REVISED CONSOLIDATED FORMAT FOR REPORTING ALLEGED INADEQUACY OF PORT RECEPTION FACILITIES¹

The Master of a ship having encountered difficulties in discharging waste to reception facilities should forward the information below, together with any supporting documentation, to the Administration of the flag State and, if possible, to the competent Authorities in the port State. The flag State shall notify IMO and the port State of the occurrence. The port State should consider the report and respond appropriately informing IMO and the reporting flag State of the outcome of its investigation.

1 SHIP’S PARTICULARS

1.1 Name of ship: ____________________________

1.2 Owner or operator: ____________________________

1.3 Distinctive number or letters: ____________________________

1.4 IMO Number²: ____________________________

1.5 Gross tonnage: ____________________________

1.6 Port of registry: ____________________________

1.7 Flag State³: ____________________________

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
   - Shipyards
   - 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)

¹ This format was approved by MEPC 53.
² In accordance with the IMO ship identification number scheme, adopted by the Organization by Assembly resolution A.1117(30).
³ The name of the State whose flag the ship is entitled to fly.
### 3 INADEQUACY OF FACILITIES

3.1 Type and amount of wastes/residues for which the port reception facility was inadequate and nature of problems encountered

<table>
<thead>
<tr>
<th>Type of wastes/residues</th>
<th>Amount for discharge (m³)</th>
<th>Amount not accepted (m³)</th>
<th>Problems encountered</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Indicate the problems encountered by using one or more of the following code letters, as appropriate.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>A No facility available</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>B Undue delay</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>C Use of facility technically not possible</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>D Inconvenient location</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>E Ships had to shift berth involving delay/cost</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>F Unreasonable charges for use of facilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>G Other (please specify in paragraph 3.2)</td>
</tr>
</tbody>
</table>

#### MARPOL Annex I-related

- Oily bilge water
- Oily residues (sludge)
- Oily tank washings (slops)
- Dirty ballast water
- Scale and sludge from tank cleaning
- Other (please specify ___________)

#### MARPOL Annex II-related

Category of NLS⁴ 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

A. Plastics
B. Food wastes
C. Domestic wastes
D. Cooking oil
E. Incinerator ashes
F. Operational wastes
G. Animal carcasses
H. Fishing gear
I. E-waste
J. Cargo residues (non-HME)⁵
K. Cargo residues (HME)⁵

#### MARPOL Annex VI-related

Ozone-depleting substances and equipment containing such substances

Exhaust gas-cleaning residues

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⁴ 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.

⁵ Indicate the proper shipping name of the dry cargo.
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 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

4 ADDITIONAL REMARKS/COMMENTS

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Master’s signature  Date: ___ / ___ / _______ (dd/mm/yyyy)