

Ship and Ocean Ranger Information

Ship Code		Date	
Ocean Ranger Name		Trip Type	
Ship Name		# Passengers and Crew	
Date Boarded		Alaska Discharge Status	
Discharge In Alaska		Waste Offloads	
Reportable Illnesses		Signature	

Observed	Section I. Waste Water Observations AWTS GW and BW	Observation of Interest		Compliance Assistance	
		I	II	III	IV

1	<input type="checkbox"/>	Waste Water related Daily Observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	General Waste Water Related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/>	Ballast Water Related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/>	Discharge Vessel, General	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/>	Discharge Vessels, at-sea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/>	Discharge Vessels, in-port (stationary)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	Non-Discharge Vessels, at sea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	Non-Discharge Vessels, in-port	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<input type="checkbox"/>	AWTS Operations gray-water/black water, general	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observed	Section II. Non-Hazardous Waste	Observation of Interest		Compliance Assistance	
		I	II	III	IV

1	<input type="checkbox"/>	Non Hazardous Waste [Garbage] related Daily Observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	General Non Hazardous waste [Garbage] related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observed	Section III. Hazardous Waste	Observation of Interest		Compliance Assistance	
		I	II	III	IV

1	<input type="checkbox"/>	Hazardous Waste [Garbage] related Daily Observations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	General Hazardous waste related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observed	Section IV. Visible Emissions, Opacity, Air Quality	Observation of Interest		Compliance Assistance	
		I	II	III	IV

1	<input type="checkbox"/>	Visible Emissions Opacity Air Quality related Observations Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	General Opacity Air Quality related	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observed	Section V. Safety	Observation of Interest		Compliance Assistance	
		I	II	III	IV

1	<input type="checkbox"/>	Safety related Observations Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/>	General Safety Items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observed	Section VI. Health Sanitation Hygiene Food	Observation of Interest		Compliance Assistance	
		I	II	III	IV
1	<input type="checkbox"/> Health Sanitation Hygiene Food related Potable Water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/> Food Safety/Food Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/> Swimming Pool Spa Sanitation/Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/> Barber/Hairdresser/Health Hygiene	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observed	Section VII. Oil/Fuel Pollution	Observation of Interest		Compliance Assistance	
		I	II	III	IV
1	<input type="checkbox"/> Oil Fuel Pollution related Daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<input type="checkbox"/> General Oil Fuel Pollution Oil Water Separator system (OWS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<input type="checkbox"/> Bilges Oil Fuel Pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	<input type="checkbox"/> Sludge Handling Oil Fuel Pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<input type="checkbox"/> Life boats tender boats Deck Oil Fuel Pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<input type="checkbox"/> Oil to Sea Interfaces Oil Fuel Pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/> Miscellaneous Oil Fuel Pollution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observed	Section VIII. Daily In Port Observations	Observation of Interest		Compliance Assistance	
		I	II	III	IV
1	<input type="checkbox"/> Daily Checks while in port	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wastewater Information

Daily Est WW Discharge	<input type="text"/>	Units	<input type="text"/>
WW Discharged	<input type="text"/>	Discharge Ports Used	<input type="text"/>
VOL WW Held	<input type="text"/>	How Estimated	<input type="text"/>
Sufficient Hold Capac	<input type="text"/>	Latitude Last Discharge	<input type="text"/>
Time/Date Last Disch	<input type="text"/>	Long Last Discharge	<input type="text"/>



Photo Date

Description

Job Aid Task Completion List Fill in check-boxes in non-shaded areas for the tasks completed from the Main Group (# Column); Sub-Section (Sub-sec Column) and; lettered task (A-V).

	Done	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
1.1	<input type="checkbox"/>																					
1.2	<input type="checkbox"/>																					
1.3	<input type="checkbox"/>																					
1.4	<input type="checkbox"/>																					
1.5	<input type="checkbox"/>																					
1.6	<input type="checkbox"/>																					
1.7	<input type="checkbox"/>																					
1.8	<input type="checkbox"/>																					
1.9	<input type="checkbox"/>																					
2.1	<input type="checkbox"/>																					
2.2	<input type="checkbox"/>																					
3.1	<input type="checkbox"/>																					
3.2	<input type="checkbox"/>																					
4.1	<input type="checkbox"/>																					
4.2	<input type="checkbox"/>																					
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U
5.1	<input type="checkbox"/>																					
5.2	<input type="checkbox"/>																					
6.1	<input type="checkbox"/>																					
6.2	<input type="checkbox"/>																					
6.3	<input type="checkbox"/>																					
6.4	<input type="checkbox"/>																					
7.1	<input type="checkbox"/>																					
7.2	<input type="checkbox"/>																					
7.3	<input type="checkbox"/>																					
7.4	<input type="checkbox"/>																					
7.5	<input type="checkbox"/>																					
7.6	<input type="checkbox"/>																					
7.7	<input type="checkbox"/>																					
8.1	<input type="checkbox"/>																					
		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U

