

OIC Marine Services BALLAST WATER REPORTING FORM

1. VESSEL INFORMATION

2. BALLAST WATER

Vessel Name:	Type:	IMO Number:	Specify Units: m ³ , MT, LT, ST
Owner:	GT:	Call Sign:	Total Ballast Water on Board:
Flag:	Arrival Date:	Agent:	
Last Port and Country:		Arrival Port:	Total Ballast Water Capacity:
Next Port and Country:			

3. BALLAST WATER TANKS BALLAST WATER MANAGEMENT PLAN ON BOARD? YES _____ NO _____ HAS THIS BEEN IMPLEMENTED?

TOTAL NO. OF TANKS ON BOARD _____ NO. OF TANKS IN BALLAST _____ IF NONE IN BALLAST GO TO NO. 5 YES _____ NO _____

NO. OF TANKS EXCHANGED _____ NO. OF TANKS NOT EXCHANGED _____

4. BALLAST WATER HISTORY: RECORD ALL TANKS THAT WILL BE DEBALLASTED IN PORT STATE OF ARRIVAL; IF NONE GO TO NO. 5

Tanks/Holds (list multiple sources/tanks separately)	BW SOURCE				BW EXCHANGE : circle one: Empty/Refill or Flow Through					BW DISCHARGE			
	DATE ddmmyy	PORT or LAT. LONG	VOLUME (units)	TEMP (units)	DATE ddmmyy	ENDPOINT LAT. LONG.	VOLUME (units)	% Exch.	SEA Hgt. (m)	DATE ddmmyy	PORT or LAT. LONG.	VOLUME (units)	SALINITY (units)

Ballast Water Tank Codes: Forepeak=FP, Aftpeak=AP, Double Bottom=DB, Wing=WT, Topside=TS, Cargo Hold=CH, O=Other

IF EXCHANGES WERE NOT CONDUCTED, STATE OTHER CONTROL ACTION(S) TAKEN: _____

IF NONE, STATE REASON WHY NOT: _____

5. IMO BALLAST WATER GUIDELINES ON BOARD (RES. 868(20))? YES _____ NO _____

RESPONSIBLE OFFICER'S NAME AND TITLE (PRINTED) AND SIGNATURE: _____