

Marine Invasive Species Program: Completing and Submitting MISPs Reporting Forms

Jackie Mackay

Marine Environmental Protection Division

Northern California Customer Service Meeting

February 22, 2017





- Program Information
- Vessel Data
- Required Reporting Forms
- Monthly Reconciliation





Program Information



- 1999 Inception of the program
- Qualifying vessels
- Jurisdiction





Vessel Data

- Approximately 9000 qualifying voyages per year
- Vessels tracked through Marine Exchange reports
- 95% submission compliance for both BWMR and HHRF
- Over 11,000 reports received annually





Reporting Forms

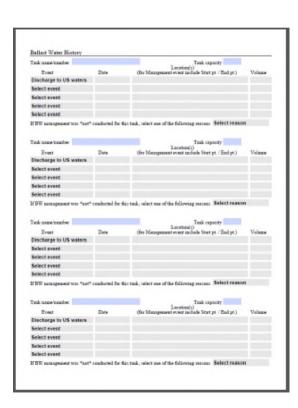
- Ballast Water Management Report (BWMR)
- Hull Husbandry Reporting Form (HHRF)
- Ballast Water Treatment Technology
 - Annual Reporting Form
 - Supplemental Reporting Form

- bwform@slc.ca.gov
- 562-499-6444 (fax)



Ballast Water Management Report

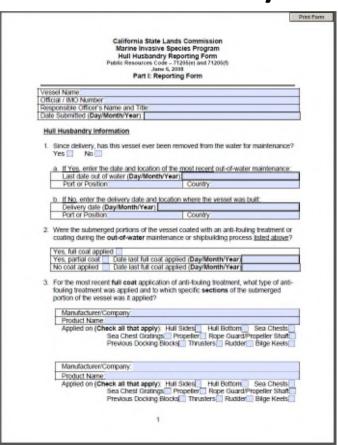




- Revised USCG report form
- Required 24 hours prior to arrival
- Submit electronically or by fax



Hull Husbandry Reporting Form



- Annual submission once per calendar year
- Written or electronic format





Ballast Water Treatment Technology

- Annual Reporting Form
 - Submit once per calendar year

IF Treatment System is installed AND system is being used

- Supplemental Reporting Form
 - Submit upon departure for every arrival

IF Treatment System is installed AND ballast water is discharged using the system



California STATE LANDS Commission

Annual Reporting Form

| Ballas | Marine I | a State Lands Common nyasive Species Prent Technology Ann sources Code Section 7 July 1, 2010 | ogram ual Reporting Form |
|--|---------------------------------------|--|--|
| Vessel Name: | | | |
| Official / IMO Number: | | | |
| Responsible Person's Name | e and Title: | | |
| Date Submitted (DD/MM/Y) | nnr): | | |
| Manufacturer/Company. Product Name: Model Number: 1a. Mode(s) of Action (c Fittration | heck all that apply avitation Ultra V | | Deaxygenation Heat |
| to List all substances (or used by the treatmen Data Sheet is kept on bo | t system (if any), a | nd indicate whether or | alization agents) created not the Material Safety |
| Substance | | MSDS on Board? | |
| | | Yes No N Yes No N | WA |
| | | | VA |
| N/A . No substance | an mand by avadage | | VA |
| N/A No substance | es used by system | | |
| | | | |

Supplemental Reporting Form

| - | | | | Public | Resources Code July 1, 20 LSO SUBMIT BAL | Section 7120 | 5(a) | | | |
|---------------------------|---|------------------------------------|------------------|-------------------|--|-------------------|---------------------------------------|--|------------------------------------|--|
| | | | 15 | THIS AN AME | NDED REPORTI | NG FORM? | Yes No | | | |
| | formation | | | | Voyage Inf | | | | | |
| Vessel No Official/III | iO Number: | | | | Arrival Port: Arrival Date (DD/MMYYYYY): | | | | | |
| | Explain the If application | e malfunction: ile, how was the | situation reso | ived? | Back tacks that us | | | port. Errier additiona | d tooks on | |
| | ge 2. One tank per line. If none, go to Questi BW Source | | on #3. | | | | BW Treatment | | | |
| | | Port or | Volume (Unto) | Date (DD/MWYY) | Port or Lat-Long | Valume (Units) | Date of 1st treatment (DD/MMYY) | Date 2nd treatment (if applicable) (content) | Volume Ballac Treated (Unto) | |
| | (DDMMYY) | Lat-Long | _ | | | | | | | |
| Tanks/ Holds | | Lan-Long | HI wil | | | H + | | | W + | |
| | | Lan-Long | 86 × | | | H. e. | | | K. | |
| | | Lat-Long | | | | | | | | |
| | (DOMMINY) | | R - | | | K-1 | | - Hold = CH. Other = O | N + 1 | |





Monthly Reconciliation

- Verify qualifying voyages
- Required reporting forms received
- Monthly notifications







Thank You

Jackie Mackay

<u>Jackie.mackay@slc.ca.gov</u>

562-499-6782

For additional program information:

www.slc.ca.gov

