

Marine Invasive Species Program: Completing and Submitting MISPs Reporting Forms

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- Program Information
- Vessel Data
- Required Reporting Forms
- Monthly Reconciliation



Program Information



- 1999 – Inception of the program
- Qualifying vessels
- Jurisdiction



Vessel Data

- Approximately 9000 qualifying voyages per year
- Vessels tracked through Marine Exchange reports
- 95% submission compliance for both BWMR and HHRF
- Over 11,000 reports received annually



Reporting Forms

- Ballast Water Management Report (BWMR)
 - Hull Husbandry Reporting Form (HHRF)
 - Ballast Water Treatment Technology
 - Annual Reporting Form
 - Supplemental Reporting Form
- bwform@slc.ca.gov
 - 562-499-6444 (fax)



Ballast Water Management Report

OSLD number: 1823-0009
Exp. date: 31-Dec-2019

Ballast Water Management Report

Vessel Information

Vessel name: _____
 ID number: IMO number: _____
 Country of Registry: Select country: _____
 Owner/operator: _____
 Type: Select vessel type: _____ Gross Tonnage: _____
 Ballast water volume units: Select units: _____
 Total ballast water capacity: _____ Number of tanks on ship: _____
 Onboard BW Management System: _____

Voyage Information

Arrival port (port and state): _____ Select state: _____
 Arrival date: _____
 Last port (port and country): _____ Select country: _____
 Next port (port and country): _____ Select country: _____
 Total ballast water on board: _____ Number of tanks in ballast: _____
 Number of tanks discharged: _____

Alternative BW management conducted, per instructions from COTIP:

Certificate of accurate information

By checking this box, I attest to the accuracy of the information provided and that ballast water management activities were in accordance with the ballast water management plan required by CFR 151.2050(g):

Responsible Officer's name and title: _____
 Report type: Select report type: _____
 Submitted by: _____ Contact information: _____

Ballast Water History

On the following page(s), provide the ballast water history for each tank discharged into the waters of the United States or to a reception facility, en route to or at the arrival port. Vessels entering the Great Lakes or Hudson River (north of George Washington Bridge) from beyond the US EEZ must also provide the history for empty tanks that underwent alternative management.

Ballast Water History

Task name/number	Location(s)	Task capacity
Event	Date	(for Management event include Start pt. / End pt.)
Discharge to US waters		Volume
Select event		
Select event		
Select event		
IFBW management was "not" conducted for this tank, select one of the following reasons: Select reason		

Task name/number	Location(s)	Task capacity
Event	Date	(for Management event include Start pt. / End pt.)
Discharge to US waters		Volume
Select event		
Select event		
Select event		
IFBW management was "not" conducted for this tank, select one of the following reasons: Select reason		

Task name/number	Location(s)	Task capacity
Event	Date	(for Management event include Start pt. / End pt.)
Discharge to US waters		Volume
Select event		
Select event		
Select event		
IFBW management was "not" conducted for this tank, select one of the following reasons: Select reason		

Task name/number	Location(s)	Task capacity
Event	Date	(for Management event include Start pt. / End pt.)
Discharge to US waters		Volume
Select event		
Select event		
Select event		
IFBW management was "not" conducted for this tank, select one of the following reasons: Select reason		

- Revised USCG report form
- Required 24 hours prior to arrival
- Submit electronically or by fax



Hull Husbandry Reporting Form

Print Form

California State Lands Commission
Marine Invasive Species Program
Hull Husbandry Reporting Form
Public Resources Code – 71295(e) and 71295(f)
June 5, 2013

Part I: Reporting Form

Vessel Name: _____
Official / IMO Number: _____
Responsible Officer's Name and Title: _____
Date Submitted (Day/Month/Year): _____

Hull Husbandry Information

1. Since delivery, has this vessel ever been removed from the water for maintenance?
Yes No

a. If Yes, enter the date and location of the most recent out-of-water maintenance:
Last date out of water (Day/Month/Year): _____
Port or Position: _____ Country: _____

b. If No, enter the delivery date and location where the vessel was built:
Delivery date (Day/Month/Year): _____
Port or Position: _____ Country: _____

2. Were the submerged portions of the vessel coated with an anti-fouling treatment or coating during the out-of-water maintenance or shipbuilding process listed above?
Yes, full coat applied
Yes, partial coat Date last full coat applied (Day/Month/Year): _____
No coat applied Date last full coat applied (Day/Month/Year): _____

3. For the most recent full coat application of anti-fouling treatment, what type of anti-fouling treatment was applied and to which specific sections of the submerged portion of the vessel was it applied?

Manufacturer/Company: _____
Product Name: _____
Applied on (Check all that apply): Hull Sides Hull Bottom Sea Chests
Sea Chest Gratings Propeller Rope Guard/Propeller Shaft
Previous Docking Blocks Thrusters Rudder Bilge Keels

Manufacturer/Company: _____
Product Name: _____
Applied on (Check all that apply): Hull Sides Hull Bottom Sea Chests
Sea Chest Gratings Propeller Rope Guard/Propeller Shaft
Previous Docking Blocks Thrusters Rudder Bilge Keels

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- Annual submission once per calendar year
- Written or electronic format



Ballast Water Treatment Technology

- Annual Reporting Form

- Submit once per calendar year

IF Treatment System is installed **AND** system is being used


- Supplemental Reporting Form

- Submit upon departure for every arrival

IF Treatment System is installed **AND** ballast water is discharged using the system



Annual Reporting Form



California State Lands Commission
Marine Invasive Species Program
Ballast Water Treatment Technology Annual Reporting Form
Public Resources Code Section 71205(g)
July 1, 2010

Vessel Name: _____
 Official / IMO Number: _____
 Responsible Person's Name and Title: _____
 Date Submitted (DDMMYYYY): _____

Treatment System Information

1. List the treatment system installed on board the vessel:

Manufacturer/Company: _____
 Product Name: _____
 Model Number: _____

1a. Mode(s) of Action (check all that apply):

Filtration <input type="checkbox"/>	Cavitation <input type="checkbox"/>	Hydrocyclone <input type="checkbox"/>	Deoxygenation <input type="checkbox"/>
Active Substance/Bioicide <input type="checkbox"/>	Ultra Violet Irradiation <input type="checkbox"/>	Heat <input type="checkbox"/>	
Other <input type="checkbox"/> please describe: _____			


1b. List all substances (i.e. chemicals, biocides, flocculants, neutralization agents) created or used by the treatment system (if any), and indicate whether or not the Material Safety Data Sheet is kept on board for each substance.

Substance	MSDS on Board?
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

N/A No substances used by system.

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Supplemental Reporting Form



California State Lands Commission
Ballast Water Treatment Supplemental Reporting Form
Public Resources Code Section 71205(g)
July 1, 2010
ALL VESSELS MUST ALSO SUBMIT BALLAST WATER REPORTING FORM

IS THIS AN AMENDED REPORTING FORM? Yes No

Vessel Information			Voyage Information		
Vessel Name: _____	Arrival Port: _____				
Official/IMO Number: _____	Arrival Date (DDMMYYYY): _____				

Ballast Water Treatment

1. Did the treatment system experience any malfunction that affected the treatment of ballast water to be discharged at this arrival port?

Yes , please provide the following information:
 Date of malfunction (DDMMYYYY): _____
 Explain the malfunction: _____
 If applicable, how was the situation resolved? _____

No

2. Ballast Water Treatment History. Provide information for all ballast tanks that will be discharged at arrival port. Enter additional tanks on page 2. One tank per line. If none, go to Question #3.

Tank/ Holds	BW Source			BW Discharge			BW Treatment		
	Date (DDMMYY)	Port or Lat-Long	Volume (m ³)	Date (DDMMYY)	Port or Lat-Long	Volume (m ³)	Date 1st treatment (DDMMYY)	Date 2nd treatment (if applicable) (DDMMYY)	Volume Ballast Treated (m ³)
			ml -			ml -			ml -
			ml -			ml -			ml -
			ml -			ml -			ml -
			ml -			ml -			ml -

Ballast Water Tank Codes: Forepeak = FP, Aftpeak = AP, Double Bottom = DB, Wing = WT, Topside = TS, Cargo Hold = CH, Other = O

3. Responsible Officer's Name and Title: _____

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Monthly Reconciliation

- Verify qualifying voyages
- Required reporting forms received
- Monthly notifications



Thank You

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562-499-6782

For additional program information:

www.slc.ca.gov

