

# Prijava balastnih voda

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## Supplement / Prilog

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Prilog 1. Prijava balastnih voda

 <b>BALLAST WATER REPORTING FORM</b>																			
<b>1. VESSEL INFORMATION</b>				<b>2. VOYAGE INFORMATION</b>				<b>3. BALLAST WATER USAGE AND CAPACITY</b>											
Vessel Name:		0		Arrival Port:		0		<i>Specify units below (m<sup>3</sup>,MT,LT,ST)</i>											
IMO Number:		0		Arrival Date:		0		<b>Total Ballast water on board</b>											
Owner:		0		Agent:		0		Volume		Units		No.of tanks in ballast							
<b>Type*:</b>		0		Last Port:		Last Country:													
DWT:		0 GT:		0		0		<b>Total Ballast Water Capacity</b>											
Flag:		0		Next Port:		Next Country:		Volume		Units		No.of tanks in ballast							
Call Sign:		0		0		0													
*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)																			
<b>4. CARGO OPERATIONS:</b>				Total Cargo(Type/MT) to be Loaded				0				to be Discharged				0			
<b>5. Ballast Water Management:</b>				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															
<b>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)</b>																			
Tank/Holds List multiple source tanks separately	<b>BW SOURCES</b>				<b>BW MANAGEMENT PRACTICES</b>						<b>BW DISCHARGES</b>								
	Date dd/mm/yy	Port or Lat/Long	VOLUME (units)	Temp (units)	Date dd/mm/yy	End Point Lat/Long	VOLUME (units)	% Exch	Method (B/P/A/L)	Sea HT (m)	Date dd/mm/yy	Port or Lat/Long	VOLUME (units)	Salinity (units)					
<b>5. RESPONSIBLE OFFICER'S NAME (Printed and signature):</b>																			