BALLAST WATER REPORTING FORM (AMENDED)

Global ballast Water Management programme

1.VESSEL INFORMATION 2.VOYAGE INFORMATION 3.BALLAST WATER USAGE

Vessel Name:				Arrival Port:					Specify Units below (M, MT, LT, ST)						
IMO Number:1				Arrival Date:					Total ballast Water on Board:						
Owner:				Agent:					Volume Units			No. o	No. of Tanks in Ballast		
Type:			L	ast Port:			_	Country of last port:							
GT:							port.		Total Ballast Water Capacity:						
Call Sign:			N	lext port:			Country of next port:		1						
Flag:							port.		Volume Units		No. of Tanks in Ballast				
4.BALLAST WATER MANAGEMENT Total No. Ballast Water Tanks to be disc															
of tanks to be discharged, how many: Underwent ex Underwent Alternative managem															
Please specify alternative method(s)used, if any:															
If no ballast treat	ment con	ducted, sta	te reason v	whv not:											
If no ballast treatment conducted, state reason why not: Ballast management plan on board NO															
5.BALLAST WAT		RY: Record		to be dek	NO pallasted i					dditional	sheets as				
Tanks/Holds List multiple Source/separately		BW SOUR	CE	BW MAN				NT PRACT	T ES			BW DISCHARGES			
	Date	Port or	Volume	Temp	Date	End	Volume	% Each	Method	Sea	Date	Port of	Volum	Salinity	
	D/M/Y	Lat./Lon g	(units)	(units)	D/M/Y	point Lat/Long	(units)		(ER/FT/ ALT)	HT(m	D/M/Y	Lat/Long	e (units)	(units)	
		9				Lavicong			ALI)				(units)		
Ballast Water Tank	Codes: Fo	repeak=FP	, Aft peak	=AP, doub	ole Botton	n =DB, Wing	=WT, Tops	ide=TS, Ca	argo Hold=	CH, Othe	r=O				

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