

# BALLAST WATER REPORTING FORM

IS THIS AN AMENDED BALLAST REPORTING FORM? YES  NO

## 1. VESSEL INFORMATION

Vessel Name:			
IMO Number:			
Owner:			
Type:			
GT:			
Call Sign:			
Flag:			

## 2. VOYAGE INFORMATION

Arrival Port:			
Arrival Date:			
Agent:			
Last Port:	Country of Last Port:		
Next Port:	Country of Next Port:		

## 3. BALLAST WATER USAGE AND CAPACITY

*Specify Units Below (m<sup>3</sup>, MT, LT, ST)*

Total Ballast Water on Board:			
Volume	Units	No. of Tanks in Ballast	
Total Ballast Water Capacity:			
Volume	Units	Total No. of Tanks on Ship	

## 4. 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

IMO ballast water guidelines on board [res. A.868(20)]? YES  NO

## 5. BALLAST WATER HISTORY: Record all tanks to be deballasted in port state of arrival; IF NONE, GO TO #6 (Use additional sheets as needed)

Tanks/ Holds List multiple sources/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	ENDPOINT LAT. LONG.	VOLUME (units)	% Exch	METHOD (ER/FT/ ALT)	SEA HT. (m)	DATE DD/MM/YY	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, Other = O

## 6. RESPONSIBLE OFFICER'S NAME AND TITLE, PRINTED AND SIGNATURE: