

Reporting Provisions of the Biofouling Management Regulations

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MISP Customer Service Meeting

September 26, 2017

Martinez, CA



CURRENT

Hull ~~X~~ Laundry
Reporting Form

Annual Treatment
Technology Form

Supplemental
Treatment Technology
Form

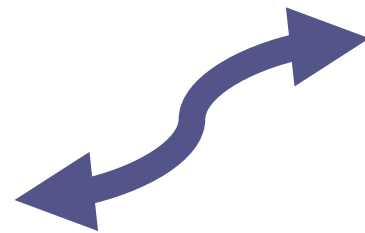
60 days ~~X~~ after a request



NEW

Annual Vessel
Reporting Form

24 hours in advance
of 1st Arrival to CA per
calendar year



Why collect AVRF 24hr in advance?

Pre-arrival risk assessment



Why do we collect the AVRF?

- Annual snapshots of fleetwide practices that influence biofouling accumulation and survival
- Improve our knowledge on what Ballast Water Treatment Systems are being used by vessels



What does the form include?



STATE OF CALIFORNIA – STATE LANDS COMMISSION
MARINE INVASIVE SPECIES PROGRAM ANNUAL VESSEL REPORTING FORM
SLC 600.12 (Revised 08/17)
Public Resources Code Sections 71201.7, 71205

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

1. Does the vessel have a ballast water treatment system installed?

Yes	<input type="checkbox"/>	IF "YES" Complete sections 1 and 2
No	<input type="checkbox"/>	IF "NO" Complete section 1 only





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

1. Does the vessel have a ballast water treatment system installed?

Yes IF "YES" Complete sections 1 and 2
 No IF "NO" Complete section 1 only

Section 1: Hull Husbandry Maintenance and Operational Information

2. 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: _____

3. 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) _____

Official / IMO Number _____



Section 2: Ballast Water Treatment System Information

COMPLETE ONLY IF VESSEL HAS A BALLAST WATER TREATMENT SYSTEM INSTALLED

Note: Complete a separate Section 2 for each installed ballast water treatment system.

14. Provide the following information about the vessel's installed ballast water treatment system:

Manufacturer/Company: _____
 Product Name: _____
 Model Number: _____
 Date System Commissioned (Day/Month/Year): _____

15. Has the installed ballast water treatment system been used to treat ballast water in the last 12 months?

Yes
 Number of times the system was used in the last 12 months: _____
 No

16. Has the installed ballast water treatment system malfunctioned in the last 12 months?

Yes Date of Most Recent Malfunction (Day/Month/Year) _____
 Describe all malfunctions during the previous 12 months:

 Describe all repairs for all malfunctions during the previous 12 months :

 No

17. Has an onboard test for biological performance of the vessel's installed ballast water treatment system been completed since the system was commissioned?

Yes If "YES", List the dates of the tests (Day/Month/Year): _____
 No

Official / IMO Number _____



Where can I find it?

- Online: http://www.slc.ca.gov/Programs/MISP_Reporting.html
- On Flash Drives

Where can I submit it?

- Online: <https://misp.io>
- Email: BWForm@slc.ca.gov
- Fax: (562) 499-6444



Effective

Reporting provisions: October 1, 2017

- A vessel must submit this form for the 2017 calendar year only if the vessel arrives at a California port for the first time during 2017 on or after October 1, 2017
- A vessel that arrives at a California port during 2017 prior to October 1, 2017, does not need to submit this form for the 2017 calendar year



Thank you!

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