SAINT LUCIA SOLID WASTE MANAGEMENT AUTHORITY

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NOTICE OF WASTE TO BE DISCHARGED IN SAINT LUCIA

|  |  |
| --- | --- |
| *Name of Ship or Pleasure Craft:*  | *Distinctive No. or Letters:*  |
| *IMO NO:*  | *Date and Time of Ship Arrival****:***  |
| *Port or Facility of Arrival:*  | *Estimated Time of Discharge of Waste:* |

# **ESTIMATED WASTE TO BE DISCHARGED**

***(To be completed by the vessel)***

|  |  |
| --- | --- |
| **Garbage Categories: -** | **Estimated amount to be discharged in cubic metres** |
| *1. Plastic* |  |
| *2. Floating Dunnage, Lining or Packing Materials* |  |
| *3. Ground Paper Products, Rags, Glass,*  |  |
| *4. Paper Products, Rags, Glass, Metal, Bottles, Crockery, etc.* |  |
| *5. Food Waste – Cooked/processed* |  |
| *6. Food Waste – Raw/unprocessed* |  |
| *7. Waste Oil* |  |
| *8. Biomedical Waste* |  |
| *9. Quarantine Waste* |  |
| *10. Other*  |  |

## WASTE DISCHARGED

***(To be completed by the SLSWMA)***

|  |  |
| --- | --- |
| **Garbage Categories: -** | **Amount of waste discharged****in tons/gals** |
| *1. Plastic* |  |
| *2. Floating Dunnage, Lining or Packing Materials* |  |
| *3. Ground Paper Products, Rags, Glass,*  |  |
| *4. Paper Products, Rags, Glass, Metal, Bottles, Crockery, etc.* |  |
| *5. Food Waste – Cooked/processed* |  |
| *6. Food Waste – Raw/unprocessed* |  |
| *7. Waste Oil* |  |
| *8. Biomedical Waste.*  |  |
| *9. Quarantine Waste* |  |
| *10. Other* |  |
| Condition of Waste Discharged | **Yes** | **No** |
| *Waste discharged is properly segregated and contained* |  |  |
| *Highly odorous and infested with pest* |  |  |
| *Adequate waste management on board* |  |  |
| *Hazardous/ unacceptable waste discharged* |  |  |
| ***REMARKS :*** |  |  |

WASTE TO BE DISCHARGED FOR RECYCLING/REUSE/DONATION

***(To be completed by the vessel)***

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| **Qty** | **Description of Item** | **Name of Recipient** | **Qty. of Waste Received***(To be completed by waste recipient)*  |
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| **CONTAINERS TO BE DISCHARGED** |
| **Qty** | **Description of Container** | **Previous/Present Contents of Container** | **Chemical Name & Active Ingredients** |
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### **Last port of call**

***(To be completed by vessel)***

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| *Was Solid Waste discharged at Last Port of Call?* |  |
| *Name of Last Port of Call* |  |
| *Entity who accepted waste discharged* |  |
| Waste Discharged |
| **Garbage Categories** | **Amount of waste discharged in cubic metres/tons** |
| *1. Plastic* |  |
| *2. Floating Dunnage, Lining or Packing Materials* |  |
| *3.Ground Paper Products, Rags, Glass,*  |  |
| *4. Paper Products, Rags, Glass, Metal, Bottles, Crockery, etc.* |  |
| *5. Food Waste – Cooked/processed* |  |
| *6. Food Waste – Raw/unprocessed* |  |
| *7. Waste Oil* |  |
| *8. Biomedical Waste*  |  |
| *9. Quarantine*  |  |
| *10. Other* |  |
| ***Upon receipt of goods this document must be signed and/or stamped by the ship, shoreside party(ies) receiving the waste, the disposal facility and the relevant Government ministries, as proof of permission to discharge, offload, receive, and dispose the waste.***  |
| **Shoreside Receiver (Garbage):** | **Shoreside Receiver (Recyclables):** |
| *I hereby confirm receipt of the above listed items, separated and offloaded in accordance with international and local regulations.* | *I hereby confirm receipt of the listed items identified above, separated and offloaded in accordance with international and local regulations.* |
| *Company Name:* | *Company Name:* |
| *Name:* | *Name:*  |
| *Contact #:* | *Contact #:*  |  |
| **Shoreside receipt: Yes / No**(please circle one | **Shoreside receipt: Yes / No**(Please circle one) |
| **Signature: Date:**  | **Signature: Date:**  |
| Disposal Site Receiver: | **Shipboard Officer:** |
| *I hereby confirm that the waste discharged was delivered to the designated disposal facility in accordance with international and local regulations.* | *I hereby confirm that only the items approved for discharged listed above were discharged in Saint Lucia in accordance with international and local regulations.* |
| *Name of Facility:* | *Name:*  |
| **Disposal facility receipt: Yes / No**(please circle one) | Position: **ENVIRONMENTAL OFFICER** |
| **Signature: Date:**  |  **Signature: Date:**  |
| **Ministry of Health:** | **Ministry of Agriculture:** |
| *I hereby confirm that the waste discharged meets with the approval of the Ministry of Health.*Name of Officer:**Signature: Date:**  | *I hereby confirm that the waste discharged meets with the approval of the Ministry of Agriculture.*Name of Officer:**Signature: Date:**  |