



## Ballast Water Treatment Questionnaire

General Information		Date (DD/MM/YYYY):	
Company name:		Contact Name:	
Address:		Position:	
Postal Code:		E-mail:	
Country:		Phone:	

Project Information			
Project Name:		Ship Owner	
Vessel Name:		Vessel DWT	
IMO Number		Vessel Flag	
Vessel Type		Sailing Area	
New or Retrofit:	<input type="checkbox"/> New built <input type="checkbox"/> Retrofit	Built In:	(year)
Class Society:			
Full Class Notation			
Typical Trip Length	Days	Trips per Year	

Ballast Process Information			
How many pumps are used during ballast (ex. NO.1, NO.2)			
Max capacity / operational load per pump (with p/p head)	M3/h X	M	M3/h X M
How many pumps are used during de ballast			
Max capacity / operational load per pump:	M3/h X		M3/h X M
If 2 or 3 pumps, is 1 or more strictly for standby?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Gravity Ballasting & De-ballasting used?	<input type="checkbox"/> Yes <input type="checkbox"/> No    if yes, <input type="checkbox"/> Ballasting <input type="checkbox"/> De-Ballasting		
Gravity Ballasting Max. flow rate?			
Gravity De-ballasting Max. flow rate?			
Location of ballast pumps			
Any of these spaces classified as hazardous (ATEX) If yes, please specify	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Total ballast capacity			M3
Total number of ballast tanks			
Diameter ballast pipe at the ballast pumps			
Eductors present, if yes, how many	<input type="checkbox"/> Yes <input type="checkbox"/> No		pcs
Aft peak tank present, if yes capacity	<input type="checkbox"/> Yes <input type="checkbox"/> No		M3/h
Aft Peak tank equipped with separate piping	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If separate; what is the max pump flow?			M3/h
Service pressure of the ballast system			bar
Main Ballast Line Size?			
Main Ballast Line Spec.? (ex: JIS Sch.40 ERW. Gal.v)			
If the Aft peak tank has a separate pump, where is it located and what is the size of the ballast line?			

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Voltage Options:			
Voltage:	<input type="checkbox"/> 380V <input type="checkbox"/> 400V <input type="checkbox"/> 440 V <input type="checkbox"/> 660V <input type="checkbox"/> Etc. ( _____ V)	AC/ DC:	<input type="checkbox"/> AC <input type="checkbox"/> DC
Phase:		Hz:	

Additional Data:	
Number of ballasting per year <i>Or</i> Duration of the ballasting per year	
Does the ship use pumps with full capacity <i>Or</i> Is there a variation in flow	

Stripping Process	
What is the flowrate	M3/h
What is the max pressure	M3/h
How frequently is effected	

Retrofit Installation	
Pre-Engineering by Ship owner designated company?	Yes / No
Installation during dry dock?	Yes / No
Installation during voyage?	Yes / No
Date of next scheduled dry dock?	DD/MM/YYYY

Required Drawing List		
M/A(Machinery Arrangement)	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, please send.
G/A(General Arrangement)	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, please send.
PIPING DIAGRAM (Machinery & HULL Part)	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, please send.
- Ballast Piping System.	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, please send.
- Cooling Fresh Water Piping System.	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, please send.
- Comp. Air Piping System.	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, please send.
- Fresh (Hot) Water Service Piping System.	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, please send.
- Air Vent Piping System.	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, please send.
Tank Capacity Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, please send.
ELA (Electric Load Analysis).	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, please send.
Dangerous Zone Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No	if yes, please send.

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