



CANADIAN BALLAST WATER REPORTING FORM (20 TANKS)



The information collected under the authority of the [Department of Transport Act \(R.S.C., 1985, c. T-18\)](#), [Canada Shipping Act, 2001](#), [Ballast Control and Management Regulations, 2011](#), and in accordance with the [Privacy Act](#)

Date of submission (yyyy-mm-dd): _____ Time of submission (24:00 UTC): _____ Amended Form: Yes No

1. VESSEL INFORMATION		2. VOYAGE INFORMATION			3. BALLAST WATER USAGE AND CAPACITY			
Vessel name:	Arrival port:	State/ Province:	Country:					
IMO number:	Arrival date (yyyy-mm-dd):			Total ballast water on board				
Owner:	Agent:			Volume	Units	Number of tanks in ballast	Number of holds in ballast	
Type:	Last port:	Country:			m ³			
Gross tonnage:	Next port:	Country:		Total ballast water capacity				
Date of construction (yyyy-mm-dd):	Next port (2):	Country:		Volume	Units	Vessel's ballast management plan		
Flag:	Next port (3):	Country:			m ³	Total number of tanks	Total number of holds	
4. BALLAST WATER MANAGEMENT								
Ballast water managed according to: <input type="checkbox"/> D - 1 and/or <input type="checkbox"/> D - 2				Total number of ballast water tanks/holds to be discharged: ____				
How many tanks/holds have undergone exchange? _____				How many tanks/holds have been treated using a Ballast Water Management System? ____				
Specify Ballast Water Management System used, if any (Manufacturer, Model): _____								
How many tanks/holds have not been managed? ____		State the reason why no management was conducted: _____						
Approved Ballast Water Management Plan on board? <input type="radio"/> Yes <input type="radio"/> No			Management Plan implemented? <input type="radio"/> Yes <input type="radio"/> No			Ballast Water Record Book on board? <input type="radio"/> Yes <input type="radio"/> No		
Does vessel carry an International Ballast Water Management Certificate? <input type="radio"/> Yes <input type="radio"/> No			Date of Issue (yyyy-mm-dd): _____			Expiry Date (yyyy-mm-dd): _____		
Authority that issued Certificate: _____				Place of issue: _____				
Date required to meet Regulation D-2 (yyyy-mm-dd): _____			Ballast water regulations on board? <input type="radio"/> Yes <input type="radio"/> No			Applicable regulation: _____		
5. BALLAST WATER HISTORY: Record all ballast tanks/holds regardless of ballast water intentions on Page 2 & 3 (Ballast water sources are the last uptakes prior to any ballast water management practices).								
6. (a) NAME OF MASTER:			6. (b) E-MAIL:			6. (c) PHONE NUMBER:		

