

PORT OF OSLO
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NOTICE OF ARRIVAL AT THE PORT OF OSLO

Particulars of the ship and contact details							
IMO number :		SHIP'S NAME :					
CALL SIGN :		NATIONALITY :					
Inmarsat call no. :		PORT of registry :					
L.O.A. :		Gross Tonnage :					
BREADTH :		DWT :					
SUMMER DRAFT :		SHIP'S TYPE :					
AIR DRAFT :		Master's name :					
CSO name & 24 hour contact details :							
Company Name :							
Company address :							
Agent of ship at intended port of arrival							
OWNER / OPERATOR :							
ADDRESS :							
PHONE no :							
FAX no :							
E – mail :							
Port and port facility information							
PORT of ARRIVAL :				Port facility of arrival (if known) :			
ARRIVAL DATE :				DEPARTURE DATE :			
ARRIVAL TIME :				DEPARTURE TIME :			
LAST PORT OF CALL:				NEXT PORT OF CALL:			
ISPS CODE :				Shifting/ Date/ Time/ To:			
Tonnage certificate :				Type of Cargo :			
No. of Units / Ton / Cub :				Loading : <input type="checkbox"/> Discharging : <input type="checkbox"/>			
Pax. Certificate :				No. of Pax. :			
				No. of Crew. :			
Information required by SOLAS regulation XI-2/9.2.1							
Does the ship have a valid International Ship Security Certificate (ISSC)? (XI-2/9.2.1)	YES <input type="checkbox"/>	ISSC <input type="checkbox"/>	NO <input type="checkbox"/>	Issued by: No:	Expiry date: (dd/mm/yyyy)		
Does the ship have an approved SSP on board?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Security Level at which the ship is currently operating? (XI-2 / 9.2.1.2)	Security Level 1. <input type="checkbox"/>	Security Level 2. <input type="checkbox"/>	Security Level 3. <input type="checkbox"/>	
Location of the ship at the time this report is made (B / 4.39.2 ISPS CODE) :							

List the last ten calls at port facilities in chronological order (most recent call first): (XI-2/9.2.1.3)								
No.	Date from (dd/mm/yyyy)	Date to (dd/mm/yyyy)	Port	Country	UNLOCODE (if available)	Port facility	Security Level	
1							SL=	
2							SL=	
3							SL=	
4							SL=	
5							SL=	
6							SL=	
7							SL=	
8							SL=	
9							SL=	
10							SL=	
Did the ship take any special or additional security measures, beyond those in the approved SSP? If the answer is YES, indicate below the special or additional security measures taken by ship.(XI-2 / 9.2.1.4)							YES <input type="checkbox"/>	NO <input type="checkbox"/>
No. (as above)	Special or additional security measures taken by the ship.							
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
List the ship-to-ship activities, in chronological order (most recent call first), which have been carried out during the period of the last ten calls at port facilities listed above. Expand table below or continue on separate page if necessary – insert total number of ship-to-ship activities. (XI-2 / 9.2.1.5) <input type="checkbox"/> NIL								
Have the security procedures specified in the approved SSP been maintained during each of these ship-to-ship activities. If NO, provide details of the security measures specified in the lieu in the final column below.							YES <input type="checkbox"/>	NO <input type="checkbox"/>
No.	Date from (dd/mm/yyyy)	Date to (dd/mm/yyyy)	Location or Longitude and Latitude.	Ship-to-ship activity	Security measures applied in lieu			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
General description of the cargo aboard the ship (XI-2 / 9.2.1.6 e B / 4.39.5 ISPS CODE)								
Is the ship carrying any dangerous substances as cargo covered by any of Classes 1,2.1,2.3,3, 4.1,5.1,6.1,6.2,7 or 8 of the IMDG Code?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, confirm Dangerous Goods Manifest (IMO FAL Form 7) (or relevant extract) is attached <input type="checkbox"/>			
Confirm a copy of ship's crew list is attached (IMO FAL Form 5) (XI-2 / 9.2.1.6 e B / 4.39.4 ISPS CODE)			YES <input type="checkbox"/>	Confirm a copy of ship's crew list is attached (IMO FAL Form 5) (XI-2 / 9.2.1.6 e B / 4.39.4 ISPS CODE)		NIL <input type="checkbox"/>		
Other security related information								
Is there any security related matter you wish to report?			YES <input type="checkbox"/>	Provide details:			NO <input type="checkbox"/>	
Identification of person providing the information								
Title or Position (delete as appropriate): Master / SSO / CSO / Ship's agent (as above)			Name:			Signature:		
Date / Time / Place of completion of report: / /								