# Hand-over Co-ordination Form

All sections are to be completed to ensure that information has not been mistakenly omitted, if a section is not required or not applicable an entry to that effect should be made.

|  |  |  |
| --- | --- | --- |
| **Identifier**  | **Function** | **Information Required** |
| **A** | **Identity of Casualty Vessel**  |  |
| Name and call-sign of the vessel |   |
| IMO Number |   |
| Flag State |   |
| **B** | **Reason for refuge**(Brief details of issue affecting the vessel) |   |
| **C** | **Member State Transferring Co-ordination** |   |
| Identity of Member State |   |
| Name and title/position of the Competent Authority |   |
| **D** | **Member State Accepting Co-ordination** |   |
| Identity of Member State |   |
| Name and title/position of the Competent Authority |   |
| **E** | **Dates and times** |   |
| Date and time of agreement to transfer co-ordination |   |
| Agreed date and time of actual co- ordination transfer – if different from above |   |
| **F** | **Position of co-ordination transfer** |  |
| Latitude & Longitude |   |
| Bearing and distance from conspicuous point landmark/port/harbour etc.  |   |
| Anchorage latitude and longitude |   |
| **G** | **Place of Refuge (if known)** |  |
| Name of agreed destination – port/harbour/anchorage |   |
| **H** | **Other Member State(s)** if there is a requirement for transit through other MS territorial waters |   |
| Identity of state |   |
| Identity of state |   |
| Identity of state |   |
| **I** | **Transfer Completion - Member State Accepting Coordination** |  |
| Identity of Member State |   |
| Name and title/position of Competent Authority |   |
| Date and time of completion |   |
| **J** | **Transfer Completion - Member State Transferring Coordination** |  |
| Identity of Member State |   |
| Name and title/position of Competent Authority |   |
| Date and time of completion |   |
| **K** | **Reason for not granting a Place of Refuge** |  |