yes ☐ 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.

4. ADDITIONAL REMARKS/COMMENTS

5. NAME OF SHIP'S OFFICER-IN-CHARGE _____

Signature_____ Date:_____

6. NAME/RANK OF SHORE REPRESENTATIVE _____

Signature_____ Date:_____

PRINT

Clear