

# Biofouling and Hull Husbandry Reporting Update



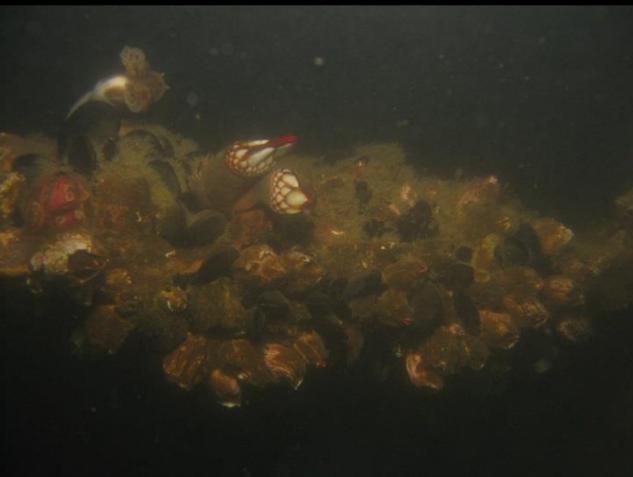
Photo Courtesy of Melissa Frey

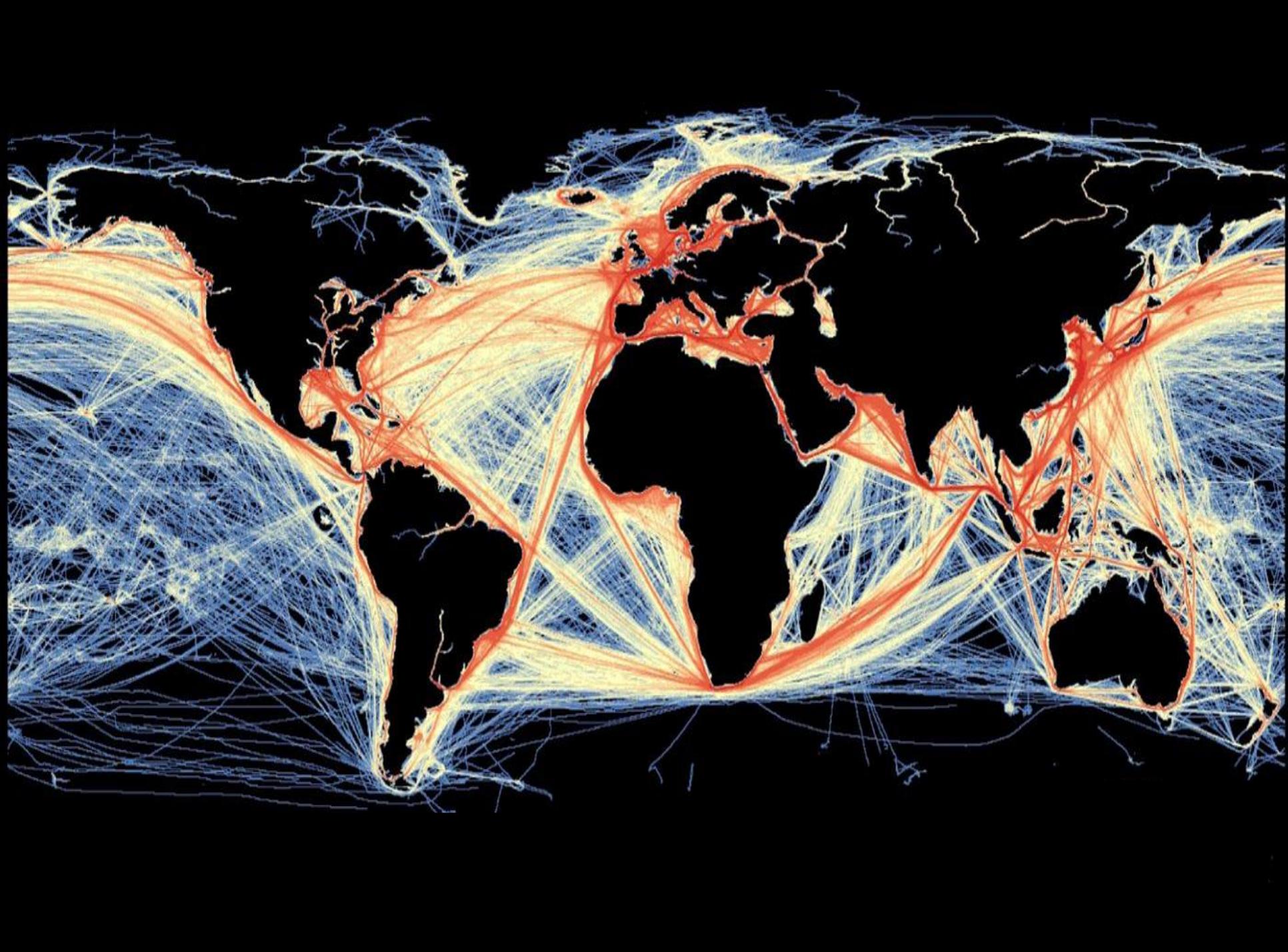
Chris Scianni  
California State Lands Commission  
Marine Invasive Species Program

MISP Customer Service Meeting  
August 18, 2015 – Richmond CA











**How big is the risk?**  
**How are risks being managed?**

# How big is the risk?

## How are risks being managed?



Print

California State Lands Commission  
 Marine Invasive Species Program  
 Hull Husbandry Reporting Form  
 Public Resources Code – 71205(e) and 71205(f)  
 June 6, 2008

Part I: Reporting Form

Vessel Name:	
Official / IMO Number:	
Responsible Officer's Name and Title:	
Date Submitted (Day/Month/Year):	

Hull Husbandry Information

1. Since delivery, has this vessel ever been removed from the water for maintenance?  
 Yes  No

a. If Yes, enter the date and location of the most recent out-of-water maintenance:

Last date out of water (Day/Month/Year):	
Port or Position:	Country:

b. If No, enter the delivery date and location where the vessel was built:

Delivery date (Day/Month/Year):	
Port or Position:	Country:

2. Were the submerged portions of the vessel coated with an anti-fouling treatment or coating during the **out-of-water** maintenance or shipbuilding process listed above?

Yes, full coat applied	<input type="checkbox"/>
Yes, partial coat	<input type="checkbox"/> Date last full coat applied (Day/Month/Year) <input type="text"/>
No coat applied	<input type="checkbox"/> Date last full coat applied (Day/Month/Year) <input type="text"/>

3. For the most recent **full coat** application of anti-fouling treatment, what type of anti-fouling treatment was applied and to which specific **sections** of the submerged portion of the vessel was it applied?

Manufacturer/Company:	
Product Name:	
Applied on (Check all that apply):	Hull Sides <input type="checkbox"/> Hull Bottom <input type="checkbox"/> Sea Chests <input type="checkbox"/> Sea Chest Gratings <input type="checkbox"/> Propeller <input type="checkbox"/> Rope Guard/Propeller Shaft <input type="checkbox"/> Previous Docking Blocks <input type="checkbox"/> Thrusters <input type="checkbox"/> Rudder <input type="checkbox"/> Bilge Keels <input type="checkbox"/>

# How big is the risk?

## How are risks being managed?

Print

California State Lands Commission  
 Marine Invasive Species Program  
 Hull Husbandry Reporting Form  
 Public Resources Code – 71205(e) and 71205(f)  
 June 6, 2008

### Part I: Reporting Form

Vessel Name:
Official / IMO Number:
Responsible Officer's Name and Title:
Date Submitted (Day/Month/Year):

#### Hull Husbandry Information

1. Since delivery, has this vessel ever been removed from the water for maintenance?  
 Yes  No

a. If Yes, enter the date and location of the most recent out-of-water maintenance:

Last date out of water (Day/Month/Year):	
Port or Position:	Country:

b. If No, enter the delivery date and location where the vessel was built:

Delivery date (Day/Month/Year):	
Port or Position:	Country:

2. Were the submerged portions of the vessel coated with an anti-fouling treatment or coating during the **out-of-water** maintenance or shipbuilding process listed above?

Yes, full coat applied <input type="checkbox"/>	
Yes, partial coat <input type="checkbox"/>	Date last full coat applied (Day/Month/Year):
No coat applied <input type="checkbox"/>	Date last full coat applied (Day/Month/Year):

3. For the most recent **full coat** application of anti-fouling treatment, what type of anti-fouling treatment was applied and to which specific **sections** of the submerged portion of the vessel was it applied?

Manufacturer/Company:	
Product Name:	
Applied on (Check all that apply):	
Hull Sides <input type="checkbox"/>	Hull Bottom <input type="checkbox"/> Sea Chests <input type="checkbox"/>
Sea Chest Gratings <input type="checkbox"/>	Propeller <input type="checkbox"/> Rope Guard/Propeller Shaft <input type="checkbox"/>
Previous Docking Blocks <input type="checkbox"/>	Thrusters <input type="checkbox"/> Rudder <input type="checkbox"/> Bilge Keels <input type="checkbox"/>

Annual snapshots of fleet-wide maintenance and operational practices

2008 = Baseline  
 2009 – 2015 = Ongoing trends

Coupled with biological research



# HHRF Info: For Shipping Agents

Print

California State Lands Commission  
 Marine Invasive Species Program  
 Hull Husbandry Reporting Form  
 Public Resources Code – 71205(e) and 71205(f)  
 June 6, 2008

Part I: Reporting Form

Vessel Name:	
Official / IMO Number:	
Responsible Officer's Name and Title:	
Date Submitted (Day/Month/Year):	

**Hull Husbandry Information**

1. Since delivery, has this vessel ever been removed from the water for maintenance?  
 Yes  No

a. If Yes, enter the date and location of the most recent out-of-water maintenance:

Last date out of water (Day/Month/Year):	
Port or Position:	Country:

b. If No, enter the delivery date and location where the vessel was built:

Delivery date (Day/Month/Year):	
Port or Position:	Country:

2. Were the submerged portions of the vessel coated with an anti-fouling treatment or coating during the **out-of-water** maintenance or shipbuilding process listed above?

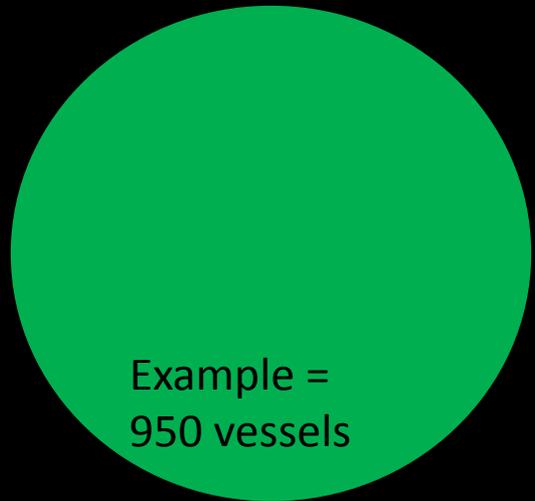
Yes, full coat applied	<input type="checkbox"/>
Yes, partial coat	<input type="checkbox"/> Date last full coat applied (Day/Month/Year):
No coat applied	<input type="checkbox"/> Date last full coat applied (Day/Month/Year):

3. For the most recent **full coat** application of anti-fouling treatment, what type of anti-fouling treatment was applied and to which specific **sections** of the submerged portion of the vessel was it applied?

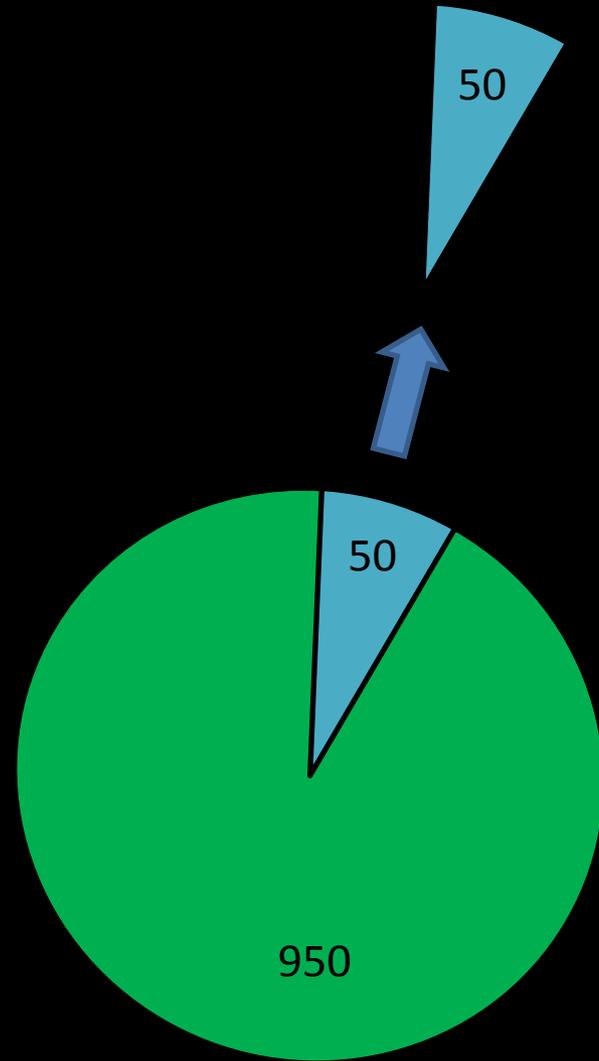
Manufacturer/Company:	
Product Name:	
Applied on (Check all that apply):	Hull Sides <input type="checkbox"/> Hull Bottom <input type="checkbox"/> Sea Chests <input type="checkbox"/>
	Sea Chest Gratings <input type="checkbox"/> Propeller <input type="checkbox"/> Rope Guard/Propeller Shaft <input type="checkbox"/>
	Previous Docking Blocks <input type="checkbox"/> Thrusters <input type="checkbox"/> Rudder <input type="checkbox"/> Bilge Keels <input type="checkbox"/>

- Current Submission Requirement:
  - Annual submission (calendar year)
  - “Upon written or electronic request”
  - Nothing wrong with sending it early (same year)
  - “Request” process: next slide
  - Preview: proposed changes [later in talk]

Vessels arriving at CA ports during calendar year



Vessels submitting HHRF during calendar year



# Example: How we have used HHRF data?

## Long residency periods

11. Since the **most recent hull cleaning (out-of-water or in-water)** or delivery, has the vessel spent **10 or more consecutive days in any single location** (Do not include time out-of-water or during in-water cleaning).

No  List the longest amount of time spent in a single location since the last hull cleaning:

Number of Days:  Date of Arrival (Day/Month/Year):   
Port or Position:  Country:

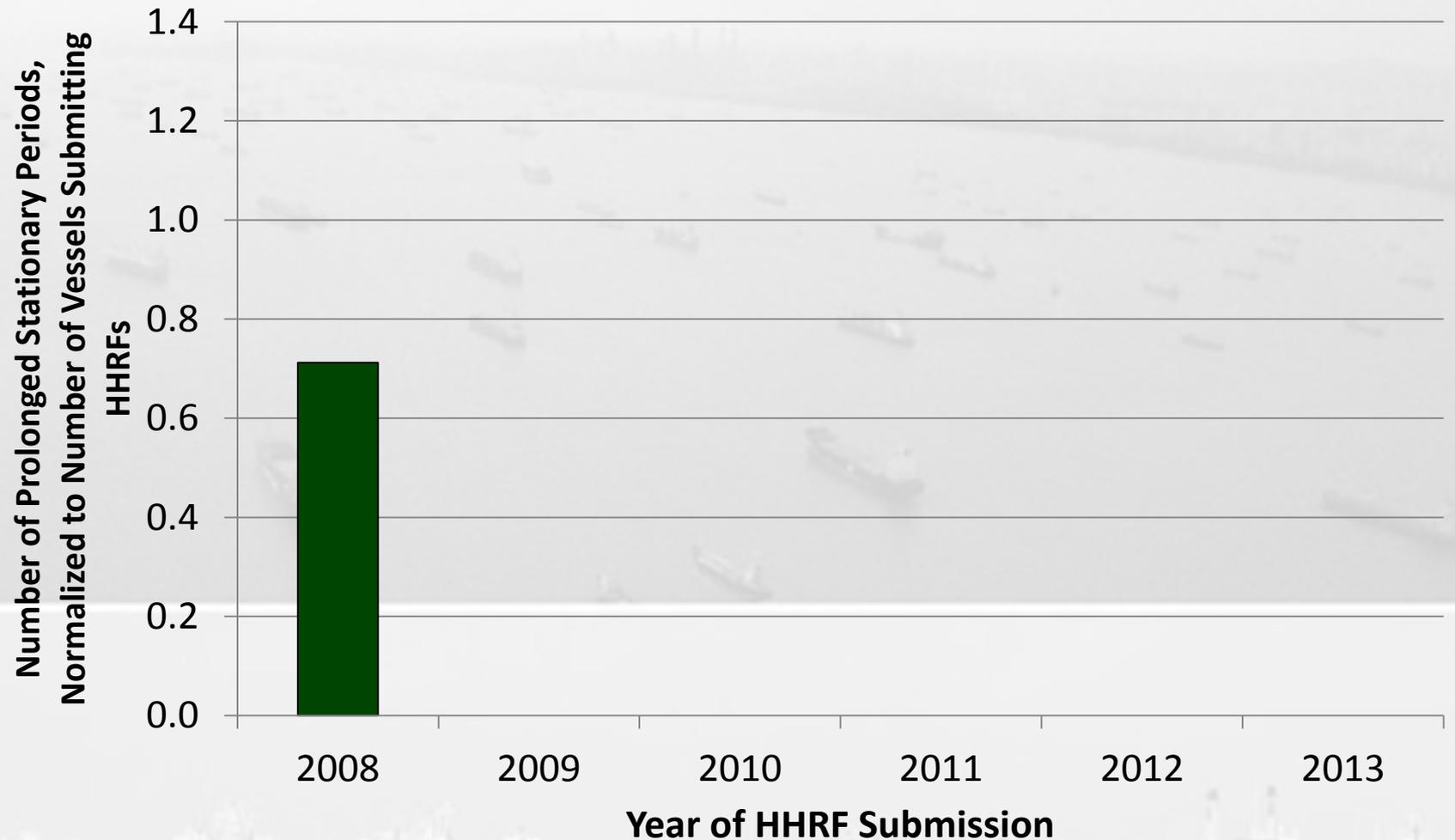
Yes  List all of the occurrences where the vessel spent 10 or more consecutive days in any single location since the last hull cleaning.

Number of Days:  Date of Arrival (Day/Month/Year):   
Port or Position:  Country:

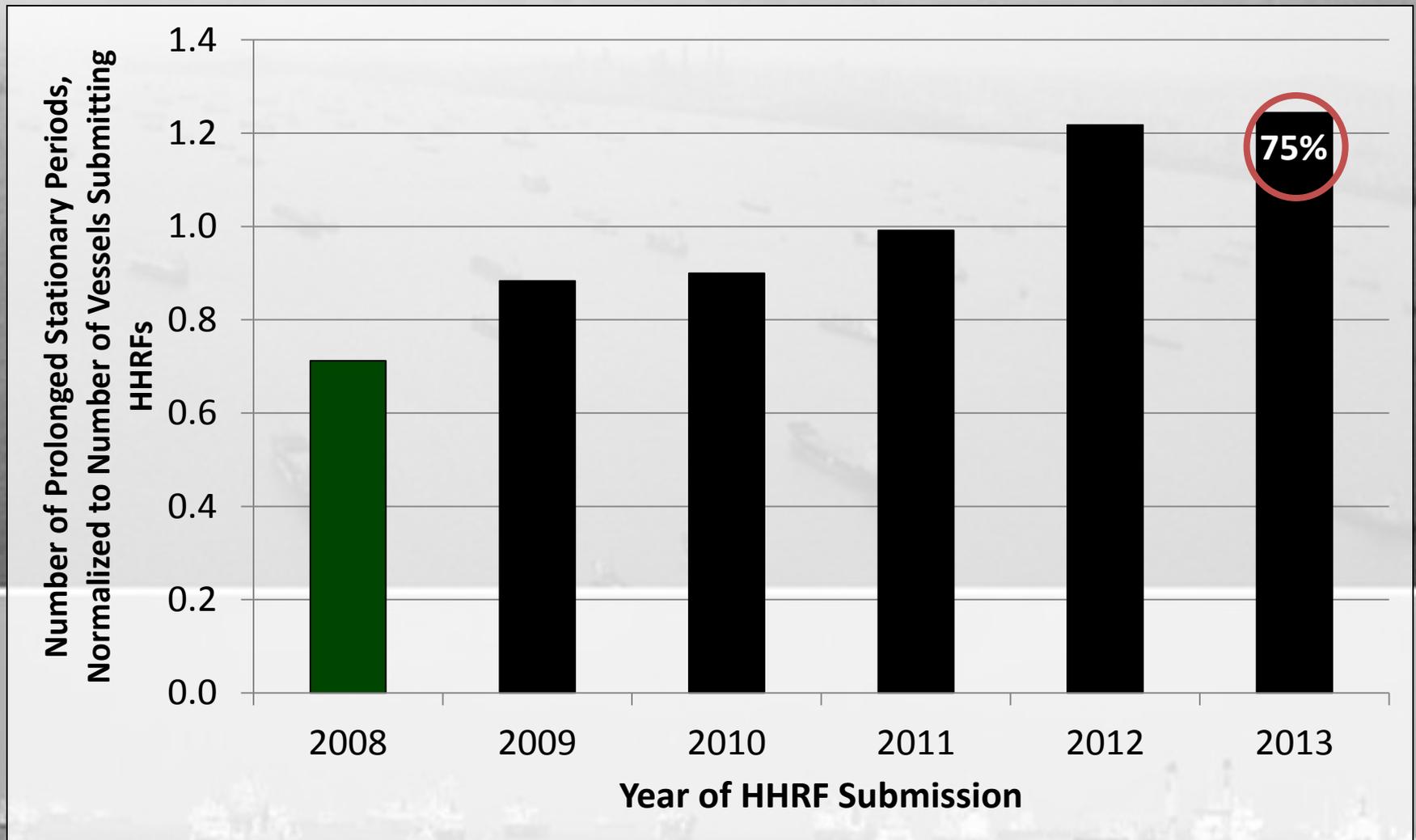
Number of Days:  Date of Arrival (Day/Month/Year):   
Port or Position:  Country:

Number of Days:  Date of Arrival (Day/Month/Year):   
Port or Position:  Country:

# Long Residency Periods, 10+ Days



# Long Residency Periods, 10+ Days



Print

**California State Lands Commission**  
**Marine Invasive Species Program**  
**Hull Husbandry Reporting Form**  
 Public Resources Code – 71205(e) and 71205(f)  
 June 6, 2008  
**Part I: Reporting Form**

---

Vessel Name: \_\_\_\_\_

Official / IMO Number: \_\_\_\_\_

Responsible Officer's Name and Title: \_\_\_\_\_

Date Submitted (Day/Month/Year): \_\_\_\_\_

**Hull Husbandry Information**

1. Since delivery, has this vessel ever been removed from the water for maintenance?  
 Yes  No

a. If Yes, enter the date and location of the most recent out-of-water maintenance:

Last date out of water (Day/Month/Year) \_\_\_\_\_  
 Port or Position: \_\_\_\_\_ Country: \_\_\_\_\_

b. If No, enter the delivery date and location where the vessel was built:

Delivery date (Day/Month/Year) \_\_\_\_\_  
 Port or Position: \_\_\_\_\_ Country: \_\_\_\_\_

2. Were the submerged portions of the vessel coated with an anti-fouling treatment or coating during the **out-of-water** maintenance or shipbuilding process listed above?

Yes, full coat applied

Yes, partial coat  Date last full coat applied (Day/Month/Year) \_\_\_\_\_

No coat applied  Date last full coat applied (Day/Month/Year) \_\_\_\_\_

3. For the most recent **full coat** application of anti-fouling treatment, what type of anti-fouling treatment was applied and to which specific **sections** of the submerged portion of the vessel was it applied?

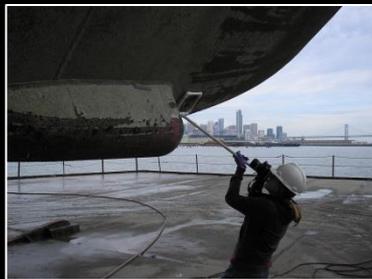
Manufacturer/Company: \_\_\_\_\_

Product Name: \_\_\_\_\_

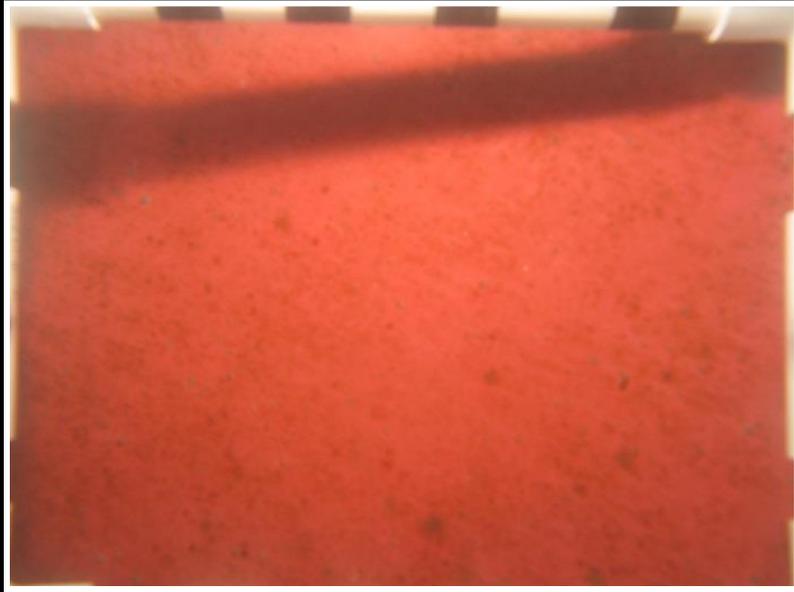
Applied on (Check all that apply): Hull Sides  Hull Bottom  Sea Chests   
 Sea Chest Gratings  Propeller  Rope Guard/Propeller Shaft   
 Previous Docking Blocks  Thrusters  Rudder  Bilge Keels



**Proposed  
 Biofouling  
 Management  
 Regulations**



# Proposed Biofouling Management Regulations



- Recordkeeping and reporting
- Best preventive practices for hulls and niche areas
- Specific requirements for high-risk ships
- Alternatives and emergency exemptions

# Current HHRF

# Proposed HHRF

California State Lands Commission  
Marine Invasive Species Program  
Hull Husbandry Reporting Form  
Public Resources Code – 71205(e) and 71205(f)  
June 6, 2008  
Part I: Reporting Form

Vessel Name:	
Official / IMO Number:	
Responsible Officer's Name and Title:	
Date Submitted (Day/Month/Year):	

California State Lands Commission  
Marine Invasive Species Program  
Hull Husbandry Reporting Form  
Public Resources Code 71204.6  
June 5, 2014  
Part I: Reporting Form

Vessel Name:	
Official / IMO Number:	
Responsible Officer's Name and Title:	
Date Submitted (Day/Month/Year):	

5. Are Marine Growth Protection Systems (MGPS) installed in the sea chests?

Yes <input type="checkbox"/>	Manufacturer:	Model:
No <input type="checkbox"/>		

5. Are Marine Growth Protection Systems (MGPS) installed in the sea chest(s) and/or sea strainer(s)?

Yes <input type="checkbox"/>	Manufacturer:	Model:
If Yes, MGPS installed in (check all that apply): Sea Chest(s) <input type="checkbox"/> Sea strainer(s) <input type="checkbox"/>		
No <input type="checkbox"/>		

California State Lands Commission  
Marine Invasive Species Program  
Hull Husbandry Reporting Form  
Public Resources Code – 71205(e) and 71205(f)  
June 6, 2008

Part II: Supplementary Instructions for Completing Reporting Form

HULL HUSBANDRY REPORTING FORM TO BE SUBMITTED ANNUALLY WITHIN 60 DAYS OF RECEIVING A WRITTEN OR ELECTRONIC REQUEST FROM THE COMMISSION

California State Lands Commission  
Marine Invasive Species Program  
Hull Husbandry Reporting Form  
Public Resources Code – 71204.6  
June 5, 2014

Part II: Supplementary Instructions for Completing Reporting Form

HULL HUSBANDRY REPORTING FORM TO BE SUBMITTED AT LEAST TWENTY-FOUR HOURS IN ADVANCE OF THE FIRST ARRIVAL OF THE CALENDAR YEAR TO A CALIFORNIA PORT OR PLACE

# Proposed Biofouling Regulations: Public Rulemaking Process

- Publication of proposed rule - May 1, 2015
  - 45-day public comment period [closed June 16, 2015]
  - Public Hearing – June 16, 2015, Port of LB
- Publication of revised text – July 31, 2015
  - 15-day public comment period [closed Aug 17, 2015]
- Next steps: either
  - Revise again, with additional 15-day comment period, or
  - Finalize and present to Commission for adoption
- Availability of rulemaking documents
  - [www.slc.ca.gov](http://www.slc.ca.gov)
  - CSLC offices – Sacramento and Long Beach



# ROV Surveys: Request for Partners in 2016

- Could you use a short, quick survey?
  - Piers, ships, pontoons, etc.
- Dual purpose:
  - Continued training for us
  - Beneficial for you





**Thank You**

[chris.scianni@slc.ca.gov](mailto:chris.scianni@slc.ca.gov)

(562) 499-6390

