|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Port Name** | **SP** |  | **RAKP** |  | **AJRP** |  | **RMCFZA** |  |

|  |
| --- |
| **Vessel Details** |
| Vessel Name |  | Vessel Type | Choose an item. |
| LOA (m) | Enter LOA here | Breadth (m) | BREADTH | Draft (m)  | FWD | AFT | Gross Tonnage | GROSS TONNAGE |
| Flag | Enter FLAG here | IMO No. | Enter IMO No. here | Class | Enter CLASS here |
| **Cold Lay-by Details** |
| Intended lay-by Location / Berth | Click here to enter text |
| Estimated Lay-by Duration | Click here to enter text |
| Purpose of Lay-by | Click here to enter text |
| **Date & Time** |
| Date of Intended Move | Click or tap to enter a date. | Time | **Enter TIME here** |
| **Other Information** |
|  | Yes | No | Give Details |
| Will all statutory and classification requirements be complied with during lay-by period? |  |  | Click here to enter text |
| Will there be any cargo on board? |  |  | Click here to enter text |
| Has the number of crew been reduced to below the operational minimum safe manning document? |  |  | Click here to enter text |
| Has the reduction of crew been approved by the vessel’s Flag? |  |  | Click here to enter text |
| What emergency and security procedures are in place? Please provide plans. |  |  | Click here to enter text |
| Will the vessels machinery be operational during lay-by? |  |  | Click here to enter text |
| Any activities during lay-by period? E.g., modifications, hot works, repairs, work below water line, bunkering. |  |  | Click here to enter text |
| 24/7 contact details of person operational and emergency situations. |  |  | Click here to enter text |
| Security measures in place? |  |  | Click here to enter text |
| Measures to ensure safe access |  |  | Click here to enter text |
| Confirmation that all suitable measures have been taken to ensure watertight integrity |  |  | Click here to enter text |
| Provision of suitable alarm systems with monitoring arrangements, if applicable |  |  | Click here to enter text |
| Power and lighting arrangements in the event of an emergency |  |  | Click here to enter text |
| Confirmation that sufficient firefighting equipment as specified by the Classification Society will be available on board the vessel at all times, and precautionary measures will be taken, such as the removal of unnecessary flammable material, gas freeing and cleaning of appropriate compartments  |  |  | Click here to enter text |
| Location, quantity and type of fuel, other bulk liquids, compartments containing quantities of hazardous substances remaining on board |  |  | Click here to enter text |

|  |  |  |  |
| --- | --- | --- | --- |
| Fire plan |  |  | Click here to enter text |
| General arrangement plan |  |  | Click here to enter text |
| Mooring / Anchoring analysis and risk assessment |  |  | Click here to enter text |
| Mooring arrangements? |  |  | Click here to enter text |
| Notice required for sifting the vessels? |  |  | Click here to enter text |
| Available power – Notice required for power to be restored? |  |  | Click here to enter text |
| Weather precautions |  |  | Click here to enter text |
| **Definitions** |
| For guidance, for the purpose of this form the following definitions of Cold Lay-by should be used.* **Cold lay-by:** A cold lay-by means shutting down a vessel with the intention of leaving it unmanned for a specific period.
 |
| **Contact Details** |
| **24/7 Contact details of persons for operational and emergency situations:** |
|  | Click here to enter text |
|  | Click here to enter text |
|  | Click here to enter text |
| **Declaration** |
| The Marine Agent / Tenant / Owner undertakes and confirms to comply with:* All applicable legal and regulatory requirements imposed by the relevant authorities in connection with intended lay-by.
* Any conditions imposed by the vessel’s hull and machinery underwriters, and any requirements of the vessel’s classification society and flag state.
 |
| Name | Enter NAME here | Position | Enter POSITION here |
| Company/Vessel | Enter COMPANY / VESSEL here | Contact Number(s) | Enter CONTACT NOs here |
| *I confirm all details provided are accurate and correct to the best of my knowledge.*Stamp & Signature: -----------------------------------  |
| **For Official Use** |
| **Lay-by approved by:**(To be approved by Harbour Master / Port Manager) |
| Name | Click here to enter text |
| Designation | Click here to enter text |
| **Agreed Arrangements:** |
| Position / side to | Click here to enter text |
| Special conditions (if any): | Click here to enter text |

**Note:**

1. To be submitted to Port Control at least 72 hours before the intended lay-by plan.
2. The decision to permit “cold lay-by” will be at the discretion of the Port Management.