



Queensland Government

Maritime Safety Queensland

Survey of Onboard Sewage Management Measures

Ship Owner: _____

Ship Name: _____

Ship Registration Number: _____

Please tick (*i.e.* ☒) the relevant boxes below to indicate the sewage management measures used onboard this ship.

1. Is this ship fitted with an onboard toilet(s)? ☐ YES ☐ NO

2. Is this ship fitted with an onboard sewage holding tank(s)? ☐ YES ☐ NO

a. If this ship is fitted with an onboard sewage holding tank(s):–

i. What is the maximum holding capacity of the tank(s)? _____ litres

ii. Where is the holding tank(s) discharged?

☐ Onshore

☐ At sea

☐ Other (Please describe 'other') _____

3. Is this ship fitted with an onboard sewage treatment system(s)? ☐ YES ☐ NO

a. If this ship is fitted with an onboard sewage treatment system(s):–

i. What is the capacity of the treatment system(s)? _____ litres/hour

(Could you please indicate the correct unit of measurement for system treatment capacity if not litres/hour, *i.e.* litres/minute, litres/day, persons/day, *etc.*)

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Please complete this survey and return in the reply paid envelope provided.

Thankyou ☺