**2.1.X COUNTRY NAME Port of PORT NAME**

**Port Overview**

**REPLACE THIS TEXT with one or two paragraphs of narrative describing the port. This section should briefly put the activities of the port into context and may include key observations of the current situation and overall status of operations (management and oversight arrangements, links to production/industry, major imports/exports, etc.) and a high-level outline of existing facilities. Specify whether this entry point can legally receive pharmaceuticals and other medical supplies, based on the country’s regulatory framework. Specify whether there are SOPs available for receipt of medical cargo (Time temperature sensitive cargo, narcotics, etc.)**

**Please be concise.**

Port website:**INSERT LINK TO PORT WEBSITE**

Key port information may also be found at:**http://www.maritime-database.com**

|  |
| --- |
| **Port Location and Contact** |
| **Country** | Insert information |
| **Province or District** |  |
| **Nearest Town or City****with Distance from Port** | TOWN NAMEDISTANCE (km) |
| **Port's Complete Name** |  |
| **Latitude** | Insert latitude in decimal degrees format (ex. DDD.dddddd) |
| **Longitude** | Insert longitude in decimal degrees format (ex. DDD.dddddd) |
| **Managing Company or Port Authority** | If more than one operator, break down by area of operation |
| **Management Contact Person** |  |
| **Nearest Airport and Airlineswith Frequent International Arrivals/Departures** | AIRPORT NAMELIST OF INTERNATIONAL CARRIERS |

**Port Picture**

**REPLACE THIS TEXT with a map or satellite view of the port here. The picture of the port should include all key areas clearly marked.**

 **REPLACE THIS TEXT with a list of the areas identified in the Port Picture.**

**Description and Contacts of Key Companies**

**REPLACE THIS TEXT with a short narrative identifying key companies and their duties within the port.****ENSURE COMPANIES IDENTIFIED IN THESE PARAGRAPHS HAVE THEIR CONTACT DETAILS IN SECTION 4.4: Port and Waterways Companies Contact List. Create the list by completing the 4.4 template.**

For more information on port contacts, please see the following link:**HQ staff will input a link to section 4.4 Port and Waterways Companies Contact List here.**

**Port Performance**

**REPLACE THIS TEXT with a short narrative describing port performance. Key questions to guide your narrative: What is the channel draft and are there other limitations relating to vessel size?; Is the port currently congested?; Is there an established priority for humanitarian cargo?; What are the port’s major limitations/bottlenecks?; What is the average waiting time (the time between arrival and berthing)? Also, be clear whether the Cargo Handling MTs includes or excludes container volume.**

|  |
| --- |
| **Seasonal Constraints** |
|  | **Occurs** | **Time Frame** |
| **Rainy Season** | Yes / No | From (month) to (month) |
| **Major Import Campaigns** | Yes / No | From (month) to (month) |
| **Other Comments** | INSERT OTHER CONSTRAINT(S) IF REQUIRED |

|  |
| --- |
| **Handling Figures for YEAR** |
| **Vessel Calls** |  |
| **Container Traffic *(TEUs)*** |  |

|  |
| --- |
| **Handling Figures Bulk and Break Bulk for YEAR** |
| **Bulk *(mt)*** |  |
| **Break bulk *(mt)*** |  |

## Discharge Rates and Terminal Handling Charges

For information on port rates and charges, please see the following link:**INSERT LINK TO PORT RATES/TARIFFS PAGE – link directly to an external webpage which has relevant rates, tariffs, and/or charges for the port, if available.**

**REPLACE THIS TEXT, if no link available, with a description to any issues regarding discharge rates, or identify information sources which will have the most up-to-date information. Give indicators on expected cost for break bulk and bulk as well as terminal handling charges. Specify whether there are different charges for reefers.**

## Berthing Specifications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Berth** | **Quantity** | **Length*****(m)*** | **Maximum****Draft *(m)*** | **Comments** |
| **Conventional Berth** |  |  |  |  |
| **Container Berth** |  |  |  |  |
| **Silo Berth** |  |  |  |  |
| **Berthing Tugs** |  |  |  |  |
| **Water Barges** |  |  |  |  |

 **REPLACE THIS TEXT with any further narrative about berths available or with relevant links to supporting websites.**

## General Cargo Handling Berths

|  |  |
| --- | --- |
| **Cargo Type** | **Berth Identification** |
| **Imports - Bagged Cargo** |  |
| **Exports - Bagged Cargo** |  |
| **Imports and Exports - RoRo** |  |
| **Other Imports** |  |

## Port Handling Equipment

Is the port equipment managed by the government or privately? **INSERT ANSWER HERE**

**REPLACE THIS TEXT with 2 - 3 sentences describing the management of the port handling equipment.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment** | **Available** | **Total Quantity and Capacity Available** | **Comments on Current Condition and Actual Usage** |
| **Dockside Crane** | Yes / No |  |  |
| **Container Gantries** | Yes / No |  |  |
| **Mobile Cranes** | Yes / No |  |  |
| **Reachstacker** | Yes / No |  |  |
| **RoRo Tugmaster (with Trailer)** | Yes / No |  |  |
| **Grain Elevator with Bagging Machines** | Yes / No |  |  |
| **Transtainer** | Yes / No |  |  |
| **Forklifts** | Yes / No |  |  |

## Container Facilities

**REPLACE THIS TEXT AND PICTURES with 1 - 3 sentences describing the container facilities. Pictures and diagrams of the facilities would also be valuable.**

|  |  |  |
| --- | --- | --- |
| **Facilities** | **20 ft** | **40 ft** |
| **Container Facilities Available** | INSERT TEXT HERE | INSERT TEXT HERE |
| **Container Freight Station (CFS)** |  |  |
| **Refrigerated Container Stations** |  |  |
| **Other Capacity Details** |  |  |
| **Daily Take Off Capacity *(Containers per Day)***  |  |  |
| **Number of Reefer Stations (Connection Points)** |  |  |
| **Emergency Take-off Capacity**  | Give an indication | Give an indication |
| **Off take Capacity of Gang Shift *(Containers per Shift)***  |  |  |

## Customs Guidance

**REPLACE THIS TEXT with a paragraph outlining the customs activities at the port. Give guidance on how long it normally takes, recommendations on working with custom officials at the port, location of customs offices and operating hours, and any other relevant issues. Ensure custom contact details are given and any relevant websites. ENSURE YOU HAVE COMPLETED SECTION 1.3 CUSTOMS INFORMATION. If pharmaceuticals arrive at this port, specifically detail the receipt and customs clearance process noting any additional requirements. Include a list of clearing agents with bonded/non-bonded warehouse capacity in the port with temp controlled / non temp controlled**

|  |
| --- |
| **CLEARING AGENTS** |
| **Company Name** | **What categories do they treat (food, fuel, vehicles, pharmaceuticals, or all-rounders)?** | **Bonded/Non-bonded warehouse Capacity**  | **Temperature controlled /Non temperature controlled** |
|  |  |  |  |
|  |  |  |  |

**Please make sure that these companies’ contacts are added in section 4.11 Additional Services Contact List**

For more information on customs in **COUNTRY NAME**, please see the following link:**HQ staff will input a link to section 1.3 Customs Information here.**

**Terminal Information**

**MULTIPURPOSE TERMINAL**

**REPLACE THIS TEXT with 1 - 2 sentences describing any multipurpose terminal facilities if such facilities are available. Identify if Ro-Ro facilities are available, berths, square meters.**

**GRAIN AND BULK HANDLING**

**REPLACE THIS TEXT with 3 - 5 sentences describing grain and bulk handling facilities. Identify by name any companies responsible for bagging and ensure they are in contact list file. Identify if direct bagging from ship discharge is possible. Provide any further details on equipment and capacity not already covered.**

**MAIN STORAGE TERMINAL**

**REPLACE THIS TEXT with a 3 - 4 sentences describing the main storage facilities. Identify the number of warehouses available, square meters available, square meters available for storage of food supplies. Specify whether there are separate charges for storage of medical supplies. If storage for medical supplies is available, specify whether it is located before or after customs or both.**

|  |
| --- |
| **BONDED STORAGE (STORAGE AVAILABLE BEFORE CUSTOMS)**  |
| **Storage condition**  | **Number of Storage Facilities** | **Total Area****(m²)** | **Total volume (m³)**  | **Handling requirement**   |
| **Open air**  |  |  |  |  |
| **General cargo (indoor)**  |  |  |  |  |
| **Bagged Cargo** |  |  |  |  |
| **Temperature controlled (15 to 25 °C)**  |  |  |  |  |
| **Keep Cool (2 to 8 °C)**  |  |  |  |  |
| **Freezing Temp (minus 25 to minus 15°C)**  |  |  |  |  |
| **Ultra cold-chain temp (minus 80 to minus 60°C)** |  |  |  |  |
| **Narcotics Cage**  |  |  |  |  |

|  |
| --- |
| **NON-BONDED STORAGE (STORAGE AVAILABLE AFTERS CUSTOMS)**  |
| **Storage condition**  | **Number of Storage Facilities** | **Total Area****(m²)** | **Total Volume (m³)**  | **Handling requirement**   |
| **Open air**  |  |  |  |  |
| **General cargo (indoor)**  |  |  |  |  |
| **Bagged Cargo** |  |  |  |  |
| **Temperature controlled (15 to 25 °C)**  |  |  |  |  |
| **Keep Cool (2 to 8 °C)**  |  |  |  |  |
| **Freezing Temp (minus 25 to minus 15°C)**  |  |  |  |  |
| **Ultra cold-chain temp (minus 80 to minus 60°C)** |  |  |  |  |
| **Narcotics Cage**  |  |  |  |  |

## Stevedoring

**REPLACE THIS TEXT with 2 - 4 paragraphs describing what comprises stevedoring activities, if they are provided by private or government entities, ensure contacts are on the contact list, amount of labour available, and if additional incentives are possible.**

## Hinterland Information

**REPLACE THIS TEXT with a paragraph, no more than 6 sentences, which describes how items are moved out of the port. Identify the common modes of transport, capacity, and companies available. Ensure any identified companies have their contact details in the contact list.**

**Port Security**

**REPLACE THIS TEXT with one to two paragraphs narrating the current security and safety arrangements in place. Identify any gaps or areas of concern. Keep in mind considerations for stock security, personnel safety, insurance risk, etc... Identify any planned improvements to security infrastructure or processes and projected impact on the port.**

|  |
| --- |
| **Security** |
| **ISPS Compliant** | Yes / No |
| **Current ISPS Level *(Level 1 = Normal, Level 2 = Heightened, Level 3 = Exceptional)*** | Insert current level here |
| **Police Boats** | Yes / No |
| **Fire Engines** | Yes / No |