

State of California
Office of Administrative Law

In re:
State Lands Commission

Regulatory Action:

Title 02, California Code of Regulations

Amend section: 2298.5

**NOTICE OF APPROVAL OF REGULATORY
ACTION**

Government Code Section 11349.3

OAL Matter Number: 2020-1009-02

OAL Matter Type: Regular (S)

This action by the State Lands Commission amends the submission method requirement for the Marine Invasive Species Program Vessel Reporting Form.

OAL approves this regulatory action pursuant to section 11349.3 of the Government Code. This regulatory action becomes effective on January 1, 2021.

Date: November 30, 2020



Nicole C. Carrillo
Attorney

For: Kenneth J. Pogue
Director

**Original: Jennifer Lucchesi, Executive
Officer**

Copy: Patrick Huber

REGULAR

Instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 10/2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-Z2020-0427-01	REGULATORY ACTION NUMBER 2020-1009-02	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

RECEIVED DATE PUBLICATION DATE

APR 27 '20 **MAY 08 '20**

2020 OCT -9 A 9:50

Office of Administrative Law

OFFICE OF ADMINISTRATIVE LAW

NOTICE

REGULATIONS

AGENCY WITH RULEMAKING AUTHORITY
State Lands Commission

AGENCY FILE NUMBER (if any)

ENDORSED - FILED

In the office of the Secretary of State of the State of California

NOV 30 2020

1:36 P.M.

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE Marine Invasive Species Program Form	TITLE(S) 2	FIRST SECTION AFFECTED 2298.5	2. REQUESTED PUBLICATION DATE May 8, 2020
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Patrick Huber	TELEPHONE NUMBER 916-574-0728	FAX NUMBER (Optional)
OAL USE ONLY <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER	PUBLICATION DATE	

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Amendment of Annual Vessel Reporting Form	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) per agency request
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (including title 26, if toxics related)	ADOPT
SECTION(S) AFFECTED (List all section number(s) Individually. Attach additional sheet if needed.) 2	AMEND 2298.5
TITLE(S)	REPEAL

3. TYPE OF FILING	<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346)	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute.	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h))	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100)
	<input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4)	<input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> File & Print	<input type="checkbox"/> Print Only
	<input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Other (Specify)		

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)
NA

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)
<input checked="" type="checkbox"/> Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) <input type="checkbox"/> Effective on filing with Secretary of State <input type="checkbox"/> \$100 Changes Without Regulatory Effect <input type="checkbox"/> Effective other (Specify)

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY
<input checked="" type="checkbox"/> Department of Finance (Form STD. 399) (SAM §6660) <input type="checkbox"/> Fair Political Practices Commission <input type="checkbox"/> State Fire Marshal
<input type="checkbox"/> Other (Specify)

7. CONTACT PERSON Patrick Huber	TELEPHONE NUMBER 916-574-0728	FAX NUMBER (Optional)	E-MAIL ADDRESS (Optional) patrick.huber@slc.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE <i>Jennifer Lucchesi</i>	DATE October 8, 2020
TYPE, NAME AND TITLE OF SIGNATORY Jennifer Lucchesi, Executive Officer	

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

NOV 30 2020

Office of Administrative Law

EXPRESS TERMS

**TITLE 2. ADMINISTRATION
DIVISION 3. STATE PROPERTY OPERATIONS
CHAPTER 1. STATE LANDS COMMISSION**

**ARTICLE 4.8. BIOFOULING MANAGEMENT TO MINIMIZE THE TRANSFER OF
NONINDIGENOUS SPECIES FROM VESSELS ARRIVING AT CALIFORNIA PORTS
§ 2298.5. MARINE INVASIVE SPECIES PROGRAM ANNUAL VESSEL REPORTING
FORM**

2 CCR § 2298.5

§ 2298.5. Marine Invasive Species Program Annual Vessel Reporting Form.

The form "Marine Invasive Species Program Annual Vessel Reporting Form" (SLC 600.12, Revised ~~04/20-08/17~~) is hereby incorporated by reference. The master, owner, operator, agent or person in charge of a vessel carrying, or capable of carrying, ballast water that arrives at a California port shall submit the "Marine Invasive Species Program Annual Vessel Reporting Form" (SLC 600.12, Revised ~~04/20-08/17~~) to the Commission in ~~written or~~ electronic form through the web-based user interface <https://misp.io> at least twenty-four hours in advance of the first arrival of each calendar year at a California port of call.

Note: Authority cited: Sections 71201.7 and 71204.6, Public Resources Code. Reference: Sections 71204, 71204.6 and 71205, Public Resources Code.



STATE OF CALIFORNIA – STATE LANDS COMMISSION
MARINE INVASIVE SPECIES PROGRAM ANNUAL VESSEL REPORTING FORM
SLC 600.12 (Revised 04/20-08/17)
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

Section 1: Hull Husbandry Maintenance and Operational Information

2. Since delivery, has this vessel ever been removed from the water for maintenance?

Yes <input type="checkbox"/> No <input type="checkbox"/>
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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 <input type="checkbox"/>
Yes, partial coat <input type="checkbox"/> Date last full coat applied (Day/Month/Year)
No coat applied <input type="checkbox"/> Date last full coat applied (Day/Month/Year)

Official / IMO Number _____



STATE OF CALIFORNIA – STATE LANDS COMMISSION
MARINE INVASIVE SPECIES PROGRAM ANNUAL VESSEL REPORTING FORM
SLC 600.12 (Revised 04/20-08/17)
Public Resources Code Sections 71201.7, 71205

4. 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 <input type="checkbox"/> Hull Bottom <input type="checkbox"/> Sea Chests <input type="checkbox"/> Sea Chest Gratings <input type="checkbox"/> Propeller <input type="checkbox"/> Rope Guard/Propeller Shaft <input type="checkbox"/> Previous Docking Blocks <input type="checkbox"/> Thrusters <input type="checkbox"/> Rudder <input type="checkbox"/> Bilge Keels <input type="checkbox"/>

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

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

5. Were the sea chests inspected and/or cleaned during the out-of-water maintenance listed above?
If no out-of-water maintenance was performed since delivery, select Not Applicable.

(Check all that apply) Yes, sea chests inspected <input type="checkbox"/> Yes, sea chests cleaned <input type="checkbox"/>
No, sea chests not inspected or cleaned <input type="checkbox"/> Not Applicable <input type="checkbox"/>

6. Are Marine Growth Prevention Systems (MGPS) installed in the sea chest(s) or sea strainer(s)?

Yes <input type="checkbox"/> Manufacturer: _____	Model: _____
If Yes, MGPS installed in (check all that apply): Sea Chest(s) <input type="checkbox"/> Sea strainer(s) <input type="checkbox"/>	
No <input type="checkbox"/>	

Official / IMO Number _____



STATE OF CALIFORNIA – STATE LANDS COMMISSION
MARINE INVASIVE SPECIES PROGRAM ANNUAL VESSEL REPORTING FORM
 SLC 600.12 (Revised 04/20-08/17)
 Public Resources Code Sections 71201.7, 71205

7. Has the vessel undergone in-water cleaning to the submerged portions of the vessel since the last out-of-water maintenance period? Yes No

a. If Yes, when and where did the vessel most recently undergo **in-water** cleaning?
 (Do not include cleaning performed during out-of-water maintenance period)

Date (Day/Month/Year):	
Port or Position:	Country:
Vendor providing cleaning service:	
Section(s) cleaned (Check all that apply): Hull Sides <input type="checkbox"/> Hull Bottom <input type="checkbox"/> Propeller <input type="checkbox"/> Sea Chest Grating <input type="checkbox"/> Sea Chest <input type="checkbox"/> Bilge Keels <input type="checkbox"/> Rudder <input type="checkbox"/> Docking Blocks <input type="checkbox"/> Thrusters <input type="checkbox"/> Unknown <input type="checkbox"/>	
Cleaning method: Divers <input type="checkbox"/> Robotic <input type="checkbox"/> Both <input type="checkbox"/>	

8. Has the propeller been polished since the last **out-of-water** maintenance (including shipbuilding process) or **in-water** cleaning?

Yes <input type="checkbox"/> Date of propeller polishing (Day/Month/Year):
No <input type="checkbox"/>

9. Are the anchor and anchor chains rinsed during retrieval? Yes No

10. List the following information for this vessel averaged over the last four months:

a. Average Voyage Speed (knots):
b. Average Port Residency Time (hours or days): Hours or Days

11. Since the hull was last cleaned (out-of-water or in-water), has the vessel visited:

a. Fresh water ports (Specific gravity of less than 1.005)?

Yes <input type="checkbox"/> How many times?
No <input type="checkbox"/>

b. Tropical ports (between 23.5° S and 23.5° N latitude)?

Yes <input type="checkbox"/> How many times?
No <input type="checkbox"/>

c. Panama Canal?

Yes <input type="checkbox"/> How many times?
No <input type="checkbox"/>

Official / IMO Number _____



STATE OF CALIFORNIA – STATE LANDS COMMISSION
MARINE INVASIVE SPECIES PROGRAM ANNUAL VESSEL REPORTING FORM
 SLC 600.12 (Revised 04/20-08/17)
 Public Resources Code Sections 71201.7, 71205

12. List the previous 10 ports visited by this vessel in the order they were visited (start with most recent). You do not have to use all 10 spaces if the vessel has a regular route that involves less than 10 ports.

Check here if the vessel visits the same ports on a regular route.

List dates as (Day/Month/Year).

Port or Position:	Country:
Arrival date:	Departure date:
Port or Position:	Country:
Arrival date:	Departure date:
Port or Position:	Country:
Arrival date:	Departure date:
Port or Position:	Country:
Arrival date:	Departure date:
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Arrival date:	Departure date:
Port or Position:	Country:
Arrival date:	Departure date:

Official / IMO Number _____



STATE OF CALIFORNIA – STATE LANDS COMMISSION
MARINE INVASIVE SPECIES PROGRAM ANNUAL VESSEL REPORTING FORM
 SLC 600.12 (Revised 04/20-08/17)
 Public Resources Code Sections 71201.7, 71205

13. Since the most recent hull cleaning (out-of-water or in-water) or delivery, has the vessel spent 10 or more consecutive days in any single location? (Do not include time out-of-water or during in-water cleaning.)

No Indicate the longest amount of time spent in a single location since the last hull cleaning

Number of Days:	Date of Arrival:
Port or Position:	Country:

Yes List all of the occurrences where the vessel spent 10 or more consecutive days in any single location since the last hull cleaning. List dates as **(Day/Month/Year)**:

Number of Days:	Date of Arrival:
Port or Position:	Country:

Number of Days:	Date of Arrival:
Port or Position:	Country:

Number of Days:	Date of Arrival:
Port or Position:	Country:

Number of Days:	Date of Arrival:
Port or Position:	Country:

Number of Days:	Date of Arrival:
Port or Position:	Country:

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Port or Position:	Country:

Number of Days:	Date of Arrival:
Port or Position:	Country:

Number of Days:	Date of Arrival:
Port or Position:	Country:

Number of Days:	Date of Arrival:
Port or Position:	Country:

Number of Days:	Date of Arrival:
Port or Position:	Country:

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 <input type="checkbox"/>
Number of times the system was used in the last 12 months:
No <input type="checkbox"/>

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

Yes <input type="checkbox"/>	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 <input type="checkbox"/>	

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 <input type="checkbox"/>	If "YES", List the dates of the tests (Day/Month/Year):
No <input type="checkbox"/>	

Official / IMO Number _____



STATE OF CALIFORNIA – STATE LANDS COMMISSION
MARINE INVASIVE SPECIES PROGRAM ANNUAL VESSEL REPORTING FORM
SLC 600.12 (Revised 04/20-08/17)
Public Resources Code Sections 71201.7, 71205

Instructions

California State Lands Commission
Public Resources Code Sections 71201.7, 71205
April 2020-August 2017

As used in this form, “vessel” has the same meaning as defined in California Code of Regulations, Title 2, section 2298.2. Applicability of this reporting requirement is defined in California Code of Regulations, Title 2, section 2298.5.

SUBMIT THE COMPLETED FORM TO THE COMMISSION IN ELECTRONIC FORM THROUGH THE WEB-BASED USER INTERFACE [HTTPS://MISP.IO](https://misp.io) AT LEAST TWENTY-FOUR HOURS IN ADVANCE OF THE FIRST ARRIVAL OF THE CALENDAR YEAR AT A CALIFORNIA PORT OF CALL. TO:

California State Lands Commission
Marine Environmental Protection Division
200 Oceangate, Suite 900
Long Beach, CA 90802
or
FAX: 562-499-6444
or
Email: bwform@slc.ca.gov

Report information using the following instructions:

Question 1: Check the appropriate box to indicate whether the vessel has an onboard ballast water treatment system installed.

- If Yes was selected, complete both Section 1 and Section 2
- If No was selected, complete only Section 1

Section 1: Hull Husbandry Maintenance and Operational Information

Question 2: Check the appropriate box to indicate whether, since delivery, the vessel has ever been removed from the water for maintenance.

- If “Yes” was selected, enter the date (Day/Month/Year) and location for the most recent out-of-water maintenance period (for example, if vessel was out of water for dry-dock from 1 January 2016 through 10 January 2016, list 10 January 2016 as the last date out of water)
- If “No” was selected, enter the vessel’s delivery date (Day/Month/Year) and the location where the vessel was built

Question 3: Check the appropriate box to indicate whether the vessel’s hull was coated with an anti-fouling treatment/coating during the out-of-water maintenance period or shipbuilding process described in Question 2.

- If “Yes, full coat applied” was selected, move on to Question 4
- If “Yes, partial coat” was selected, list completion date (Day/Month/Year) of most recent full coat application of an anti-fouling treatment/coating

- If "No coat applied" was selected, list completion date (Day/Month/Year) of most recent full coat application of an anti-fouling treatment/coating



STATE OF CALIFORNIA – STATE LANDS COMMISSION
MARINE INVASIVE SPECIES PROGRAM ANNUAL VESSEL REPORTING FORM
 SLC 600.12 (Revised 04/20-08/17)
 Public Resources Code Sections 71201.7, 71205

Question 4: For the most recent full coat application of anti-fouling treatment/coating, list the manufacturer(s)/company(ies) and product names of the treatment(s)/coating(s) and check the box next to the specific section(s) of the submerged portions of the vessel where each treatment was applied (check all sections that apply). List information for each anti-fouling treatment/coating if more than one was applied. Attach additional pages if necessary.

Question 5: Check the appropriate box to indicate whether the sea chest(s) were inspected and/or cleaned during the most recent out-of-water maintenance period described in Question 2. If no out-of-water maintenance was performed since delivery, check Not Applicable.

Question 6: Marine Growth Protection Systems (MGPS) are systems installed in the sea chests or sea strainers to prevent the accumulation of fouling organisms within the sea chests and associated seawater circulation networks. Check the appropriate box to indicate if a Marine Growth Protection System is installed in the sea chest(s) or sea strainers.

- If "Yes" was selected, list the Manufacturer and Model
- If "Yes" was selected, indicate whether MGPS is installed in sea chests or sea strainers (or both)
- If "No" was selected, move on to Question 7

Question 7: Check the appropriate box to indicate if the vessel has undergone in-water cleaning on the submerged portions of the vessel since the last out-of-water maintenance period. In-water cleaning does not include cleaning carried out during out-of-water maintenance but does include cleaning carried out during the Underwater Inspection in Lieu of Dry-Docking (UWILD). For this question, out-of-water maintenance includes the shipbuilding process.

- If "Yes" was selected, answer Question 7a
- If "No" was selected, move on to Question 8

Question 7a: Provide date (Day/Month/Year) and location of most recent in-water cleaning (do not include cleaning performed during out-of-water maintenance period) as well as the vendor that conducted the in-water cleaning. Check the box next to the appropriate sections to indicate those sections of the vessel that were cleaned during the in-water cleaning described in Question 7. Indicate whether in-water cleaning was conducted by divers, a robotic system, or both.

Question 8: Check the appropriate box to indicate whether the propeller has been polished since the most recent out-of-water maintenance or in-water cleaning. For this question, **out-of-water** maintenance includes the shipbuilding process.

- If "Yes" was selected, list the date of the most recent propeller polishing
- If "No" was selected, move on to Question 9.

Question 9: Check the appropriate box to indicate whether the anchor and anchor chains are rinsed during retrieval.

Question 10a: Over the past four months, list the average speed (knots) at which this vessel has traveled.

Question 10b: Over the past four months, list the average length of time (either hours or days) that this vessel has spent in any given port.



STATE OF CALIFORNIA – STATE LANDS COMMISSION
MARINE INVASIVE SPECIES PROGRAM ANNUAL VESSEL REPORTING FORM
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Public Resources Code Sections 71201.7, 71205

Question 11a: Check the appropriate box to indicate whether this vessel has visited any freshwater ports (specific gravity of less than 1.005) since the hull was last cleaned (either in-water or out-of-water) or since delivery if the hull has never been cleaned.

- If “Yes” is selected, list the number of times that this vessel visited freshwater ports since the hull was last cleaned or since delivery if the hull has never been cleaned.

Question 11b: Check the appropriate box to indicate whether this vessel has visited any tropical ports between latitudes 23.5° S and 23.5° N since the hull was last cleaned (either in-water or out-of-water) or since delivery if the hull has never been cleaned.

- If “Yes” is selected, list the number of times that this vessel visited tropical ports since the hull was last cleaned or since delivery if the hull has never been cleaned.

Question 11c: Check the appropriate box to indicate whether this vessel has traversed the Panama Canal since the hull was last cleaned (either in-water or out-of-water) or since delivery if the hull has never been cleaned.

- If “Yes” is selected, list the number of times that this vessel has traversed the Panama Canal since the hull was last cleaned or since delivery if the hull has never been cleaned.

Question 12: Starting with the most recent port, list the last 10 ports visited by this vessel. Provide information on the port or place, country, and the dates of arrival and departure.

If this vessel follows a regular route, visiting the same ports routinely, place a check in the box provided and list the information for the most recently completed route. You do not have to use all ten spaces if the regular route involves less than 10 ports.

Question 13: Check the appropriate box to indicate whether this vessel has spent 10 or more consecutive days in any single location since the last time the hull was cleaned (either in-water or out of water) or since delivery if the hull has never been cleaned. Do not include time spent out-of-water or time spent during in-water cleaning.

- If “No” is selected, enter the information for the single longest amount of time this vessel has spent in a single location since the last hull cleaning or since delivery if the hull has never been cleaned.
- If “Yes” is selected, list all of the occurrences where the vessel spent 10 or more consecutive days in any single location since the last hull cleaning or since delivery if the hull has never been cleaned.



Section 2: Ballast Water Treatment System Information

COMPLETE ONLY IF VESSEL HAS A BALLAST WATER TREATMENT SYSTEM INSTALLED

If more than one treatment system is installed on board the vessel, Section 2 must be filled out separately for each system.

Question 14: Provide the following information for each ballast water treatment installed on the vessel:

- System manufacturer or company (For example - Acme Incorporated)
- Product name, if applicable (For example - Acme Ballast Water Treatment System)
- Model number, if applicable (For example - Acme Model # 5454). Do not provide the serial number.
- Date (Day/Month/Year) the ballast water treatment system was commissioned. This is the date that the system was determined to be ready for active service including:
 - (1) Functionally ready for use, and
 - (2) Has received all applicable use approvals.

Question 15: Provide the number of times the vessel's installed ballast water treatment system was used during the previous 12 months.

Question 16: Check the appropriate box to indicate whether the installed ballast water treatment system has malfunctioned during operation in the previous 12 month period. Attach additional pages as necessary.

- If "Yes" was selected:
 - List the date of the most recent malfunction
 - Describe the malfunction including the type of malfunction (for example software, chemical, operational, plumbing, etc.)
 - Describe all repairs that were completed as a result of each malfunction
- If "No" was selected, move on to Question 17

Question 17: Check the appropriate box to indicate whether an onboard test for biological efficacy has been completed since the system was installed. Biological efficacy is the ability of the ballast water treatment system to reduce the number of viable organisms in water.

- If "Yes" was selected, list the dates (Day/Month/Year) for all tests of biological efficacy since the system was installed.
- If "No" was selected, this is the end of the form.