



Åhus Hamn
& Stuveri AB

Verksamhetsdokument

Deviation

REVISED CONSOLIDATED FORMAT FOR REPORTING ALLEGED INADEQUACY OF PORT RECEPTION FACILITIES*

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, preferably, to the competent Authorities in the port State. The flag State shall notify the port State of the occurrence.

1. SHIP'S PARTICULARS

Name of ship: _____
Owner or operator: _____
Distinctive number or letters: _____
IMO No: _____
Gross tonnage: _____
Port of registry: _____
Type of ship: ___ oil tanker, ___ Chemical tanker, ___ ferry, ___ cruise ship, ___
Cargo ship, ___ bulk carrier, ___ or other(specify) _____

2. PORT PARTICULARS

Country: _____
Name of Port or Area: _____
Location/ Terminal Name: _____
(e.g. berth/terminal/jetty)
Name of company operating reception facility (if applicable): _____
___ Unloading port, ___ Loading port; ___ Shipyard
Date of arrival: _____
Date of occurrence: _____
Date of departure: _____

3. WAS ANY WASTE NOT ACCEPTED BY THE FACILITY?

4. INADEQUACY OF FACILITIES

4.1 Remarks on inadequacies



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- 4.2 Location of facilities (close to the vessel, inconvenient location or vessel had to shift berth involving delay)

- 4.3 If you experienced a problem, with whom did you discuss this problem or report it to?

- 4.4 Did you give prior notification (in accordance with relevant port requirements) about The vessel's requirements for reception facilities?

Yes ____ No ____

- 4.5 Did you receive confirmation on the availability of reception facilities on arrival?

Yes ____ No ____

5. ANY ADDITIONAL REMARKS / COMMENTS / IMPROVEMENTS

6. Master's signature _____ Date _____