

PART I (To be completed for all movements)				
Vessel's name		Vessel's Call Sign		
Vessel's GRT	Vessel's LOA	Vessel's Beam		
Vessel's Type	Vessel's Draught			
Vessel's Height	Forward: _____	Aft: _____		
Amidship: _____				
<p>Vessel's height refers to the height measured vertically from the waterline to the highest point of the vessel including its cargo, structure or equipment on board. The highest was (please tick (X) in the appropriate box)</p> <p><input type="checkbox"/> determined from vessel's General Arrangement Plan No. <input type="checkbox"/> obtained from other source (Ref. No.) <input type="checkbox"/> established by actual measurement.</p> <p>EQUIPMENT CHECK</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>In Good Working Order?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Main Engine</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Main Steering Gear</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Anchor Gear</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Thrusters (Bow/Stern)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Ship's Whistle/ Siren</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Rudder Indicator</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO RPM (Tachometer) Indicator</p> </td> <td style="width: 50%; vertical-align: top;"> <p>In Good Working Order?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Telegraph</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Gyro Compass</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Standard Magnetic Compass</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Radar</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Echo-Sounding Device</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Radiotelephone (VHF)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Tow rops</p> </td> </tr> </table> <p>Remarks:</p> <p>Any defects in, and any matter peculiar to, the and its machinery and equipment of which master knows and which might affect materially the navigation of the ship.</p>			<p>In Good Working Order?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Main Engine</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Main Steering Gear</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Anchor Gear</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Thrusters (Bow/Stern)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Ship's Whistle/ Siren</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Rudder Indicator</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO RPM (Tachometer) Indicator</p>	<p>In Good Working Order?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Telegraph</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Gyro Compass</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Standard Magnetic Compass</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Radar</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Echo-Sounding Device</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Radiotelephone (VHF)</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO Tow rops</p>
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PART II (To be completed by all arriving vessels only)				
<input type="checkbox"/> YES <input type="checkbox"/> NO Is your vessel required to be anchored at the Quarantine Anchorage for Port Health Clearance?				
PART III (To be completed by: a. all Bulk/ Gas/ Chemical Tankers proceeding to shipyards OR b. all Tankers/ Conventional vessels carrying bulk liquid cargo & proceeding to Authority Berths)				
<input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a valid Gas-Free Certificate from PSA Chemistry Dept.?				
Remarks:				
I hereby declare that the information provided above is to the best of my knowledge true and correct.				
Name of Master	_____ Signature of Master			