



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)

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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"/>	

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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"/>

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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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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:
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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"/>	

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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



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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.



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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.