

**Waste handling plan
Port of Grenland, public and private**

ENCLOSURE 7, CLAIM FORM - FAULTY WASTE RECEPTION FACILITIES

PORT OF CALL:

Name, identifying signal and IMO-identification no. of the ship

1.

2. Flag state:

3. Time of notification of the waste delivery:*

4. Time of arrival:

5. Time of departure:

6. Last port of call:

7. Date of departure last port of call:

8. Description of the faulty waste reception facility:
(state the discrepancies, the consequences and desired improvements)

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.....

Date/time:

Signature:

The claim form must be sent to the Port management who will respond within three weeks. If this is not done or the captain of the ship is not satisfied with the answer, the captain can request further information and file a complaint with the County Governor of Telemark.

Enclose a copy of the form.

Send to the Harbour in question. See information folder.