

ANNEX

DRAFT REPORT ON COMPLIANT FUEL OIL NON-AVAILABILITY

Note:

1 This report is to be sent to port authority of destination with a copy to be sent to the flag Administration in accordance with regulation 18.2.4 of MARPOL Annex VI.

2 This report is to be used to provide evidence if a ship is unable to obtain fuel oil compliant with the provisions stipulated in regulations 14.1.3 and 14.4.3.

1 Particulars of ship

1.1 Name of ship: _____

1.2 IMO number: _____

1.3 Flag: _____

1.4 Port of registry: _____

1.5 Gross tonnage: _____

2 Description of ship's voyage plan

2.1 Last port of departure: _____

2.2 Data of departure from last port (DD/MM/YYYY): _____

2.3 Port of call: _____

2.4 Data of arrival at port of call (DD/MM/YYYY): _____

2.5 Date ship expects to departure from the port (DD/MM/YYYY): _____

2.6 Sulphur content of fuel oil in use: _____

3 Description of actions taken to attempt to achieve compliance and a description of the reason why compliant fuel oil was not available:

Name of suppliers contacted:

Addresses:

Date of contact (DD/MM/YYYY):

In case of fuel oil supply disruption only

Name of port at which vessel was scheduled to receive compliant fuel oil: _____

Name of the fuel oil supplier that was scheduled to deliver: _____

Operation constraints, if applicable

Describe any operation constraints that prevented using available compliant fuel oil (e.g. with respect to viscosity or other fuel oil parameters): _____

Steps ship has taken, or is taking, to resolve these operational constraints that will allow ship to use all commercially available residual fuel oil blends: _____

Describe availability of compliant fuel oil at the port of call, and plans to obtain it:

If compliant fuel oil is not available at the port of call, list the lowest sulphur content of available fuel oil(s) or the lowest sulphur content of available fuel oil at the next port of call:

4 Company information

Name of Company (*as named on ISM DOC*): _____

Address (street, city, country, postal/zip code): _____

ISM Designated Person Ashore (DPA): _____

Telephone number/email: _____

Local agent(s) in the port of call(s): _____

Print name: _____ Date (DD/MM/YYYY): _____

Signature of Master: _____
