

Ballast Water Annual Compliance Checklist

Vessel Information

Vessel Name

IMO Number

Date of Inspection

Inspected By

Checklist

Item	Yes	No	Comments
Valid Ballast Water Management Plan on board	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Crew familiar with Ballast Water procedures	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Record Book up to date and accurate	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Ballast Water Treatment System operating correctly	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Type Approval Certificate available	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Annual system maintenance completed	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Alarms and sensors checked and functional	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
All valves and pumps in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
No signs of leaks or malfunction	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Remarks

Inspector's Signature