



Government of Fiji
Quarantine Services

QUARANTINE PRE ARRIVAL ADVICE FOR VESSELS

This form and the information that we are requesting is required to be provided by the Master of all vessels planning to call in to any Ports in Fiji. The Master, through its local shipping agency must have this completed form submitted to the Quarantine office of the first Port of call.

The information submitted on this form will determine whether your vessel will be granted a 'Radio pratique – approval to berth alongside' or to be boarded at the Quarantine Mooring Ground. This will follow a subsequent Pratique – Certificate of Pratique after inspection is carried out.

This form must be submitted to the Quarantine Office 12hours before the estimated time of arrival of the vessel. The form must be completed and all information submitted must be correct up until the time of arrival of the vessel. Giving false or misleading information is a breach of the Fiji Quarantine Act, Cap 112.

A. Vessel Particulars

1. Vessel Name

2. Master's Full Name

3. Vessel Type

4. Vessel ID(IMO)

5. Net Tonnage

6. Country of Registry/Flag

C. Ship Sanitation Certificate

1. Type of Ship Sanitation Certificate

2. Country and Port of Issue

3. Date of Issue (dd/mm/yy)

D. Local Shipping Agency Details

Agency Name

Port/Location

Phone

Fax

Email

B. Arrival Information

1. Last Port of Call and Country

2. First Port of Call in Fiji

3. Estimated Date of Arrival (dd/mm/yy)

4. Estimated Time of Arrival

5. Total No. of Traveler on Board

Crew

Passengers

6. Estimated Date(dd/mm/yy) & Time of departure

<input type="text"/>	<input type="text"/>
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7. Next Port

8. If Fiji Port, give estimated Time &

Date of arrival at that Port(dd/mm/yy)



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Quarantine Pre Arrival Questions This section profiles major risks of exotic vectors and diseases entering Fiji.

1. Has any person(s) died onboard during the current voyage? Yes No

2. Has any person(s) become ill or shown symptoms of illness onboard during the current voyage? Yes No

2.(a) How many person(s) are reported ill 2.(b) Which symptoms below have they displayed?

- Fever
- Severe Vomiting
- Profuse Diarrhoea
- Coughing
- Rash

Any conditions due to an injury, sea travel or any existing physical condition may not be reported.

3. During the last 50days of your voyage, did your vessel visit or call in to Vanuatu, the Solomon Islands or Papua New Guinea, or any port or place in Australia north of the latitude of Brisbane, or the Panama Canal, the East Indies or Asia or any port or place in which malarial carrying mosquitoes are present?

Yes No If (Yes), please name the Port and the date visited.

	Port
	<input type="text"/>
	Date Visited
	<input type="text"/>

4. Do you intend to discharge waste in port? Yes No

**A copy of the 50day movement of the vessel must be submitted with this form*

For Official Use

1. Radio Pratique Issued

Yes No

2. Type of Boarding

A.M.S A.M.I M.I

3. No. of Officers to attend

4. Where the vessel will be boarded

Pilot Station Boarding Quarantine Ground Alongside

5. Boarding Officers

6. Receiving Officer

7. Quarantine Officer in Charge

Official Fiji
Quarantine
Stamp