



BALLAST WATER REPORTING FORM

1. VESSEL INFORMATION				2. VOYAGE INFORMATION		3. BALLAST WATER USAGE AND CAPACITY		
Vessel Name:				Arrival Port:		<i>Specify units below (m3,MT,LT,ST)</i>		
IMO Number:				Arrival Date:		Total Ballast water on board		
Owner:				Agent:		Volume	Units	No.of tanks in ballast
Type* :				Last Port:		Last Country:		
DWT:		GT:				Total Ballast Water Capacity		
Flag:				Next Port:		Next Country:		
Call Sign:						Volume	Units	No.of tanks in ballast

* Type codes: bulk (BC), ro-ro (RR), container (CS), oil tanker (OT), chemical tanker (CT), oil/bulk ore (OB), general cargo (GC), reefer (RF), other (O)

4. CARGO OPERATIONS:		Total Cargo(Type/MT) to be Loaded		to be Discharged	
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5. Ballast Water Management:		Total No.Ballast Water Tanks to be Discharged	
Of tanks to be discharged, how many:		Underwent exchange:	Underwent Alternative Management:

Please specify alternative method(s) used, if any:

If no ballast treatment conducted, state reason why not:

Ballast management plan on board:		YES	NO	Management plan implemented:		YES	NO
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IMO Ballast water guidelines on board (res A 868 (20))?		YES	NO
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6. BALLAST WATER HISTORY: Record all tanks to be deballasted in port state of arrival; IF NONE GO TO #7 (use additional sheets as needed)

Tank/Holds List multiple source tanks separately	BW SOURCES				BW MANAGEMENT PRACTICES						BW DISCHARGES			
	Date dd/mm/yy	Port or Lat/Long	VOLUME (units)	Temp (units)	Date dd/mm/yy	End Point Lat/Long	VOLUME (units)	% Exch	Method (ER/FT/ALT)	Sea HT (m)	Date dd/mm/yy	Port or Lat/Long	VOLUME (units)	Salinity (units)

5. RESPONSIBLE OFFICER'S NAME (Printed and signature):			
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