Reporting Provisions of the Biofouling Management Regulations

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MISP Customer Service Meeting
September 26, 2017
Martinez, CA
CURRENT

Hull husbandry Reporting Form
Annual Treatment Technology Form
Supplemental Treatment Technology Form
60 days 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

<table>
<thead>
<tr>
<th>Vessel Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Official / IMO Number:</td>
<td></td>
</tr>
<tr>
<td>Responsible Officer’s Name and Title:</td>
<td></td>
</tr>
<tr>
<td>Date Submitted (Day/Month/Year):</td>
<td></td>
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</tbody>
</table>

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
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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 shipyard process listed above?
   Yes, full coat applied
   Yes, partial coat Date last full coat applied (Day/Month/Year)
   No coat applied Date last coat applied (Day/Month/Year)

Section 2: Ballast Water Treatment System Information

COMPLETE ONLY IF VESSEL HAS A BALLAST WATER TREATMENT SYSTEM INSTALLED

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

16. Has the installed ballast water treatment system malfunctioned in the last 12 months?
   Yes   If “YES,” enter the 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 test (Day/Month/Year):
   No
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!

For more information:
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www.slc.ca.gov