

APPENDIX 3

STANDARD FORMAT FOR THE WASTE DELIVERY RECEIPT

The designated representative of the reception facility provider should provide the following form to the master of a ship that has just delivered waste.

This form should be retained on board the vessel along with the appropriate Oil RB, Cargo RB or Garbage RB.

1. RECEPTION FACILITY AND PORT PARTICULARS

| | |
|---|----|
| 1.1 Location/Terminal name: | |
| 1.2 Reception facility provider(s) | |
| 1.3 Treatment facility provider(s) – if different from above: | |
| 1.4 Waste Discharge Date and Time from: | to |

2. SHIP PARTICULARS

| | |
|---|------------------------------------|
| 2.1 Name of ship: | 2.5 Owner or operator: |
| 2.2 IMO number: | 2.6 Distinctive number or letters: |
| 2.3 Gross tonnage: | 2.7 Flag State: |
| 2.4 Type of ship: <input type="checkbox"/> Oil tanker <input type="checkbox"/> Chemical tanker <input type="checkbox"/> Bulk carrier <input type="checkbox"/> Container <input type="checkbox"/> Other cargo ship <input type="checkbox"/> Passenger ship <input type="checkbox"/> Ro-ro <input type="checkbox"/> Other (specify) | |

3. TYPE AND AMOUNT OF WASTE RECEIVED

| MARPOL Annex I – Oil | Quantity (m ³) | MARPOL Annex V – Garbage | Quantity (m ³) |
|-------------------------------------|--|---|----------------------------|
| Oily bilge water | | A. Plastics | |
| Oily residues (sludge) | | B. Food wastes | |
| Oily tank washings | | C. Domestic wastes (e.g. paper products, rags, glass, metal, bottles, crockery, etc.) | |
| Dirty ballast water | | D. Cooking oil | |
| Scale and sludge from tank cleaning | | E. Incinerator ashes | |
| Other (please specify) | | F. Operational wastes | |
| MARPOL Annex II – NLS | Quantity (m ³)/Name ⁵ | G. Cargo residues ⁶ | |
| Category X substance | | H. Animal carcass(es) | |
| Category Y substance | | I. Fishing gear | |
| Category Z substance | | MARPOL Annex VI – related | Quantity (m ³) |
| OS – other substance | | Ozone-depleting substances and equipment containing such substances | |
| MARPOL Annex IV – Sewage | Quantity (m ³) | Exhaust gas-cleaning residues | |
| | | | |

On behalf of the port facility I confirm that the above wastes were delivered.

Signature: Full Name and Company Stamp:

⁵ Indicate the proper shipping name of the NLS involved.

⁶ Indicate the proper shipping name of the dry cargo.