



BINTULU PORT AUTHORITY

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## PORT NOTICE

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### **BINTULU PORT NOTICE**

**No. 6 of 2020**

**Date: 29<sup>th</sup> January 2020**

To: Shipping Community

Applicable to : This notice is brought to the attention of and not limited to ship manager/owner, agent, master and officer, crew of ships, terminal operator and port operator.

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### **NOTICE FOR BINTULU PORT NEW HEALTH SCREENING PROCEDURES FOR NOVEL CORONAVIRUS (2019 n-CoV)**

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1. TAKE NOTE that Ministry of Health Malaysia has adopted new control measures following Novel Coronavirus (2019-nCoV) cases reported in Malaysia on January 2020. Novel Coronavirus (2019-nCoV) was spreading more to 12 countries since the first case was reported at Wuhan, China.
2. Most common symptoms of Novel Coronavirus (2019-nCoV) are fever, cough, and shortness of breath.
3. To ensure prevention from Novel Coronavirus 2019 (2019-nCov) through vessels and crew coming from China, Bintulu Port has establish control measures on Port Health Clearance as follows:
  - 3.1 Documents to be submit to Port Health Officer by shipping agents within 48 to 72 hours before vessels arrival;
  - 3.2 All vessels that less than 14 days coming from any ports from China will be put on Status B (quarantine at berth) or status C(quarantine at anchorage);

- 3.3 Crews screening and vessel sanitary inspection will be conducted by Bintulu Port Health Office upon vessel alongside immediately;
  - 3.4 Vessel fall under status B or C, ship shore leave will be suspended on temporary basis until the situation recovered except on medical ground approved by Port Health Officer; and
  - 3.5 The usage of face mask is compulsory for personnel who are expose directly for above categories engaged in port operation. These include but not limited to various vessel clearance authorities, port operator or terminal operator handling cargo operation, pilots, pilot boat crew and vessel agents.
- 4. List of documents to be submitted are as follows:
    - 4.1 A copy of Maritime Declaration of Health - declare by the Captain/Master – (Please refer to Annex 8 & Attachment);
    - 4.2 A copy of voyage memo (10 last ports); and
    - 4.3 A copy of crew list.
  - 5. For any other further queries, please contact Port Health Officer **Mr. Mohamad Mirza Bin Jaapar** at **012-8586445** or **086-251134** or email at [mohdmirza.moh@gmail.com](mailto:mohdmirza.moh@gmail.com).
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Above notice is enforced with immediate effect until further notice.

**JONATHAN NOLAN ANAK NOHAN**

Marine Officer

*For General Manager  
Bintulu Port Authority*

# NOVEL CORONAVIRUS (2019 n-CoV) VESSEL CLEARANCE at BINTULU PORT

## Responsibilities

Agent

Port Health

Port Health

Agent

BPSB

Notice of Arrival 72/48/12 Hours  
Maritime Declaration of Health, Voyage  
Memo. Crew Lists by email

Category A  
Vessel from non-infected country

Category B  
Vessels from China

Category C  
Vessels from China

Port Health Clearance  
Certificate issued

Sanitary Inspection / Crew  
temperature screening at berth

Sanitary Inspection / Crew  
temperature screening at  
anchorage

Crew with sign &  
symptom

Crew with no sign  
& symptom

i. Crew with sign & symptoms  
ii. Death Crew

Quarantine & decontamination  
of vessel

Quarantine & decontamination  
of vessel

Satisfy/Meet Health  
Requirement

Satisfy/Meet Health  
Requirement

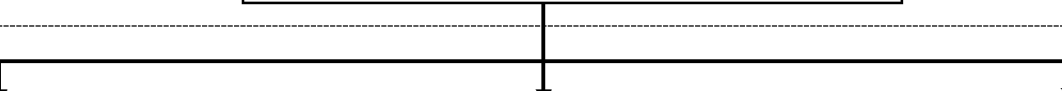
Free Pratique  
(Port Health Issue)

Free Pratique  
(Port Health Issue)

Application of Berthing

Pilot on Board

Berthing Procedure



# ATTACHMENT TO MODEL OF MARITIME DECLARATION OF HEALTH

Name	Class or rating	Age	Sex	Nationality	Port, date joined ship/vessel	Nature of illness	Date of onset of symptoms	Reported to a port medical officer?	Disposal of case*	Drugs, medicines or other treatment given to patient	Comments

\* State (1) whether the person recovered, is still ill or died; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.

## ANNEX 8

### MODEL OF MARITIME DECLARATION OF HEALTH

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Submitted at the port of ..... Date.....  
Name of ship or inland navigation vessel.....Registration/IMO No.....arriving from .....Sailing to.....  
(Nationality)(Flag of vessel)..... Master's name.....  
Gross tonnage (ship).....  
Tonnage (inland navigation vessel).....  
Valid Sanitation Control Exemption/Control Certificate carried on board? yes..... no..... Issued at..... date.....  
Re-inspection required? yes..... no.....  
Has ship/vessel visited an affected area identified by the World Health Organization? yes..... no.....  
Port and date of visit .....  
List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:  
.....

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

(1) Name .....joined from: (1).....(2).....(3).....  
(2) Name .....joined from: (1).....(2).....(3).....  
(3) Name .....joined from: (1).....(2).....(3).....

Number of crew members on board.....

Number of passengers on board.....

### Health questions

- (1) Has any person died on board during the voyage otherwise than as a result of accident? yes.... no.....  
If yes, state particulars in attached schedule. Total no. of deaths .....
- (2) Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? yes..... no..... If yes, state particulars in attached schedule.
- (3) Has the total number of ill passengers during the voyage been greater than normal/expected? yes.... no.....  
How many ill persons? .....
- (4) Is there any ill person on board now? yes..... no..... If yes, state particulars in attached schedule.
- (5) Was a medical practitioner consulted? yes..... no..... If yes, state particulars of medical treatment or advice provided in attached schedule.
- (6) Are you aware of any condition on board which may lead to infection or spread of disease? yes..... no.....  
If yes, state particulars in attached schedule.
- (7) Has any sanitary measure (e.g. quarantine, isolation, disinfection or decontamination) been applied on board? yes ..... no..... If yes, specify type, place and Date.....
- (8) Have any stowaways been found on board? yes ..... no..... If yes, where did they join the ship (if known)?  
.....
- (9) Is there a sick animal or pet on board? yes ..... no.....

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

- (a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.
- (b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness);
- (iii) severe diarrhoea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed .....

Master

Countersigned .....

Ship's Surgeon (if carried)

Date.....