



## DISABLED SHIP ENTRY FORM

Sr.	Ship Particulars	Ship's Remarks
1	Ship Name	
2	Ship LOA	
3	Ship Draft	
4	Ship Flag	
5	Ship Class	
6	Ship GRT	
7	Type of Ship	
8	Year of Build	
9	Does the vessel comply with minimum safe manning certificate requirements?	
10	If 'NO' to item#09, are there sufficient numbers of crew personnel on board to carry out the vessel operation such as Berthing, Repair monitoring, Cargo operation safely?	
11	Is the ship seaworthy? Yes <input type="checkbox"/> No <input type="checkbox"/>	
12	If 'NO' to item#11, please provide full details regarding the reason and cause of the unseaworthy condition. (Attach additional pages, if required)	
13	Is the vessel loaded with cargo, if so, provide type and total quantity?	
14	Is the vessel carrying any hazardous cargo onboard? If so, please provide full details of the cargo and its quantity	
15	Is the Navigational equipment operational and adequate for safe manoeuvring?	
16	Are there any sick, injured crew members on board?	
17	Are there any fatalities on board? If yes, report the total number of fatal cases	
18	Does the ship require immediate medical assistance?	
19	Is a satisfactory level of safety management demonstrated onboard?	
20	Total number of Generators operational on board?	
21	Is the Emergency Generator operational? Yes <input type="checkbox"/> No <input type="checkbox"/>	
22	If 'Yes' to item#21, is it in use for the power generation?	
23	Does the ship have sufficient power generation ability to operate the fire pumps on board?	
24	Is the emergency fire pump fully operational?	
25	Is the main engine operational for propulsion?	
26	Are all fixed Fire detection and Alarm systems fully operational?	



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27	Is a fire control plan exhibited within the Accommodation areas and available externally?	
28	Is the approved MARPOL- Shipboard Oil Pollution Emergency Plan (SOPEP) available on board?	
29	Is the engine room bilge level maintained satisfactorily, or does it require shore disposal?	
30	Has adequate arrangement made for bilge/waste disposal to the shore reception facility?	
31	Is there any oil spillage from the ship? Yes <input type="checkbox"/> No <input type="checkbox"/>	
32	If 'Yes' to item#31, please give full details of the spillage, grade of oil, quantity, geographical location of the spillage from the ship?	
33	Is there adequate arrangements/procedure to prevent any oil spill entering the harbour water?	
34	Are all hazards associated with hazardous cargo/ explosives/ other cargo on board identified and risk assessment carried out, and adequate control measures maintained?	
35	Have the hazards associated with the cargo operation and control measures identified, and risk assessment carried out, and adequate control measures maintained?	
36	Does the vessel require undergoing of any kind of repair during her Port stay? If so, briefly mention the jobs to be carried out	
37	Estimated duration of Port stay in number of days?	
38	Does the ship require any specific assistance from the Port? If yes, please mention.	
39	Local Agent Address:  Contact Number:	

**I, SHIP MASTER, ASSURE THAT ALL ABOVE INFORMATION IS CORRECT AND PRECISE**

<b>Date:</b>	
<b>Ship Master Name :</b>	

<b>Ship Master's Signature :</b>	<b>Ship's Stamp :</b>