May 17, 2007

ST. LAWRENCE SEAWAY BALLAST WATER REPORTING FORM

96 Hour Report (Canadian Requirement) ☐ **24 Hour Report (U.S. Requirement)** ☐ **AMENDED FORM Yes** ☐ **No** ☐

1. VESSEL INFORMATION	2. VOYAGE INFORMATION		3. BALLAST WATER USAGE AND CAPACITY		
Vessel Name:	Arrival Port:		*Specify Units Below (m^3, MT, LT, ST, gal)*		
IMO Number:	Arrival Date (DD/MM/YYYY):		Total Ballast Water on Board:		
Owner:	Agent:		Volume	Units	No. of Tanks in Ballast
Type:	Last Port	Country		m^3	
GT:	Next Port	Country	Total Ballast Water Capacity:		
Date/Time of Submission:	Next Port (2)	Country	Volume	Units	Total No. of Tanks on Ship
Flag:	Next Port (3)	Country		m^3	

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 water management conducted, state reason why not: _____

Ballast water 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.

Tanks/Holds List multiple sources/ tanks separately	CURRENT VOLUME	BW SOURCES				BW MANAGEMENT PRACTICES							PROPOSED BW DISCHARGE			
		DATE DD/MM/YYYY	PORT or LAT. LONG.	VOLUME (units)	Salinity (units)	DATE DD/MM/YYYY	Start Point Lat. & Long.	End Point Lat. & Long.	VOLUME (units)	% Exch	METHOD (ER/FT/ ALT)	WAVE HT. (m)	DATE DD/MM/YYYY	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, ER= Empty/Refill, FT=Flow Though, ALT= Alternate Method

6. Will water be added to any tanks containing only residual ballast and sediment, and then subsequently discharged during the same voyage? YES ☐ NO ☐
7. If the answer to # 6 is YES:
   a) Has the ship complied with best management practices? YES ☐ NO ☐
   b) Has the residual ballast water been exposed to salinity conditions equivalent to ballast exchange? YES ☐ NO ☐
8. **RESPONSIBLE OFFICER'S NAME AND TITLE:** _____

Ship Name: IMO Number: Arrival Date:

Tanks/Holds List multiple sources/ tanks separately	CURRENT VOLUME	BW SOURCES				BW MANAGEMENT PRACTICES							PROPOSED BW DISCHARGE			
		DATE DD/MM/YYYY	PORT or LAT. LONG.	VOLUME (units)	Salinity (units)	DATE DD/MM/YYYY	Start Point Lat. & Long.	End Point Lat. & Long.	VOLUME (units)	% Exch	METHOD (ER/FT/ ALT)	WAVE HT. (m)	DATE DD/MM/YYYY	PORT or LAT. LONG.	VOLUME (units)	SALINITY (units)

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9. RESPONSIBLE OFFICER'S NAME AND TITLE: _____