



# STORNOWAY PORT AUTHORITY

## SHIP PRE-ARRIVAL SECURITY INFORMATION FORM

FOR ALL SHIPS PRIOR TO ENTRY INTO THE PORT OF AN EU MEMBER STATE  
(SOLAS REGULATION X1-2/9 AND ARTICLE 6.1 OF REGULATION (EC) No. 725/2004)  
**TO BE SUBMITTED TO THE PORT SECURITY OFFICER, STORNOWAY PORT AUTHORITY**  
**PORT OF ARRIVAL**

Particulars of the ship and contact details							
IMO Number		Name of Ship					
Port of Registry		Flag State					
Type of Ship		Call Sign					
Gross Tonnage		Inmarsat call numbers (if available)					
Name of Company		CSO Name & 24 hour contact details					
Port of Arrival		Port Facility of Arrival (if known)					
Port and Port Facility Information							
Expected date and time of arrival of the ship in port (ETA) (B/4.39.3 ISPS Code)							
Primary purpose of call							
Information required by SOLAS Regulation X1-2/9 2.1							
Does the ship have a valid International Ship Security Certificate (ISSC)? (XI-2/9.2.1.1)	<b>YES</b> <input type="checkbox"/>	<b>IISS</b> <input type="checkbox"/>	<b>NO – why not?</b> <input type="checkbox"/>	<b>Issued by</b> (name of Administration or RSO)		<b>Expiry date</b> (dd/mm/yyyy)	
Does the ship have an approved SSP on board	<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>	Security Level at which the ship is currently operating? (XI-2/9.2.1.2)	<b>Security Level 1</b> <input type="checkbox"/>	<b>Security Level 2</b> <input type="checkbox"/>	<b>Security Level 3</b> <input type="checkbox"/>	
Location of 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)							
+	Date from	Date to	Port	Country	UNLOCODE	Port facility	Security Level
No.	(dd/mm/yyyy)	(dd/mm/yyyy)			(if available)		
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Did the ship take any special or additional security measures, beyond those in the approved SSP?						<b>YES</b> <input type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
If the answer is YES, indicate below the special or additional security measures taken by the ship. (XI-2/9.2.1.4)							

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 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.						
Have the ship security procedures specified in the approved SSP been maintained during each of these ship-to ship activities? (XI-2/9.2.1.5).					YES <input type="checkbox"/>	NO <input type="checkbox"/>
If NO, provide details of the security measures applied in lieu in the final column below.						
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 eB/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
Confirm a copy of the ship's crew list is attached (L.M.O. FAL Form 5) (XI-2/9.2.1.6 eB/4.39.4 ISPS Code)				YES <input type="checkbox"/>	Confirm a copy of the ship's passenger list is attached (XI-2/9.2.1.6 eB/4.39.6 ISPS Code) <input type="checkbox"/>	
<i>Other Security Related Information</i>						
Is there any security-related matter you wish to report		YES <input type="checkbox"/>	Provide details:			NO <input type="checkbox"/>
<i>Agent of ship at intended port of arrival</i>						
Name:				Contact Details (Tel No:)		
<i>Identification of person providing the information</i>						
Title or Position (Delete as appropriate) Master/SSO/CSO/Ship's Agent			Name:		Signature:	
Date/Time/Place of completion of report:						