



SAFETY, HEALTH, ENVIRONMENT AND QUALITY MANAGEMENT SYSTEM

**PORT OF CALL HISTORY**

REPORTING FORMS MANUAL

Form : 1.3.1B  
Date : 02/June/2017  
Rev : 1.0  
App By : BMM**Port Feedback**

Ship Name	IVS RAFFLES
Port	LAS PALMAS
Terminal & Berth No.	N/A

**Port Details**

Anchorage approach	YES
Min. depth at anchorage/Channel	53m
Pilot performance/Tugs condition	NIL
Other information	NIL

**Berth Details**

Berth Type	N/A
Minimum depth at Berth/approach/UKC concern	N/A
Mooring arrangement	N/A
Berth Restrictions	N/A
Berth condition/fendering etc	NA/
Other information (fendering etc)	N/A

**Cargo Operation**

Manifold connections	N/A
Terminal courtesy/co-operation	N/A
Safety standard	N/A
Other information (booster pumps etc)	N/A

**Additional information**

Authorities(Custom/immig./health)	N/A
Security (Stowaways/theft threats)	LEVEL 1
Spares/Stores/FW supply	N/A
Crew change/Shore leave	N/A
General comments	N/A
Recommendations	

Master's Name / Date

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