

Appendix E

Cruise Ship Onboard Incinerator Survey

California Environmental Protection Agency
 **Air Resources Board**

Cruise Ship Onboard Incinerator Survey

(Please type or print legibly in ink)

Company information

Company Name: _____

Division Name: _____

Mailing Address: _____

Contact person: _____

Phone number w/area code: _____

E-mail address _____ fax number _____

Certification: I am an officer of the company listed above and hereby certify that all information entered by my company on this "Cruise Ship Onboard Incineration Survey" is complete and accurate to the best of my knowledge and belief.

Print Name:

Title:

Signature:

Date:

NOTE: PLEASE PHOTOCOPY AND COMPLETE A SURVEY FOR EACH VESSEL IN YOUR FLEET.

Cruise Ship Information

Vessel Name _____

Country Flag _____

Please check any of the following that apply. (You are not required to complete the remainder of the survey if any of the following apply. Please mail or fax your incomplete survey as specified at the end of page three.)

- Your vessel does not currently travel within three miles of the California coast.
- Your vessel does not meet the definition of a cruise ship (as specified in the attached legislation Assembly Bill 471).
- Your vessel does not conduct onboard incineration.

How many onboard incinerators are used for incineration?_____

NOTE: IF THERE IS MORE THAN ONE ONBOARD INCINERATOR FOR THIS CRUISE SHIP PLEASE PHOTOCOPY THE REMAINDER OF THIS SURVEY AND FILL OUT THE INFORMATION FOR EACH INCINERATOR.

Waste and Incinerator Information

Please check the type of fuel that is used to run the incinerator?

- Fuel Oil
- Natural Gas
- Other_____

Please check below the types of garbage that are incinerated onboard this vessel (check all that apply).

- Plastics
- Floating dunnage, lining, or packing material
- Ground-down paper products, rags, glass, metal, bottles, crockery, etc.
- Paper products, rags, glass, metal, bottles, crockery, etc.
- Food waste

Approximately, how much waste is burned per year in this incinerator?
_____ tons/year OR _____ m³/yr

On average, how many hours do you burn waste in the incinerator per day? _____hours/day

On average, how many days per week does your incinerator operate?_____days/week

Do you currently maintain a garbage record log as specified by Annex V of MARPOL 73/78?

- Yes
- No

For the year 2003 OR 2004, please estimate the amount of waste that was incinerated within three miles of the California Coast. _____ tons/year OR _____ m³/yr
This is for the year_____.

What is the approximate distance (in meters) from the design draft water line of the ship to the top of the incinerator stack? _____meters

Does this incinerator have any of the following air pollution add-on controls (check all that apply)?

- Wet collectors (scrubbers) – spray towers, venturi scrubbers
- Dry scrubber
- Baghouse
- Electrostatic precipitator
- Carbon adsorption
- Cyclone
- Other (please list) _____
- None

Other Waste Treatment

Besides incineration, briefly describe any other methods of waste treatment or disposal you do either in or out of port (e.g., recycling, autoclaving, etc.) _____

****END OF SURVEY****

Thank you for filling out this survey. **Please fax to (916) 327-6251 OR mail the survey back in the self-addressed envelope provided postmarked no later than May 6, 2005.** If you need additional copies of the survey or have any questions, please contact Ms. Michelle Komlenic, at (916) 322-3926 or via email at mkomleni@arb.ca.gov