

# Back-up procedure

## Bezoek Schip Bijlagen

### Report of arrival

(a) Vessel Name	
(b) Callsign	
(c) IMO-identificationnumber	
(d) Nationality	
Date and time of this report	
Port of destination	
(a) Last port of call	
(b) Port of destination after departure	
(a) ETA pilotstation	
(a) Date (sending this message)	
(b) Position ship (sending this message)	
(a) Harbour basin(s)	
(b) Berth(s)	
(c) Pole numbers	
(a) Pilot wanted	<input type="checkbox"/> yes <input type="checkbox"/> no
(b) Pilot by heli possible	<input type="checkbox"/> yes <input type="checkbox"/> no
(c) If yes, hoist or land	
Deepest draft on arrival in salt water	
(a) Cargo to discharge (name and weight)	
(b) Cargo to load (name and weight)	
(c) Cargo in transit (name and weight)	
(d) Dangerous and/or harmful substances or liquid cargo in bulk, if yes a separate report via <b>“report dangerous and harmful substances”</b>	<input type="checkbox"/> yes <input type="checkbox"/> no
(e) Cargo fumigated (If yes, supply following data):	<input type="checkbox"/> yes <input type="checkbox"/> no
(e1) nature of fumigated cargo	
(e2) chemical or technical name of used fumigant	
(e3) fumigated spaces or stowagepositions of fumigated cargo	
(e4) date and place or port when and where fumigation was carried out	
(e5) indication of spaces which were ventilated after fumigation	
(e6) suitable equipment aboard for measuring concentrations of used fumigant	<input type="checkbox"/> yes <input type="checkbox"/> no
(e7) whether spaces before arrival are checked for the presence of fumigant with indication of gaslevels of each space in parts per millions (ppm)	
(a) Damage to vessel	<input type="checkbox"/> yes <input type="checkbox"/> no
(b) Defects nautical equipment	<input type="checkbox"/> yes <input type="checkbox"/> no
(c) Protruding ship parts or cargo	<input type="checkbox"/> yes <input type="checkbox"/> no
(d) Fire, selfheating of cargo or smoke	<input type="checkbox"/> yes <input type="checkbox"/> no
(e) Defects cargohandling equipment	<input type="checkbox"/> yes <input type="checkbox"/> no

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### Report of arrival part 2

(a) name agent of ship	
(b) adress agent	
(c) telephone agent (office)	
(d) telephone agent after office hours	
(a) length over all	
(b) length according tonnage certificate	
(c) beam	
(d) tonnage in GT	
(e) deadweight	
type of ship	
(a) number of crewmembers	
(b) total number of persons aboard	
(a) bowthruster present	<input type="checkbox"/> yes <input type="checkbox"/> no
(b) stern thruster present	<input type="checkbox"/> yes <input type="checkbox"/> no
(c) radar present	<input type="checkbox"/> yes <input type="checkbox"/> no
(d) gyrocompass present	<input type="checkbox"/> yes <input type="checkbox"/> no
(e) VHF with blockchannels for the area present	<input type="checkbox"/> yes <input type="checkbox"/> no
is this message an alteration of a previous report	<input type="checkbox"/> yes <input type="checkbox"/> no
(a) One or more tugs required	<input type="checkbox"/> yes, number: <input type="checkbox"/> no
(b) Boatmen required	<input type="checkbox"/> yes <input type="checkbox"/> no
Purpose visit (e.g.loading/discharging,repair)	
(a) *waiting at anchorage	<input type="checkbox"/> yes <input type="checkbox"/> no
(b) *time start loading/discharging	
(c) *ETD	
(d) *after departure waiting for orders	<input type="checkbox"/> yes <input type="checkbox"/> no
(e) intention of delivery of MARPOL-waste, if yes via a separate report “ <b>delivery of MARPOL-waste</b> ”	<input type="checkbox"/> yes <input type="checkbox"/> no
(f) *intention of repairs	<input type="checkbox"/> yes <input type="checkbox"/> no
(g) *name P & I club	

\* can be filled in later / optional