ANNEX 20A

FIRE RESCUE SERVICE INFORMATION FORM

Ships Name: .....Tonnage.....	Nationality: .....
Berth:	Phone Number: .....
Liaison Officer:	Phone Number: .....
Visit Duration: From:	To: .....

Ships Point of Contact:

Date	Duty Officer Name/Rank	Duty Medical Personnel Name/Rank

Ships Complement:	Number in Duty Watch:.....

Fixed Firefighting Systems:

Location	Type of Compartment	Size of Compartment	Type of Fixed System

Fuel held onboard (Type): ..... (m^3) Maximum .....(m^3)

Location of Ammunition Stowages:

Notes: