DNV·GL

A SHIP RECYCLING FACILITY IN TURKEY

Site inspection report application 36

European Commission DG Environment

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Customer contact:	[redacted]	1363 Høvik
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Objective: The objective of the on-site inspection is to verify compliance of the facility with the requirements set out in the Ship Recycling Regulation.

Prepared by:	Verified by:	Approved by:
[redacted] Principal Consultant	[redacted] Principal Consultant	[redacted] Head of Section
[redacted] Consultant		

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Ship recycling facility plan, ship recycling plan, inventory of hazardous materials, safety, monitoring, waste management.

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1 EXECUTIVE SUMMARY

The objective of this report is to document the results of the site inspection at Anadolu Gemi Sokum Orm. Ür. Gida Tur.San.Ldt.Sti (AGS), located in Aliaga (Izmir region, Turkey), following the facility's application for inclusion in the European List of ship recycling facilities. The on-site inspection took place on the 11th and 12th of September 2020.

The applicant appears to have a well running facility with a proven track record and has in place facilities which one would expect for a facility applying for inclusion in the European List of ship recycling facilities. It was evident that the applicant had also made important investments in recent years to upgrade its ship recycling capability.

Based on the site inspection, the evaluators specified areas where full compliance with the requirements for inclusion in the European List of ship recycling facilities could not be confirmed:

1. Ship Recycling Facility Plan (SRFP): The governing document for the site inspection, defining the baseline of the facility's performance, is the SRFP. A paramount task of the inspection was to verify that the SRFP is a living, logical and systematic document reflecting the developments and practice on the ground. The evaluators could not verify that all procedures and practices observed on the ground were included and explained in the SRFP. Therefore, the applicant was requested to review and update the SRFP.

2. Organisation and management system: The organisation and the responsibilities within the organisation were not clear. The employees are mainly contracted to another yard, Isiksan, but work at both Isiksan and AGS. The evaluators were unsure who is doing what or who is working where. Nor did the evaluators understand how the resources are allocated. Also, the management system needed improvements. It was unclear how the management system is implemented, and many documents asked for could not be found. This may be related to the introduction of a new document system.

3. Safety: Based on the site inspection, several safety aspects remained unclear such as safe for hot work, safe for entry and cutting procedures. Therefore, the applicant was advised to review and update its safety procedures.

4. Protection of the environment / control of leakages: The applicant has not fully demonstrated compliance with the relevant requirements related to the control of any leakage. The instructions and procedures on how to protect the water and sediments, as well as debris control nor slag collection lack details. Therefore, the applicant was requested to review and update its procedures.

5. Monitoring schemes: In general, the medical monitoring schemes at the facility were found good and well documented in organised records. However, the environmental monitoring program requires further improvements, in particular for water and sediment. Therefore, the applicant was requested to review and update its procedures.

6. Waste management: It was understood that the removal of hazardous materials listed in the Inventory of Hazardous Materials (IHM) is mainly handled by the applicant's workers. However, the workers had not been trained in removal of hazardous materials. The applicant was requested to ensure that the SRFP mirrors the practices on site and to ensure that its workers involved with removal of hazardous materials are sufficiently trained.

7. Downstream waste facilities: there is only limited updated information available to the evaluators regarding the operation of the specific downstream facilities involved in the management of certain waste streams leaving the yard.

In response to the above findings, the applicant has made some improvements after the site inspection and provided updated documentation to clarify a number of points. The applicant's responsiveness is appreciated. However, after reviewing the applicant's responses to the draft report, further improvements and clarifications on the above-mentioned items would still be required before compliance with the relevant requirements of the EU Ship Recycling Regulation can be confirmed.

2 INTRODUCTION

The European Commission DG Environment (hereafter referred to as The Commission) has contracted DNV GL to conduct a site inspection of the recycling facility Anadolu Gemi Sokum Orm. Ür. Gida Tur.San.Ldt.Sti (AGS), located in Aliaga (Izmir region, Turkey) hereafter referred to as the facility. An application for inclusion in the European List of ship recycling facilities has been registered for this facility under application number 36.

3 OBJECTIVE

The objective of the on-site inspection is to verify compliance of the facility with the requirements set out in Article 13, 15 and 16 of the Ship Recycling Regulation and clarified in the 2016 Technical guidance note[1].

Hereunder the objectives of DNV GL's methodology is to:

- Verify the Facility's capability to comply with the regulations and requirements listed in the assessment scope
- Assure that documented recycling processes, work procedures, quality controls and document handling are managed and implemented as specified in the regulations and requirements
- Ensure that the Facility has sufficient knowledge and understanding of the regulations and requirements for recycling facilities
- Assure consistent evaluation of facilities on equal terms

4 SCOPE OF WORK

The scope of the assessment is, according to contract:

- Ship recycling regulation (EU) No 1257/2013
- Technical guidance note under Regulation (EU) No 1257/2013 on ship recycling

This inspection also considered article 13(1) of the Ship Recycling Regulation: "In order to be included in the European List, a ship recycling facility shall comply with the following requirements, in accordance with the relevant Hong Kong Convention provisions and taking into account the relevant guidelines of the IMO, the ILO, the Basel Convention and of the Stockholm Convention on Persistent Organic Pollutants".

The scope for the assessment methodology is divided into three main elements and a number of second and third level sub-elements. These practical steps ensured that all article 13, 15 and 16 SRR requirements for inclusion of a ship recycling facility in the European List were checked.

1. **Management**

- Facility business model and quality statement
- Policy
- Management, ownership and organisation

[1] C/2016/1900, Communication from the Commission — Requirements and procedure for inclusion of facilities located in third countries in the European List of ship recycling facilities — Technical guidance note under Regulation (EU) No 1257/2013 on ship recycling.

- Quality assurance systems and certificates
- Human resources (availability, skills and experience, training, stability etc.)

2. Safety, security and the environment

- Safety & health (PPE, hazardous materials, fire safety, medical services etc.)
- Security
- Environment (spills, emissions, etc.)
- Emergency preparedness and response (fire, medical, environmental etc.)
- Regional conditions (acts of nature, political, etc.)

3. Vessel demolition

- Applied rules, regulations and internal standards
- Recycling control, inspection and supervision regime
- Non-conformities and corrective actions
- Document control
- Facilities (methods, capacities, condition of equipment, logistics, etc.))
- Maintenance
- Recycling planning and execution
- Methodology, criteria and performance regarding:
  - Project start-up, commercial process etc.
  - Ship Recycling Facility Plan (SRFP)
  - Contract review, verification and acceptance criteria owner / cash-buyer / facility
  - Pre-planning
  - Vessel preparation (IHM, Ship Recycling Plan, flag state clearance, pre-cleaning etc.)
  - Vessel arrival and securing
  - Demolition management (methodology, "safe for entry", "safe for hot work", working at heights, lifting, supervision and reporting)
  - Waste disposal (sorting, sub-contractors, end users)
  - Completion instruction
  - Project close-out with de-briefing, lessons learned, suggestions for improvement

5 METHODOLOGY AND ACTIVITIES

The methodology followed the framework of DNV GL's facility assessment protocols and reporting formats, calibrated with the requirements and criteria of the Ship Recycling Regulation as clarified in the 2016 Technical guidance note.

Activities:

- Preparations, scheduling, travel arrangements, fact-finding, etc.
- Issue objective, scope and schedule to facility in advance
- Site assessment (2 days; 3 assessors)
- Reporting
- Issue of draft report
- Implement comments to the draft report
- Final report

The on-site assessment was performed according to a schedule advised to the Facility in advance, incorporating:

- Opening meeting
  - Introductions, present objective, scope and methodology, agree on schedule
  - Review of facility history, current activities, future ambitions
- Interviews with key responsible personnel in all relevant disciplines, including
  - Ownership and management
  - Contracts
  - Planning, preparations, vessel arrival and securing
  - Quality assurance, quality management systems
  - Human resources
  - Health, safety, security and environment
  - Vessel dismantling management
  - Quality control, document control
  - Project management
- Document review
  - Spot checks and evaluation of consistency, content, validation and language. Traceability
- Facility site inspection
  - Inspection of Facility, all workstations and worker facilities

- Inspection of vessel, for access and escape-ways
- Spot-checks of worker certificates and permits, crane certificates
- Lifting equipment, fall barriers, safe for entry, safe for hot-work etc.
- Questioning (brief) of foremen / supervisors on key procedures

- Closing meeting
  - Reiterate the objective of the inspection and present preliminary results in way of initial observations and findings
  - Facility may respond to the initial results, and agree to rectify non-conformities including deadlines and corresponding responsible persons
  - Acknowledgements and departure

6 RESULTS OF THE ASSESSMENT

The site inspection of the facility was carried out on the 11th and 12th of September 2020 at AGS Gemi Sokum (AGS), located in Aliaga (Izmir region, Turkey).

The ship recycling facility is part of the Dikkan group and was acquired in 2012. The Dikkan group also owns the ship recycling facility Isiksan. The same management team is responsible for Isisksan and AGS. AGS is located at Parcel 16. The main representatives from the facility during the inspections were [redacted] and [redacted].

The evaluators from DNV GL were [redacted] and [redacted].

The evaluators also visited the Ship Recycling Association of Turkey (SRAT) in the afternoon on the 7th of September.

[redacted] from the Ministry of Transport and Infrastructure represented Turkish authorities during the inspection.

The Facility is located in the outskirts of the city of Aliaga (population of around 100,000), approximately 6 km from the city centre. Overall, the surrounding area belongs to one of Turkey's largest industrial provinces with major bulk and container ports, power generation plants, oil terminal, LNG gas terminal, refinery and petrochemical complex, along with approximately 20 ship recycling facilities. Adjacent to the facility and both to the east and the west are similar facilities. Access road connecting with the road transportation network is accessible to the south of the facility.

The table below summarises the results of the site inspection with respect to article 13, 15 and 16 of the SRR requirements for inclusion of a ship recycling facility in the European List.

DNV GL wishes to thank the management and key personnel at AGS for the friendly reception and good cooperation during the inspections, ensuring that we were well cared for and that everything went smoothly. Facilities for the assessment were excellent and the fullest degree of access to all aspects of the facility's areas and management was offered.

Site inspection results			Compliant?
Article 13-1 (a) it is authorised by its competent authorities to conduct ship recycling operation			
Technical guidance note 2.2.1, MEPC 210(63) Section 3.2.2	Authorisation	Thoroughly checked during the document review. Updated and valid certificates witnessed on-site.	Compliance was confirmed during the inspection.
Article 13-1 (b) it is designed, constructed and operated in a safe and environmentally sound manner			
Technical guidance note 2.2.1	Measures and infrastructure	The facility uses the slipway landing method, employing a combination of afloat and landing dismantling. Secondary cutting takes place on concrete flooring with drainage. Dismantled materials from the vessel to shore are transported by crane to the secondary cutting area. A drill ship was under dismantling during the site inspection. When dismantling the derrick on drill ships, the derrick is cut into smaller sections onboard the vessel. The interior of the ship is considered as an impermeable floor as the double bottom is intact. The evaluators did not witness any craning of cut blocks from the vessel to the secondary cutting area but there was no reason to believe this was not done according to regular practice as seen in the Aliaga cluster. It was perceived during the site visit that the facility recycling methodology worked according to the same principles as the other applicants in the local area, however the applicant pulls ship double bottoms beyond the drain line with loaders and not with winches. On-site the evaluators were told that some pulling operations require 8 loaders/excavators. In response to the draft report, the applicant provided a method statement and pictures of how such an operation is carried out. The applicant explained that there are three rollers with a total capacity of 3600 mtons being used for the pulling operations. In the Pulling Method Statement, six loaders are illustrated. Photos were also provided, showing how such pulling operations are carried out. The photos show nine rollers/loaders. Based on the provided information, it is not clear to the evaluators whether the applicant	Compliance was confirmed after the inspection.

		operates with 3, 6 or 9 loaders for the pulling operation, and how many they consider sufficient capacity. The applicant has not provided documentation that explains how they evaluate the number of loaders needed for pulling operations. The evaluators assume that the 2x3 or 3x3 loaders are the combined capacity at AGS and Isiksan, but this is not directly stated in the documentation provided, hence a confirmation from the applicant would be appreciated. Also, because it is mentioned in the SRFP from Temurtaslar that a cooperation is taking place with regards to pulling capacity between the facilities AGS, Isiksan, AGGD and Temurtaslar. During the site inspection, the evaluators were shown tests of the loaders. E.g. a CAT loader with 8 m boom was tested with 2 tons for 10 minutes, two CAT loaders with 3 m boom were tested with 6 tons for 10 minutes.	
Article 13-1 (c) it operates from built structures			
Technical guidance note 2.2.4	Operates from built structures	The facility operates by the landing method. The bow of the vessel is landed onshore onto a concrete slipway. The facility has a concreted area below and beyond the drain line. The secondary cutting area is located beyond the drain line. The operation is from built structures, with cranes, trucks, loaders and rollers on concrete flooring. The maximum width of a ship to be recycled is limited by the width of the facility which is 50 m. Topside blocks and sections are reportedly hooked up by crane before final cutting, then lifted and transported to the impermeable floor of the secondary cutting zone. Hence, the facility operates with the principle of using the vessels' hulls as built structure during primary cutting. A drill ship under dismantling was seen on-site. The double bottom was not pulled beyond the drain line, but the double bottom was intact at the time of the inspection. After the site inspection, the applicant was invited to provide further information on cutting of the double bottom with additional documentation. In response to the draft report, the applicant provided a method statement on the double bottom dismantling. The statement mainly includes information on descriptive steps to be carried out for	Compliance was partly confirmed during the inspection.

		cleaning and debris control. The information on how cutting of the double bottom is being carried out is still unclear to the evaluators and requires to be further detailed. The applicant explained that the lifted blocks are placed on steel plates in the area below the drainage and pulled towards the secondary cutting area by heavy machinery. It is not clear to the evaluators if the steel plates used are completely free of hazardous materials. The evaluators could not find further descriptions on the usage of steel plates in the area below the drainage in the documentation received.	
Article 13(1) (d) it establishes management and monitoring systems, procedures and techniques which have the purpose of preventing, reducing, minimising and to the extent practicable eliminating health risks to the workers concerned and to the population in the vicinity of the ship recycling facility, and adverse effects on the environment caused by ship recycling			
Technical guidance note 2.1.4 (a), (b) MEPC210(63) Section 3.4.1 / BC TG 6.2	General	The environmental monitoring program is described in section 3.4.1 in the SRFP V13 on page 48. Results from the monitoring is presented in appendix 4.12. During the site inspection the evaluators were informed that the new monitoring samples were taken on the 01.09.2020.	Compliance was confirmed during the inspection.
	Noise	The facility monitors noise in the surrounding working area and personnel noise. The facility is in a heavy industry area well away from populated centres, thus noise to domestic neighbours is of no concern. The facility monitoring also includes personnel exposure to vibration. It is noted that the noise measurements are above the Turkish limit and subsequently the workers affected shall be offered ear protection.	Compliance was confirmed during the inspection.
	Air	The air quality monitoring includes dust level in the workplace, personnel dust, chemical levels in the workplace and thermal comfort. It is noted that for one of the workers, dust measurements are found to be above the Turkish limit.	Compliance was confirmed during the inspection.
	Water	During the desk assessment the applicant had forwarded the results of 10 sea water analysis by [redacted] from 2015-2019. The samples had been analysed for suspended solids, heavy metals, ammonia, dissolved oxygen, pH, turbidity, oil, phenols, organic matter. The 2019 analysis included PAH, flame retardants, PCB, and PFOS.	Compliance was partly confirmed during the inspection.

		During the site inspection the evaluators were told that new seawater samples had been taken by SRAT in 2020. The applicant was requested to forward the latest results, as well as a comparison with a well-established water standard. In response to the draft report, the applicant provided the latest seawater analysis results, dated 19.06.2020 and a comparison with a standard. The forwarded samples taken in June 2020 did not include flame retardants, PCB and PFOS. More recent water samples analysed for all relevant parameters and comparison with a well-established water standard is required before full compliance can be confirmed.	
	Soil	During the desk assessment the applicant had forwarded a soil analysis report by [redacted] from 2016-2019. The soil had been sampled and analysed for heavy metals, PCB, PAH, brominated flame retardants, PFOS and other per and polyfluoroalkyl substances (PFAS), asbestos, PCN and oil. The applicant has recently concreted the area between the shoreline and the drain line; hence soil is no longer present at the facility and soil sampling is not required.	Compliance was confirmed during the inspection.
	Sediment	No monitoring of sediment had been implemented at the time of the desk assessment. Sediment sampling were conducted in the beginning of September 2020 and the results were not available during the inspection. The applicant was requested to forward the report of the sediment sampling, as well as ensure that results of the analysis be compared with a well-established sediment standard. In response to the draft report, the applicant provided 2020 sediments analysis results with sampling date 01.09.2020 and a comparison with a standard. The sediment samples have been analysed for all relevant parameters. The standards the applicant has chosen to compare against appears to be background concentrations for sediments that are not contaminated. The values provided in this standard is therefore very low. Hence, the measured concentration in sediment at the facility is significantly higher than the referred background concentrations. The applicant is requested to utilize a different sediment standard for comparison purposes, which focuses on the risk of release of hazardous substances from contaminated sediments, the impact on human health and the impact on	Compliance was partly confirmed during inspection.

		the ecosystem at increasing concentrations.	
Technical guidance note 2.1.4 (b),	Health	The yard conducts regular medical monitoring of its employees. When asked to show medical monitoring reports, these were readily available and presented on site to the evaluators. The periodical health check is required by national law for all employees including management, due to the classification of the workplace as "very hazardous". A health check is conducted when a new employee starts and then followed up annually. It includes, x-ray of lungs, hemogram, lead in the blood, liver and kidney test. On-site workers have additional blood test every 3 months as required by Turkish law. The last check was delayed due to Covid-19.	Compliance was confirmed during the inspection.
2.1.4 Technical guidance note 2.1.4 (b), MEPC 210(63) 3.1.1 (5), (7) and (8).	ISO / management system / QMS	The facility is ISO 9001, ISO 14 001, ISO 30 000 and ISO 45 001 certified by Lloyds Register. The applicant has recently installed a new document control system which was not yet operational at the time of the inspection. Reportedly document control is conducted with the necessary revision- and approval dates. The facility has a designated Quality Responsible role. This person is responsible both at the ship recycling facility Isiksan and at AGS. It was explained that the Quality Responsible mainly is present at Isiksan and not at AGS. The Quality Responsible is reportedly the only one that can make changes to the documents included in the shared folder. Spot checks were conducted during the site inspection. As the facility was developing a new document control system, most documents asked for were not readily available either in the shared folder or in a hard copy. Based on the inspection, it was not possible for the evaluators to confirm that the applicant has fully implemented an ISO /QMS / management system. The applicant was invited to provide further information about its ISO /QMS / management system supported by documents e.g. description of the status on the	Compliance was partly confirmed during the inspection.

		implementation of the new document system, updates on preventive action process to be introduced instead of the corrective actions process and copy of the management review meeting from 2019. The applicant was also invited to provide information regarding its continuous improvement projects. The evaluators witnessed a list on site, but there was something odd with the date inserted, 05.12.2020. The list is from the past, so the date must be incorrect. In response to the draft report, the applicant provided a document on the implementation for the new document control system, which was a list of action points, indicating the expected duration (short or mid-term) and the status for each action point. Based on the list, three actions points have been completed. The applicant also provided a document with an overview of integrated objects and planning for 2021. The overview includes objectives, who is responsible, the expected duration, review period, type of method, as well as an overview of whether the objective has been planned or realised (indicating month). The applicant informed that the list will be presented for manager's approval, during the Management Review Meeting 2020. The overview shows that the document is approved by the Company Manager, and that he is responsible for 7 out the 18 points listed. The applicant has provided a copy of the minutes from the management system review meeting for 2019, dated 15.11.2019. The evaluators question how the applicant follows up on the annual goals/ambitions set during the management system review meetings. How does the facility evaluate the goals/ambitions at the end of the year, and decide on how to proceed? A document named *Continuous improvement log* was provided. The document does not seem to be continuously updated, as the revision date is 14.04.2020. The document contains a list of project numbers, and the final project listed is dated 27 June 2020. Most of the information is in Turkish, but the headings of the table are in English. Most of the columns have not been filled out. The evaluators question whether the applicant actually has a system for continuous improvement that they use.	

		Although the applicant has provided further information on the QMS system, it is not possible for the evaluators to confirm that this is fully implemented on site based on the situation during the site inspection. The evaluators would like to see further implementation: - It is expected that the applicant can provide further documentation on the follow up of targets and the continuous evaluation of targets from the 2020 management review meeting. - The applicant explained on site that they had a HSE committee meeting once a month. The applicant is invited to provide documentation that these meetings have taken place, as well as clearly indicate the outcome of the meetings. - A description of where the applicant store documents and screenshot to demonstrate the keeping of documents.	
ILO SHG p21-23, p138:18.1, 18.3, p139:18.5	Workers facilities	The workers have access to toilets, showers and wardrobes as outlined in the ILO guideline 'Safety and health in shipbreaking Guidelines for Asian countries and Turkey'(ILO SHG). There are no dormitories on site. All the workers are going back to their home at the end of the day by buses provided by the facility. The workers wash their own working clothes at home. Sufficient facilities for eating were seen. Lunch is served every day, prepared by an in-house cook. Adequate supply of drinking water is available as outlined in section 18.2 of the ILO SHG. There is no public water supply at the facility, so water is transported on-site and stored in a water tank located in the canteen building. The water arriving on site is of drinking water quality according to national standards and tested before it arrives. The water tank is chlorinated every three months. The water is	Compliance was confirmed during the inspection.

		not tested on-site. In response to the draft report, the applicant has provided water test results. The documents are provided in Turkish. Based on the document naming, it is one document for drinking water analysis and one for portable water analysis. The applicant has referred to SRFP section 3.4.8, including a table of the annual controls Plan. For portable water and filtration, the table indicates that testing are performed every 6 months, and filtration every three months. The annual periodic controls – maintenance plan for 2020 was provided. It shows that drinking water analysis was performed in September and December, and that the one to be completed in July was cancelled due to Covid 19. However, the dates on the drinking water analysis document provided indicate that the samples were taken 12.08.20 and the report prepared 17.08.20. It appears that the sample was taken at an address in Menemen and invoiced to the company [redacted] The Portable water appears to be sampled 09.07.20 and reported on 14.07.20. The invoice is directed to [redacted] while the sampling address is at the Aliağa Hükümet Konağı in Aliaga. This is a municipal building in Aliaga. The relevance of water sampling at these addresses with the ship recycling facility is not clear to the evaluators. In response to the draft report, the applicant also explained that the electrical heaters, located inside the bathroom stalls, are used to heat the water. Photos were provided and found sufficient.	
Article 13 (1) (e) it prepares a ship recycling facility plan			
Technical guidance note 2.1.2	SRFP	The applicant revised its SRFP several times during the application process. The SRFP forwarded upfront of the site inspection was V.13 dated 18.04.2019. This SRFP was seen partly updated during the site inspection (V.14). The SRFP is the cornerstone document of the ship recycling facility and should fully describe the operations and procedures that are in place at the facility to ensure compliance with the EU Ship Recycling Regulation.	Compliance was partly confirmed after the inspection.

		The applicant was advised to revise the SRFP and include chronological detailed instructions on critical processes, clarity and consistency, writing instructions once, according to what is done in the facility's day to day operations. Also, the practical modalities of cooperation with Isiksan were requested to be well explained and detailed in the SRFP. In response to the draft report, the applicant has provided an updated organizational chart in the SRFP section 1.1.1. The applicant has included a paragraph on the collaboration with Isiksan, clearly indicating that most of the methods are identical. In addition, the two yards share some of the workers. Reportedly, the yards have their own health and safety team, a technical manager, and a yard manager. The applicant further replied that the advice provided by the evaluators had been acted upon. The SRFP has been updated to include procedures and instructions. However, the evaluators still consider the updated SRFP V14 to be more targeted to third parties, than to the facility itself, it is not always clearly indicating who is responsible for the various tasks, nor what is to be done and by whom, as further described in this report.	
MEPC 210(63) Section 3.1.1 (1)	Ownership	AGS is part of the Dikkan Group and was acquired in 2012.	The desk assessment showed compliance with this point.
MEPC 210(63) Section 3.1.1 (3), (4)	Facility organisation	The facility organization in the SRFP V13 was outdated at the time of the site inspection, and a new chart had been compiled. An updated organization chart was presented during the inspection. The updated chart shows the overview of who in the management are responsible for which workers and worker groups. Based on the information provided to the evaluators at the time of the site inspection, it was also not clear to the evaluators which of the workers work at which facility. Several people in the updated organisation chart could not be found in the overview of employees from the Social Security Institution in Turkey for July for AGS. Some of the workers were however found in the overview of employees from the Social Security	Compliance was partly confirmed after the inspection.

		Institution for Isiksan e.g. the HSE manager and the safety officers. Some employees were not found in any of the lists e.g. the quality responsible, yard manager and the technical manager. The evaluators were told that many of the workers presented in the organisation chart work at both facilities, AGS and Isiksan. In Turkey an employee is employed in one company and if an employee is to work for another company the worker must be appointed. No documentation on appointments could be provided upon request at the time of the inspection. The applicant was requested to provide an updated organization chart, clearly indicating which workers that work at the facility, which workers are employed by Isiksan, which workers are employed by consulting companies, which workers are employed by the Dikkan Group and which workers are under private contract. Supporting documentation was also requested. The applicant was also requested to provide detailed information on how the resources are allocated between the two facilities. In response to the draft report, the applicant has provided an updated organizational chart as included in the SRFP V 14 section 1.1.1. A copy of the social security registration for 17 employees were provided. Only two out of the 17 employees are registered at AGS, which were registered on 01.10.20 and 07.09.20. It is still not clear to the evaluators which workers actually works at AGS.	
MEPC 210(63) Section 3.1.1 (4)	Roles and responsibilities	The organization's roles and responsibilities did not match the organization at the time of the site inspection. The evaluators recommended to develop a set of own job descriptions matching the organization and the real work performed and make them clear and readable. The applicant was invited to ensure that the job descriptions include job specific tasks and responsibilities for the roles/positions that are key to the operation of the facility and that they are written with the same level of details. In response to the draft report, the applicant refers to Annex 13 for revised job	Compliance was confirmed after the inspection.

		descriptions. The job descriptions are found adequate. However, for some job descriptions there are discrepancies in the titles in the organisation and the job descriptions. It is recommended to have identical naming of the specific roles included in the organizational chart and the job description of each role. The applicant is requested to update this. The applicant has also provided CVs for nine of its workers.	
MEPC 210(63) Section 3.1.1 (6)	Policy	The facility has a recycling policy, outlined in SRFP V14 section 1.1.2.	Compliance was confirmed during the inspection.
	Working hours and annual leave	The employees work 45 hours a week. Working hours are from 08.30-16:30 Monday-Friday (until 17:00 during summertime) and 08:30 to 14:30 on Saturdays. The workers get one-hour lunch break. Since the COVID-19 outbreak, the facility has taken some additional measures, e.g. the workers are divided in two lunch groups, one from 12:00 – 13:00 and the other from 13:00 – 14:00. By Turkish labour law, all employees who have worked for at least one year, including the probation period, are entitled to paid annual leave; and leave periods, which is determined according to employee's length of service: 1 to 5 years (included) 14 working days 5 to 15 years 20 working days 15 years (included) or longer 26 working days Interviews with employees on-site confirmed a practice per Turkish labour law.	Compliance was confirmed during the site inspection.
	Contracts and minimum wage	The overview of employees from the Social Security Institution in Turkey for July 2020 also includes wages. All listed workers at AGS and Isiksan were seen paid above minimum wage (as of 2020, the gross minimum wage in Turkey is 2943 TRY/Month). There are two lists, one for regular employees and one for retired but still working. The lists issued by the Social Security Institution in Turkey are forwarded monthly. Due to COVID-19, the Turkish authorities have enforced a law which protects the	Compliance was confirmed during the inspection.

		workers, and the employer cannot dismiss workers. Workers are free to leave if they wish. In general, the evaluators can confirm compliance on this point, however some employees e.g. the Quality Responsible and the Technical Manager could not be found in the provided overviews as mentioned above. In response to the draft report, the applicant provided a social security registration for some workers, including the Technical Manager, the Quality Manager and the Environment Manager. Even with the close cooperation between AGS and Isiksan, it is important that the facilities have a system to make sure the workers are registered in the social security list, clearly indicating which facility the workers work for.	
MEPC 210(63) Section 3.1.1 (7)	Instructions and procedures	As a general comment, the evaluators observed that the procedures should be improved in presentation and detail, tidied up in the form of useful, practical instructions for workers. During the inspection it became clear that the instructions and procedures in the SRFP V13 were partly detached from what was going on in the field, observed while interviewing workers on-site. The applicant was requested to update the SRFP to describe and instruct step by step details to the workers. In response to the draft report, the applicant provided updated procedures in the SRFP V14 and additional documents/annexes. The evaluators have the following comments: - Reportedly, the Section 4.4. Prevention of adverse effects to the environment, describes various environmental aspects and prevention methods. Tank cleaning instructions, named dry block pre-cleaning instructions in the SRFP page 53, is to be followed by *"an established Pre-cleaning Team at yard".* During the site inspection, the evaluators were told that there was a cleaning team on site. However, the documentation provided by the applicant does not provide any information about which workers are	Compliance was partly confirmed during the inspection.

		part of the cleaning team. - A double bottom dismantling method statement was provided. It provides descriptions on potential risks and what the SRF plans to do to manage such risks. However, it is not defined who is responsible for the various operations. Furthermore, it is recommended to write instructions in a way aimed for the workers, rather than narrative aimed for a third party. The method statement contains some information on how spatter buckets are used to the outer side of the hull to capture slags. Reportedly, slag collecting on double bottom and slag and paint chip collection are described in SRFP V14 Section 4.4.2 and 4.4.2.2. *"Solid pieces such as paint chips or general debris is swept into bags through the deck each day by pre-cleaners".* Debris prevention and control is covered in the SRFP V14 section 4.4.4 and the method statement for double bottom dismantling. These descriptions are very high level and it is not clear to the evaluators who is responsible for ensuring that debris/slag are not polluting the sea during cutting operation on board the vessel and below the drainage line. - A daily control form is used to monitor the cleaning of the yard, the vessel, seashore and sea. The applicant has provided a copy of the form, as well as a copy of one form filled out on 31.10.20. Based on the form provided, there are four inadequacies. The evaluators expect the yard to have a system to make sure inadequacies are followed up. Beach cleaning is reportedly part of the housekeeping regime and monitored through the daily yard control forms. - Instructions on how to dismantle and drain fuel- and oil pipes, and oily machinery, and closing the ends / openings, before being lifted / traversed from the vessel to the secondary cutting area, are sufficiently detailed and found adequate. It would however be beneficial if they were written more as step by step instructions.	
MEPC 210(63) Section 3.1.4	Project management	The facility had no formal project management or progress reporting but follows the	Compliance was confirmed during

	progress reporting	Turkish authorities' requirements as described further in this report.	inspection.
Article 13 (1) (f): it prevents adverse effects on human health and the environment, including the demonstration of the control of any leakage, in particular in intertidal zones;			
Technical guidance note 2.2, 2.2.1, p8: footnote (26), 2.2.2 (f), MEPC 210(63) Section 3.4.4.3/BC TG: p13: Table 1, p33: Table 5, p44: 4.1 / ILO SHG: p65: 7.2.4.4	Intertidal zone Control of leakage Preventive actions	Primary cutting is mainly above water. There is hardly any tidal range in Aliaga. The range is between 25-45 centimetres. At the time of the site inspection, there were no detailed instructions on how to protect the water and sediments, and no detailed dismantling or cutting procedure. There were no descriptions of debris control or slag collection. The evaluators were told that the concreted area towards the sea was cleaned daily after the shift. However, this was not reflected in the SRFP V13. The applicant extended its concreted area towards the sea. The newly concreted areas are below the drainage line and the evaluators questioned how it was ensured in rainy weather that slag and paint chips are not washed into sea. Furthermore, the applicant was also invited to provide information on the use of slag collectors, if any. During the site inspection, the evaluators saw the facility had deployed an oil boom around the vessel. The facility had a procedure, personnel and equipment for emergency response to acute oil pollution, with additional assistance from SRAT/ local port emergency response units. During an earlier visit to the SRAT premises, the evaluators saw an oil filter curtain boom. EPRP oil booms were found on the field, in containers. In response to the draft report, the applicant has included a section in the SRFP V14 on Housekeeping and illumination. The section provides information on daily cleaning of operational areas and weekly cleaning of all areas. The applicant has included a table in the section, indicating where, who, how and when to clean, as well as how this is to be monitored for the various areas. A daily control form is used to monitor the cleaning of the yard, the vessel, seashore and sea. The applicant has provided a copy of the form, as	Compliance was partly confirmed during the inspection.

		well as a copy of one form filled out on 31.10.20. Based on the form provided, there are four inadequacies. The evaluators expect the yard to have a system to make sure inadequacies are followed up. According to the applicant there is no hot cutting activity below the drainage line. The evaluators assume that the applicant means that there is no secondary cutting below the drainage line, however primary cutting is conducted below the drainage line. With regards to slag onboard the applicant states that they use '*splatter buckets or fire retardant taurpalin'*. The evaluators assume the applicant mean oil barrels which have been cut to be fit for purpose. Reportedly paint chips are swept up daily while paint chips onboard are reportedly hand scraped and caught by splatter buckets outside the hull. The improvements are welcome. However, the evaluators do not, based on the received documentation, understand how slag is collected. The evaluators cannot recall and do not have any photos of any spatter buckets on site. There is a description on page 57 in the SRFP V14 and page 4 in Double bottom dismantling method statement. How slag is collected and how the spatter buckets are used still requires further detailing. It would be appreciated if the applicant would forward photos of the spatter buckets in operation to the evaluators. Also, the slag collection procedures lack details for those executing the work. The current procedures are mainly narrative.	
Article 13 (1) (g) (i); the containment of all hazardous materials present on board during the entire ship recycling process so as to prevent any release of those materials into the environment; and in addition, the handling of hazardous materials, and of waste generated during the ship recycling process, only on impermeable floors with effective drainage systems;			
Technical guidance note 2.2.2, MEPC 210(63) Section 3.3.4.3 / BC TG: p78ff: 5.3, p67: figure 6	Cutting areas	Sections cut from the vessel are transported by crane onto the secondary cutting areas. The secondary cutting area was observed on-site to be in open air, on concrete flooring, with drainage. The vessel under dismantling at the time of the inspection had an intact double bottom, resting below the drainage line. The vessel must be further lightened before it can be	Compliance was confirmed after the inspection.

		pulled further on to shore. The evaluators questioned if the facility had sufficient pulling capacity to pull the double bottom beyond the drain line. The applicant was invited to provide details on how this is ensured. In response to the draft report, the applicant provided additional information regarding its pulling operations and the machinery used. Please refer to the row on "measures and infrastructure" above for further details.	
Technical guidance note 2.2.2, MEPC210(63) Section p34: 3.4.4.1	Drainage	The facility has two drainage lines running across the plot. One close to the seafront and another further away from the sea. The latter is divided in two and concreted on top. During the site inspection, the evaluators were told that the concrete on top was to protect the drainage line from damage when the excavators, loaders and trucks are passing. A pipe underneath the concrete is connecting the two sides of the drainage line. The evaluators visually inspected the connection pipe. The connection pipe is not located at the bottom of the drainage line, resulting in some of the water being trapped in one side of the drainage line. Water not entering this drain line will however, due to the slope of the plot be collected in the drainage line closest to the sea. The drained water is collected in two waste liquid storage tanks, each with a 30 cubic metres capacity. The entire plot is covered in concrete. The area between the last drainage line and waterfront is covered with concrete.	Compliance was confirmed during the site inspection.
Technical guidance note 2.1.4, 2.2.2, 2.2.3, 2.2.5, 3.5, MEPC 210(63) Section 3.4.2.5 / BC TG 3.1, 3.3, 3.4.3, 4.1, 5.1, 5.2 (Zone D), 5.3 (Zone D), p92, Table 11	Waste and hazardous waste storage	Waste and hazardous waste is temporarily stored on site. Several hazardous waste rooms were observed on-site. The rooms had concreted floors and walls and were roofed. The rooms were ventilated and fitted with locks. The rooms were equipped with a drain channel at the back, draining to a small tank in the waste room facing to the sea. The facility stores steel, non-ferrous materials, machinery and other equipment on-site. During the inspection, it was observed that storage areas had concrete flooring. It is understood that the applicant tries to resell equipment and thus stores it only temporarily. According to Turkish legislation (Gemi Insa Yönetmeliği) lifeboats cannot be sold within Turkey (prohibited since 01.07.2019), but they may be sold to other countries. In Turkey	Compliance was confirmed during the inspection.

		they can reportedly only be donated for educational purposes. When asked what they do with lifeboats, the applicant informed that they store it on-site. No life boats could be observed on-site, however several life boats were observed on permeable ground on the right-hand side of the road leading into the ship recycling area, among them several from the rig under dismantling at Isiksan. Lifeboats may contain hazardous waste such as fuel and lead-acid batteries. Unless the hazardous items are removed, they cannot be stored on permeable ground. The applicant was invited to provide information on the stored lifeboats. In response to the draft report, the applicant has explained that "*hazardous materials such as acid batteries and fuel are identified in the IHM reports. Recycling yards include the waste in these locations in their waste management plan and make necessary arrangements accordingly for safe disposal. Non-hazardous materials can be stored on permeable floor."* A copy of a page from the IHM report for SEDCO 711 was provided. This page includes the IHM table. In the table, it is stated that there are batteries in the lifeboat. The Sedco 711 Semisub was dismantled at Isiksan at the time of the inspection. A photo of several batteries on a truck was also provided.	
Article 13 (1) (g) (ii): that all waste generated from the ship recycling activity and their quantities are documented and are only transferred to waste management facilities, including waste recycling facilities, authorised to deal with their treatment without endangering human health and in an environmentally sound manner;			
Technical guidance note 2.1.4, 2.2.2, 2.2.3, 2.2.5, 3.5, MEPC 210(63) Section 3.4.2, 3.4.3/ BC TG p11, p12, p48ff: 41, p50ff: 4.2,	Waste management	It is a requirement that all wastes generated from the ship recycling activity are properly documented. The 2016 Technical Guidance clarifies this further in section 2.2.2, where it is written: *All elements separated from the ship, including large blocks, constitute either 'hazardous materials' or 'waste generated during the ship recycling process'*. According to the applicant, firefighting foam on-site was not taken from a vessel but provided by a Turkish producer. The brand on the firefighting foam extinguishers supports this. When asked how they had handled firefighting foam onboard the drill vessel under dismantling, different statements were provided, e.g. it was mixed into the oily liquid	Compliance was partly confirmed during the inspection.

		tank or it was disposed with EAL code 160303. However, the evaluators questioned if the firefighting foam was disposed with EAL code 160303 since this code is used in connection with inorganic waste containing hazardous waste. It would be expected that firefighting foam, containing organic waste, is disposed of by using EAL code 160508. When asked to see the receipts for disposal of asbestos onboard the vessel under dismantling, this could not readily be found. The applicant was invited to forward the receipts of the asbestos disposal and provide further information regarding the handling of firefighting foam. In response to the draft report, the applicant explained that firefighting foam with PFOS in systems are pumped out to IBC tanks and sent to disposal under EAL160508 to Sureko. The waste code has been updated in the SRFP. Main engines, generators and other type of machinery, gyros, signal lights, radio equipment, radars etc. are stored on-site and resold to the second hand market if possible. During the inspection re-selling of equipment was discussed. The applicant provided information to the evaluators, but it was not clear if this has been formalised into a procedure. The applicant was invited to provide additional documentation in this regard and forward a procedure for review. In response to the draft report, the applicant states: *'AGS include the waste found in equipment, in their waste management plan and make necessary arrangements accordingly, for safe disposal. Machinery and equipment which contains hazardous substances are not reused, sold or marketed. The hazardous materials are disposed at first chance. Reusing equipment without hazardous substances is considered as part of recycling'*. Based on the information currently available to the evaluators it is not clear how the applicant ensures that they do not resell equipment containing hazardous substances. Please refer to the row on "additional sampling" below.	

Technical guidance note 2.1.4, 2.2.2, 2.2.3, 2.2.5, 3.6, MEPC 210(63) Section 3.4.2, 3.4.3/ BC TG p11, p45ff: 7. / 4.2	Waste disposal	This facility does not utilise the services provided for waste disposal by SRAT like most other facilities in Aliaga but is responsible for its own waste disposal. The traceability of waste is ensured through satellite-based tracking system of the waste called MOTAT. Please refer to Article 15(5) below.	Compliance was partly confirmed during the inspection.
Article 13 (1) (h); it establishes and maintain an emergency preparedness and response plan; ensures rapid access for emergency response equipment, such as fire-fighting equipment and vehicles, ambulances and cranes, to the ship and all areas of the ship recycling facility;			
Technical guidance note 2.1.3, MEPC 210(63) Section 3.3.5/ BC TG p3, p5/6, p47, p56, p63/64/65/66/67, p70, p81, p83, p87, p89/ ILO SHG p32: 4.6, p 49: 7.1.8, p 128:16.	Emergency preparedness and response plan	The Emergency Preparedness and Response Plan (EPRP) is addressed in the SRFP V13 section 3.3.4.12 page 48, with reference to Appendix 4.8 Emergency Preparedness and Response Plan for the EPRP itself. Overall, the EPRP was found to be adequate but with room for improvements. Important content in the EPRP was sometimes hidden and not reflected in the table of contents. E.g. chapter 6.11 'confined spaces' was not part of the table of contents. The evaluators requested the applicant to update its EPRP in the desk assessment report, but a revised EPRP was not available at the time of the inspection. Most of the photos used for illustrative purposes in the EPRP were from Isiksan, and not from AGS. It was recommended to update the EPRP with photos from AGS. The applicant had a rescue boat placed on the left-hand side (looking towards the sea). The engine was under maintenance during the site inspection. An intermodal container served as the emergency response room, visited during the inspection. First aid kits were available. There were several expired respiratory filters which the evaluators suggested the applicant to remove, there were no flash lights available and it appeared that the breathing apparatus was last checked in December 2017. The applicant was invited to inform on any improvements made since the inspection. The applicant explained that different emergency response drills are carried out at the	Compliance was confirmed after the inspection.

		facility regularly. The applicant was invited to forward records of some drills. In response to the draft report, the applicant provided an updated EPRP. In general, the updated EPRP is viewed as a good improvement and is considered adequate but with some room for improvements: • At the top of the pages the applicant has included document no, publish date, revision number and revision date, and page numbering. The evaluators suggest to also include this information on the frontpage of the EPRP. • The first page of the EPRP contains internal and external emergency contact numbers. This is good practice, and the applicant is reminded to update the list when there are changes in the organization. E.g. the Technical Manager listed in the organisation chart and the name listed in the internal emergency contact list do not correspond. • Fire: Onboard fire team and yard fire team are listed in different tables in the EPRP rev.02 dated 02.09.2020. The evaluators cannot see that fire is distinguished between fire on ship and fire on site. A fire action plan and alarm system on a ship should be described. • The instructions included in the updated EPRP are improvements. Changes have been made to the order of emergencies being listed in the EPRP. However, the evaluators recommend to further improve this and make sure the most severe and relevant emergencies have chapter priorities before less severe and relevant emergencies. E.g. the chapter on sabotage, act of terrorism is currently found before the chapter on oil and chemical spills. • There are still some minor outstanding comments from the desk assessment that have not been implemented. The evaluators suggest that the applicant revise the EPRP accordingly and take the comments from this report into consideration. The applicant also confirmed that the rescue boat has been renewed and is in working order. The photos provided shows a different rescue boat than the one	

		the evaluators observed onsite. Reportedly, the monitoring regime for emergency response equipment has been updated. A document including a copy of the emergency response equipment list was provided. The list has been installed inside the emergency response room. The applicant explained that it appears that the flashlights are taken and not returned to the emergency response room. Reportedly, the applicant has labelled the flashlights with stickers "*Return to emergency room after use".* A photo showing six flashlights with stickers was provided. The applicant has provided drill records in Turkish of reportedly three different drills that have been carried out in 2020; • Chemical spill during waste oil transfer dated 10.08.2020. Based on the provided document the drill lasted for 10 minutes (from 15:14 to 15:24) • Rescue on board by basket/first aid dated 29.08.2020. Based on the provided document, the drill lasted for 7 minutes (from 14:13 to 14:20) • Rescue from heights/confined spaces dated 25.08.2020.	
Technical guidance not 2.2.4, MEPC 210(63) Section 3.2.1	Emergency access routes	Emergency access routes and assembly station were marked. Access to ships for ambulance and fire truck was seen to be good during the inspection.	Compliance was confirmed during the inspection.
MEPC 210(63) Section 3.2.1	Access and logistics within facility	The main accessways were open and tidy, with good logistics. However, it was observed that little actual work was going on during the inspection and that the plot had been tidied and cleaned prior to the inspection. The evaluators presume the applicant continuously ensures good logistics within the facility to ensure that the amount and size of heaps of scrap waiting to be sold do not clutter accessways.	Compliance was confirmed during the inspection.
Technical guidelines 2.1.4 (b), MEPC 210(63) Section 3.2.1, 3.3.5, ILO	Medical services and facilities	The facility has access to a well-equipped first aid room at SRAT with a doctor and nurse. Hospitals and private medical services are available in the city of Aliaga, close by. The EPRP includes the phone numbers to two hospitals: Aliaga State hospital and Menemen	Compliance was confirmed during the

SHG, Section 3.6		State Hospital. Map checks confirm distance of the hospitals to be 8 and 30 km respectively. The Aliaga hospital is equipped with a trauma unit. Izmir has even more advanced hospitals (severe burn unit) and medical helicopters or flights are available if required. The facility had a first aid room, located next to changing rooms and canteen.	inspection.
Technical guidelines 2.1.4 (b), MEPC.210(63), Section 3.3.1, 3.3.4.11	Regulatory requirements health and safety	Turkish Occupational Health and Safety Law (No. 6331, published: 30.06.2012 / Official Gazette No. 28726) requires every company to contract an occupational health and safety expert and a company doctor based on the company's hazardous class. Depending on the number of workers on site, the minimum time that the doctor should spend at a company is defined in the respective regulations (at least 15 minutes per worker per month for very hazardous establishments). The facility has contracted the external provider Aliaga OSGB for this service. The OHS Expert spends the required time as specified in the Turkish requirements on-site. Reportedly the OHS Expert talks directly to workers about non-conformities observed on-site. The evaluators also witnessed observations made by the OHS Expert on-site.	Compliance was confirmed during the inspection.
Article 13 (1) (i) it provides for worker safety and training, including ensuring the use of personal protective equipment for operations requiring such use;			
Technical guidance note 2.3.1	Safety inspectors on site	According to the updated organizational chart shown on-site, the Health and Safety Responsible is responsible for safety on-site, supported by the Safety Supervisor and Safety Officers. The safety team is responsible for safety both at Isiksan and AGS. Based on the information provided during the site inspection, the Health and Safety Responsible is responsible for the safety instructions and training. The evaluators were told that the Health and Safety Responsible included in the updated organizational chart is fulltime employed at AGS. However, the Health and Safety Responsible was not listed in the overview of employees from the Social Security Institution in Turkey for July 2020 for AGS, but for Isiksan. The same applies for the Safety Supervisor and the safety	Compliance was partly confirmed during the inspection.

		officers. It was not clear to the evaluators who is responsible for safety on-site at AGS. Reportedly five out of six Safety Officers had recently been employed and had at the time of the inspection only received basic HS training, referred to as introduction training in interviews with workers. Reportedly the Safety Officers will receive further training from external provider, but this has been delayed due to Covid 19. At the time of the inspection different statements were provided regarding the Safety Officers. While some stated 4 Safety Officers were at AGS and 2 at Isiksan, others stated that all 6 Safety Officers were at AGS. During interviews, the evaluators were told that the Safety Officers were both on-site and on board the vessel. The facility is assisted by the OHS Expert from Aliaga OSGB to conduct training for the workers. Daily safety appeared to be enforced by the Health and Safety Responsible, together with the Safety Supervisor and the Safety Officers, while safety was controlled by both announced and un-announced inspections by an external provider Aliaga OSGB. This service is required by Turkish law. Initially the applicant claimed that the external provider is present for almost 2-3 full days per week. However, the contract with Aliaga OSGB shows that they are contracted for 3320 minutes per month which corresponds to approximately 7 days per month. During the site inspection, the safety organisation remained unclear to the evaluators, in particular how the resources are shared between Isiksan and AGS and why most are employed by Isiksan when they reportedly work on both yards. Also, the evaluators requested information if any additional training have been provided to the safety officers after the inspection. In response to the draft report, the applicant has provided additional information. Reportedly, the yard informed that the *"OHS Team consist of 6 safety officers along with 2 safety experts in-house and 1 safety manager (Outsourced from OSGB to verify HS practices and processes). All in house safety personnel are employed*	

		by Isiksan. Since the procedures and processes are identical, safety personnel have been assigned to Yards by HS experts on a weekly basis. Experts were responsible for both Yards together. After the site visit, yard has decided to separate the teams and make permeant assignments. 3 of the safety officers and 1 Safety Expert will be re-registered to AGS. Likewise, 3 officers and an expert will stay at Isiksan." Such changes will reportedly only be possible after the legal restrictions on reassignments by employer has been lifted. The applicant has provided copies of temporary assignment forms for personnel, available in Turkish. Reportedly, Safety Officers occupational training was provided from the 18-20 November 2020. The course lasted for three days (3 x 8 hours). Reportedly, the training includes: "*Safety at Workplace, safe acts, Preventive Measures, Risk based approach, hazard identification, accident management and emergency preparedness and respond".* According to the applicant, the training is for Foremen and willing helpers to improve the safety culture of the yard. A copy of the safety training was provided, including a list of the workers entitled to complete the training. The document is signed by Asuman Kaplan. Considering the Isiksan stamp, and that he is not listed in the updated organisational chart, the evaluators assume he works at Isiksan or is from the Dikkan Group. A Safety Officer, [redacted], and one of the Ship Supervisors, [redacted], are part of the list of workers entitled to the additional training and can be found in the updated organizational chart. The rest of the workers are either not listed in the organizational chart or work at Isiksan. As most of the safety officers and safety team were newly hired at the time of the site inspection, it is important that they are provided sufficient training. The improvements made by the applicants are appreciated. However, the evaluators would like to see that the workers are contracted to AGS to confirm compliance.	
Technical guidance note 2.3.2	Condition of safety equipment	Safety equipment was in general found in good condition. Spot checks of the periodical test for e.g. the human basket and cutting basket were found in good order.	Compliance was confirmed during the

			inspection.
Technical guidance note 2.3.3, MEPC 210(63) Section 3.1.2/3.2.2	Safety induction and training, employees	A new-employment training scheme was in place. The training scheme was set-up by the Doctor and OHS Expert from [redacted] together with the facility.	Compliance was confirmed during inspection.
Technical guidance note 2.3.3, MEPC 210(63) Section 3.1.2/3.2.2	Safety induction and training, subcontractors	Sub-contractors are reportedly not used on-site.	N/A
Technical guidance note 2.3.3, MEPC 210(63) Section 3.1.2/3.2.2	Safety induction, visitors	During the inspection the evaluators were subject to induction training upon arrival that included being made aware of emergency exits and meeting the point in case of an emergency. Upon arrival the security guard took the evaluators signatures, a temperature check was conducted (Covid-19 measure)and visitor cards were provided to the evaluators. The evaluators (and others entering the facility) had to pass through a disinfectant tunnel (Covid-19 measure). Before going on-site, the evaluators were told to walk on the marked pathways and the assembly area was shown.	Compliance was confirmed during the inspection.
Technical guidance note 2.3.3, MEPC 210(63) Section 3.1.2/3.2.2	Risk Assessment	SRFP section 3.3.3 describes in general the 2 types of risk assessments used by the facility. The facility has a general risk assessment which is valid for 2 years with an operational procedure RA.01.00. The facility also use a job safety analysis before dismantling activity with the operational procedure OPS-F.33.00. The risk assessments were found to be adequate.	Compliance was confirmed during the site inspection.
MEPC 210(63) Section 3.1.2	Hazardous waste handling training	In the application form and in the SRFP V.13 the applicant states that SRAT personnel handle hazardous waste. However, during the inspection it was explained that hazardous waste is handled by the facility's own workers. When asked if the workers had been trained the yard replied that they had not been officially trained but received some information in toolbox talks.	Compliance was confirmed after the site inspection.

		To be able to confirm compliance on this issue the applicant was requested to ensure adequate training of its own resources handling hazardous waste. In response to the draft report, the applicant explained that SRAT provides annual training for waste handlers. The applicant provided copies of: • Waste handler training of trainer certificate was provided for Environment manager [redacted]. • Waste training ADR (International Carriage of Dangerous Goods by Road) and awareness, including a list of 41 names, as well as copies of the training certificate, dated 27.10.2020. • Waste training for Safety measures in waste handling on scrap ships. Copies of certificates for 12 workers, dated 21.10.2020. The applicant has provided an annual training plan for 2020. The evaluators do not understand why the annual training for waste handlers is included as part of optional training list and not the mandatory training list. The applicant must continuously ensure that its workers are trained for the hazardous materials they will handle.	
MEPC 210(63) Section 3.3.5	Ship access control	The facility had a box where the workers put their card before boarding the vessel.	Compliance was confirmed during the inspection.
MEPC 210(63) Section 3.3.4.5	Prevention of falling from heights	Working at height training was in force and safety harnesses were observed to be used.	Compliance was confirmed during the inspection.
MEPC 210(63) Section 3.3.4.1.8	Safety signage on site	Safety signage on site was abundant. Many signage was seen new.	Compliance was confirmed during the inspection.
MEPC 210(63) Section 3.3.4.1.8	Safety signage on	Safety signage was observed to be acceptable in front of the vessel and on the available	Compliance was confirmed during the

	vessel	deck. Interviews with workers confirmed that safety signage is available onboard.	inspection.
MEPC 210(63) Section 3.3.4.6	Lifting equipment and instructions	During the site inspection, the evaluators were told that all lifting equipment including cranes, slings and shackles are periodically tested and certified by AFS. The latest reports were from 05.09.2020. All equipment appeared to be inspected and verified within one day's work, according to the certificates. The facility has loaders, excavators and cranes. Test records were spot checked e.g.: • The CAT loaders were tested with a boom length of 3 m, with 6 tons for 10 minutes. • The Hyundai excavators were tested with a boom length of 8m, with 2 tons for 10 minutes. Several reports of the lifting equipment showed deficiencies e.g. in the signal system, missing light, oil leak etc. These had reportedly been corrected by the applicant. Two excavators were reportedly sent for further maintenance outside of the facility. During the site inspection, the evaluators were told that if additional crane capacity is required, the facility rents a mobile crane. The evaluators witnessed documentation that the facility had rented a 350 tons mobile crane from http://www.sedefvinc.com/ to lift six pieces of generators (21.08.2020). On-site the evaluators interviewed several workers discussing lifting operations. The lifting operations explained were good, however these could not be found in the SRFP. The applicant was requested to update its instructions on lifting in the SRFP. In response to the draft report, the applicant has updated the SRFP V14 and Section 2.6.4 '*Methods: Lifting*' is divided into three different routines; routine lifting, non-routine lifting and manual handling. The evaluators see this as an improvement. However, it is not clear to the evaluators who is responsible for what. The applicant is requested to update the SRFP with this information. Please also see the row below on "Cutting procedures" for further details.	Compliance was partly confirmed after the inspection.

MEPC 210(63) Section 3.3.4.6	Crane operators' certification	Checked during the desk assessment.	The desk assessment showed compliance with this point.
MEPC 210(63) Section 3.1.2	Training of forklift operator	N/A	N/A
MEPC 210(63) Section 3.1.2	Certification/ training of cutters	Training of cutters was found in order.	Compliance was confirmed during the inspection.
MEPC 210(63) 3.4.3	Cutting procedures	The organizational chart shows that the Ship Supervisors ([redacted]) and the Yard Supervisor ([redacted]) are responsible for the cutters. These three report to the Yard Manager ([redacted]) In the SRFP V13 p. 23 it is described that the Technical Manager creates the cutting plan for each zone and conveys the message to the Foremen and workers during the daily toolbox meetings. During the site inspection, the evaluators were told that the Technical Manager and the Yard Manager are working closely together. The Technical Manager creates the plan, whereas the Yard Manager carries them out on-site. The evaluators experienced that this did not seem to be entirely what was being done on-site. It appeared to the evaluators that the experienced Ship Cutters are involved in the planning of cutting operations, which could be expected due to their expertise. The SRFP V13 includes descriptions on block dismantling, lifting and moving. However, these descriptions are more narrative than descriptive. The descriptions of the cutting process, as explained by the workers on site to the evaluators during the site inspection, did not entirely coincide with the descriptions in the SRFP V13. During interviews with of some of the workers, the evaluators were explained how the cutting is conducted. The vessel is cut in sequence, starting with the forward part of the vessel followed by the accommodation. The evaluators were given various explanations	Compliance was partly confirmed during the inspection.

		on how the facility is dismantling the derrick on drill ships. A trustworthy explanation was given by one of the Ship Cutters performing the work in question who described in detail how the derrick is cut and how the cranes on the ships are removed. There were no clear instructions on how to remove the derrick on a drill ship nor how to remove cranes on drill ships in the SRFP V13, although the applicant has specialised in demolishing such vessels. The applicant was requested to update the its SRFP with detailed cutting procedures according to how they do it on site, and that they must rent cranes to be able to lift the cut crane parts from the drill ships. In response to the draft report, the applicant explained that "*Method statements are prepared to describe step by step process and annexed to SRFP. AGS is specialized on dismantling drillships but it is not limited to drillships. Therefore derrick or crane removal is not embedded in the SRFP itself."* The applicant has provided a method statement on derrick removal that contain a step by step order of the operations. Based on the description on the removal of the derrick described to the evaluators during the site inspection, the evaluators cannot see that this is reflected in the method statement. The method statement provided is written in a more narrative way for third parties, rather than descriptions for the workers, indicating who is responsible, how to carry out each step and what to do. Based on the information currently available to the evaluators it is not possible to confirm compliance.	
MEPC 210(63) Section 3.3.4.3 / ILO SHG: p108ff:13.	Steel cutting machines	Gas cutting torches are used throughout.	Compliance was confirmed during the inspection.
ILO SHG: p108ff:13.	Other machinery	The generator was seen in working condition, although dusty. The air filter was seen to be brand new.	Compliance was confirmed during the inspection.
ILO SHG: p67:7.2.4.4, p108ff:13.	Winches, mooring gear	The facility uses loaders/excavators for pulling operations and not winches. The chains used for pulling operations are periodically checked by [redacted].	Compliance was confirmed during the

			inspection.
MEPC 210(63) Section 3.3.4.6.	Ropes/chains/ slings	Spot checks showed that the facility has an inventory list of lifting equipment such as slings, shackles, steel ropes. However, not all of the equipment that was spot checked could be found in the list. This was surprising to the evaluators as it was expected that the applicant had introduced a similar system as they have introduced in their other facility, Isiksan. The facility was requested to implement a traceable system including an inventory list of the lifting equipment. The system was recommended to have a logical naming and numbering system. The applicant was requested to update its procedures on certification of lifting equipment in the SRFP. In response to the draft report, the applicant explained that they have provided a copy of the monitoring system, which is a colour coded lifting equipment list. The evaluators see this as an improvement. The numeration has been rearranged, and there are no repeating serial numbers, and the reports match the serial number.	Compliance was confirmed after the inspection.
MEPC 210(63) Section 3.3.4.8	Maintenance and decontamination of tools and equipment	In general, little housekeeping was observed on equipment and tools during the site inspection in way of cleaning and tidiness.	Compliance was confirmed during the inspection.
ILO SHG 16.1.6	Eyewash	Several eye-wash stations and many solution bottles were seen posted during the inspection.	Compliance was confirmed during the inspection.
MEPC 210(63) Section 3.3.4.8	Condition of electrical equipment	The electrical equipment, connections, plugs etc. were seemingly intact.	Compliance was confirmed during inspection.
MEPC 210(63) Section 3.3.4.7	Housekeeping and	In general, fair housekeeping was observed during the site inspection, in way of cleaning	Compliance was

	illumination	and tidiness. However, it was observed that little actual work was going on. Illumination of stores, workshops and emergency equipment room for example, was good.	confirmed during inspection.
Technical guidance note 2.1.3, MEPC 210(63) Section 3.3.5/3.3.6 / BC TG: p63: 4.5	Fire station	Izmir fire department has a station in Aliaga and reportedly they have 117 fire trucks in various tonnages, 48 laddered fire trucks, 17 laddered vehicles, 56 meters hydraulic foam towers, 104 meters laddered vehicles with baskets, 2 fire trucks for industrial fires etc. At the Aliaga station they have among others an unmanned robotic fire engine for chemical fire response. No drills are held with the participation of the local fire brigades.	Compliance was confirmed during the inspection.
ILO SHG: p49: 7.1.7	Instructions and signage	Basic firefighting instructions and warning signage were seen to be in place.	Compliance was confirmed during inspection.
Technical guidance note 2.3.3, MEPC 210(63) Section 3.1.2 ILO SHG: 8.8	Fire station manning, fire-fighters	Selected workers are trained in basic firefighting. The facility's fire fighters will only attempt to put out minor fires. If a fire escalates, SRAT's fire team is called. If the fire runs out of control, the local fire brigade is called for.	Compliance was confirmed during inspection.
ILO SHG: p83: 8.8.8	Fire station equipment	N/A	N/A
MEPC 210(63) Section 3.3.6, ILO SHG: 8.8.11	Fire alarm system on shore	Several alarm points were observed on-site.	Compliance was confirmed during the inspection.
ILO SHG: 8.8.11	Fire alarm system on vessel	The evaluators boarded the deck of the vessel currently under dismantling. The facility explained that fire alarms would be manually released on board in case of fire.	Compliance was confirmed during the inspection.
Technical guidance note 2.3.3, MEPC 210(63) Section	Fire prevention measures general	Fire prevention is monitored. The facility follows the requirements of OHSA requirements.	Compliance was confirmed during the

3.3.6, ILO SHG: 8.8			inspection.
MEPC 210(63) Section 3.3.6, ILO SHG 13.4.5	Combustible materials and hot work	A number of sections were observed in the secondary cutting zone. The sections observed were bare steel. Reportedly all combustible materials are removed before cutting.	Compliance was confirmed during the inspection.
MEPC 210(63) Section 3.3.4.4, ILO SHG 8.8.1, 13.5.2.	Condition of AC/OX lines	The conditions of hoses and connections were seen to be in order. The gas / oxygen colour codes were visible.	Compliance was confirmed during the inspection.
MEPC 210(63) Section 3.3.4.4	Transporting/ storing flammable gases	The applicant has an LPG tank on-site, serviced by the gas provider. The LPG tank is filled by LPG semi-trailers. It is required that the semi-trailers hold a "Certificate of Conformity for Vehicles Transporting Dangerous Goods by Road" and are equipped with tachographs.	Compliance was confirmed during the inspection.
MEPC 210(63): p21: 3.3.5, p23: 3.3.6	Fire hydrants	Tested and found in order.	Compliance was confirmed during the inspection.
ILO SHG: p83: 8.8.10	Fire extinguishers	The fire extinguishers were spot checked on-site and found to be marked. The records showed that all fire extinguishers had been checked and refilled. Reportedly the supplier check the firefighting extinguishers and refill as needed. When asked about this the applicant informed that the fire extinguisher service company replaces all extinguisher once a year. Reportedly this was completed 8 September 2020. Additionally, the fire extinguishers are checked and refilled every 3 months. The applicant was invited to provide additional information on the service of the fire extinguishers as the plans and reports did not completely coincide. In response to the draft report, the applicant updated the SRFP and provided a copy of the fire extinguishers control list.	Compliance was confirmed during inspection.

MEPC 210(63): p22: 3.3.6, ILO SHG: p82: 8.8.3	Smoking areas	The facility has designated smoking areas.	Compliance was confirmed during the inspection.
	Access control to facility; security patrols	The facility has a guarded entrance.	Access control to facility is not a requirement.
ILO SHG 8.4.2	Entrances / gates, fencing	The area was closed to the road by a gate, otherwise the regular access scheme to the Aliaga facilities was in force.	Compliance was confirmed during the inspection.
Technical guidance note 2.3.3, 2.1.4, 2.3.1, MEPC 210(63) Section 3.1.2, 3.1.4, 3.3.4.3, 3.3.6, 3.4.4 / BC TG: p3: figure 1, p84: 6.1, 6.2,	Training	The facility had a training scheme for all workers, with a list of courses and frequency. Trainings are generally conducted by Occupation and Health Manager from OSGB, together with the Health and Safety Responsible. At the time of the site inspection, the Safety Officers had not yet received the required training by the external company. According to the SRFP V.13, most of the hazardous waste management is outsourced to the SRAT. However, the facility workers are more involved than described in the SRFP V.13. The evaluators advised that the workers participating in hazardous waste removal must be properly trained, and records forwarded to the evaluators for review. In response to the draft report, the applicant has explained that SRAT provides annual training for Waste Handlers. The applicant has provided training certificates, please refer to the comments to the "Hazardous waste training" above.	Compliance was confirmed after the inspection.
Technical guidance note 2.3.2, MEPC 210(63) Section 3.3.4.10	PPE	The use of PPE was seen to be well implemented, free and readily available as needed. It was observed that even though ear protection is readily available, it was not used by many workers. It was recommended that the facility look into how they can motivate the workers to use ear protection. A few helmets were observed to be expired. The facility was invited to introduce a system	Compliance was confirmed after inspection.

		to ensure that helmets are well within their expiry dates. In response to the draft report, the applicant explained that informative signs have been installed in noisy areas, and pictures have been provided. Video about hearing loss have been included in the food court display screen. The applicant included a link to this Youtube video. It is not completely clear how this video will increase the motivation of the workers to use ear protection. The applicant explained that they have adopted a stocking system and that shelves in the PPE room/container have been rearranged. The applicant has provided pictures of the new system and explained that the red shelves are dedicated for PPE which has the nearest expiry date. The applicant also provided a PPE monitoring list which includes overview of the PPE Stock, as well as a list of the workers, when they received the PPE and the expiry date of the PPE. The monitoring system will indicate when a PPE is overdue. The evaluators find this adequate.	
Article 13 (1) (j): it establishes records on incidents, accidents, occupational diseases and chronic effects and, if requested by its competent authorities, reports any incidents, accidents, occupational diseases or chronic effects causing, or with the potential for causing, risks to workers' safety, human health and the environment;			
Technical guidance note 2.3.4, MEPC 210(63) Section 3.3.4.11 and Appendix IV, ILO conventions	Medical monitoring,	Procedures for medical monitoring were documented. Worker accidents, injuries and medical/health records such as occupational health examinations are recorded. The facility followed OSHAS and Turkish law defined as a "hazardous workplace". In general, the medical monitoring schemes were found good and well documented in organized records. Annual tests include hearing, vision, lung capacity, blood test and lung x-ray. New hires are obliged to undergo medical examination before starting work. Blood, urine and lead are tested every 3 months. Records were spot checked on-site. 24 out of 77 workers were transferred for additional hearing tests. The applicant has not systemized the health monitoring reports. The applicant changed the respiratory masks due to some poor breathing function tests. It is too early to know if the change of respiratory masks has made any improvements.	Compliance was confirmed during the inspection.

	Incident monitoring and reporting	The facility had an incident monitoring and reporting in place. Asking for the reports on accidents, the facility provided detailed accident reports. Each accident is followed up by a corrective action plan.	Compliance was confirmed during the inspection.
	Statistics	Reportedly the yard has not experienced a fatal accident. Until September, the facility had experienced 16 accidents in 2020. The accidents involved falls from height, a few objects falling down, some burns, some cuts and some broken limbs. The applicant showed the evaluators the incident reports for several accidents. One worker was sent to a private hospital for an operation due to the injury. The applicant covered the costs. The applicant stated that they did not find the overview over accidents and their statistics satisfactory and that they will receive external training for root cause analysis. The applicant stated they will forward updated information to the evaluators for review. In response to the draft report, the applicant explained that HSE and selected workers have received a Root Cause training from Dikkan Acadamy. A copy of the Training attendance form was provided. The applicant explained that they have adopted a new HSE statistic monitoring program and provided a copy of the overview. The evaluators find this adequate and expect this to be continuously updated, and that they have a sufficient procedure to follow up their works if injured and provide training if necessary.	Compliance was confirmed after the inspection.
	Near-miss reporting	In response to the draft report, the applicant explained that the Near Miss Reporting Form has been updated. Reportedly, new forms have been placed across the yard. Three examples of near miss forms filled out by the workers were provided, as well as copies in English (translated by the applicant). In the form the workers can indicate if they have any suggestions to correct the situation/near miss. In the SRFP V14 section 3.2.1 '*HSE inspection regime'*, the applicant has included how the facility receives information from workers, third party etc, which are seen as improvements. However, the evaluators cannot find information in the SRFP on how the	Compliance was partly confirmed after the inspection.

		facility follows up on the suggestions given in the near miss forms. It is recommended that this is described in the SRFP.	
	Non-conformance procedures	In response to the draft report, the applicant explained that "*risk based thinking has been adopted by the organisation as part of the 45001 transition".* The applicant has provided a Non-Conformance Procedure.	Compliance was confirmed after the inspection.
	HSE Incentives	No additional incentives, to regular wages, were identified.	N/A
	Corporate social responsibility	The facility's recycling policies are presented in various pages of the SRFP and in appendices.	N/A
Article 13 (2) (a): the operator of a ship recycling facility shall send the ship recycling plan, once approved in accordance with Article 7(3), to the ship owner and the administration or a recognised organisation authorised by it;			
MEPC 210(63) Section 3.2.4, 3.4.2.1	Ship recycling plan	During the inspection, the ship recycling plan for the vessel under dismantling was observed. Cutting operations were included in the SRP. The SRP was observed to be developed in accordance with the requirements of Article 7.2 of the SRR and found adequate.	Compliance was confirmed during the inspection.
Article 13 (2) (b): report to the administration that the ship recycling facility is ready in every respect to start the recycling of the ship;			
MEPC 3.2.3-3.2.6	Ready for recycling certificate	As part of the application file, the facility submitted the specific statement concerning the recycling of EU Member States flag ships (part 5 of the application). According to the signed statement, the facility will prior to any recycling of the ship — send the ship recycling plan, approved by the competent authority according to the procedure applicable*, to the ship owner and the administration or a recognised organisation authorised by it; — report to the administration that the ship recycling facility is ready in every respect to start the recycling of the ship The evaluators are of the impression that the ship recycling facility can adapt to these	The evaluators are of the impression that the organisation can adapt to these new legal regimes.

		new legal regimes. *[*Currently, there is no legislation in place in Turkey to approve SRPs according to the EU SRR.]*	
Article 13 (2) (c): when the total or partial recycling of a ship is completed in accordance with this Regulation, within 14 days of the date of the total or partial recycling in accordance with the ship recycling plan, send a statement of completion to the administration which issued the ready for recycling certificate for the ship. The statement of completion shall include a report on incidents and accidents damaging human health and/or the environment, if any.			
MEPC 210(63) Section 3.2.7	Statement of completion	The facility must submit a request to the Harbour Master when the double bottom of the dismantled vessel remains. Upon verification, the Harbour Master grants permission for completion of dismantling. Upon actual completion, the facility confirms to the Harbour Master that the final part of the keel has been dismantled. Subsequently, the Port Authority issues 'Statement of Completion of Dismantling', and the facility provides the 'Statement of Completion' to Customs. As part of the application file, the facility submitted the specific statement concerning the recycling of EU Member States flag ships (part 5 of the application). According to the signed statement, the facility will: "(b) when the total or partial recycling of a ship is completed in accordance with this Regulation, within 14 days of the date of the total or partial recycling in accordance with the ship recycling plan, send a statement of completion to the administration which issued the ready for recycling certificate for the ship. The statement of completion will include a report on incidents and accidents damaging human health and/or the environment, if any." The evaluators are of the impression that the ship recycling facility can adapt to these new legal regimes.	The evaluators are of the impression that the organisation can adapt to these new legal regimes.
Article 15(2) (a): identify the permit, license or authorisation granted by its competent authorities to conduct the ship recycling and, where relevant, the permit, license or authorisation granted by the competent authorities to all its contractors and sub-contractors directly involved in the process of ship recycling and specify all information referred to in Article 16(2);			

Technical guidance note 2.2.1, MEPC 210(63) Section 3.2.2	Authorisation	Updated authorisations were witnessed on-site. The authorisations are issued on a yearly basis.	Compliance was confirmed during the site inspection.
MEPC 210(63) p8: 3.1.2, p10: 3.2.2 / BC TG: p38: 3.4.3	Sub-contractors	The applicant does not use sub-contractors.	N/A
Article 15 (2) (b): indicate whether the ship recycling plan will be approved by the competent authority through a tacit or explicit procedure, specifying the review period relating to tacit approval, in accordance with national requirements, where applicable;			
MEPC.196(62) Section 5	Explicit or tacit procedure	Today the SRP is approved by tacit approval. The SRP is part of a wide set of documents, surveys and permits/licenses that are submitted to the competent authorities for obtaining permission to dismantle a ship. The SRP is neither explicitly approved nor rejected as a standalone document. The timeframe for issuing the permission to dismantle a ship is no more than 15 days, according to the İzmir Governorship Provincial Directorate of Environment and Urbanization. The evaluators were of the impression that the organisation can adapt to new legal regimes with regards to approval of the SRP.	The evaluators are of the impression that the organisation can adapt to new legal regimes.
Article 16 (2) (a): the method of recycling; (b) the type and size of ships that can be recycled; (c) any limitation and conditions under which the ship recycling facility operates, including as regards hazardous waste management; (d) details on the explicit or tacit procedure, as referred to in Article 7(3), for the approval of the ship recycling plan by the competent authority; (e) the maximum annual ship recycling output.			
	Method of recycling	The operation is by landing the vessel. Cut pieces are lifted by crane to the secondary cutting zone.	Compliance confirmed during the inspection.
	Type and size of ships that can be recycled	All types of ships. During the inspection, it was explained that this facility is mainly specialized in drillships,	Compliance confirmed during the inspection.

		while Isiksan is specialized in rigs. The facility stated the following maximum ship dimensions: - Width: 50 meters - Length: no limitation - Draught: 12 meters	
	Any limitation and conditions	The facility can accept all types of ships with a width limitation of 50 m.	Compliance was confirmed during the inspection.
	Maximum annual ship recycling output	According to information during the desk assessment, the maximum annual ship recycling output was achieved in 2019 with 111.823 LDT. Supporting evidence has been provided by the applicant. The applicant was requested to provide the theoretical maximum annual ship recycling capacity. In response to the draft report the applicant has written "*Please consider 120 000 LDT as AGS's maximum capacity".*	The desk assessment showed compliance with this point.
Article 15 (2) (c): confirm that it will only accept a ship flying the flag of a Member State for recycling in accordance with this Regulation;			
	Confirmation	Confirmation from the facility has been received that it will only accept a ship flying the flag of a Member State for recycling in accordance with the EU Regulation.	The desk assessment showed compliance with this point.
Article 15 (2) (d): provide evidence that the ship recycling facility is capable of establishing, maintaining and monitoring of the safe-for-hot work and safe-for-entry criteria throughout the ship recycling process;			
HKC: p14: R1(7), MEPC 210(63) Section 3.3.4.2 / ILO SHG: p110:13.4	Safe- for- hot work certificate, warning signs and labels	The safe-for-hot work regime was not clear to the evaluators and the facility offered different and conflicting information during the inspection compared to the procedures in the SRFP. The evaluators questioned the implementation on site. The safe for hot work permits	Compliance was not confirmed during the inspection.

		issued on the day of the inspection were issued for open deck. The validity was from 08:00 to 18:00. Reportedly no measurements had been taken, although the permit stated that measurements had been taken. During interviews it became clear that the person reportedly responsible for gas measurements did not know he was responsible. The applicant was requested to update their procedures and describe in detail how they ensure safe-for-hot work. In response to the draft report, the applicant explained that the facility has a consultant engineer who is certified and two trained gas detection technicians. The persons who perform gas measurements on board are the consultant engineer and Erdogan Cam from the vessel team. In the SRFP V14, section 3.4.1.2, the technical manager is also listed as a competent person for safety for entry. Reportedly, in the SRFP V14 section 3.4.17, the gas detection technicians inspect and tests twice during the 8 hours shift. The readings are displayed on a measurement log. Based on the information obtained on site and the response provided by the applicant it is still not clear to the evaluators how the applicant ensures safe-for-hot work. The operational procedures must be more descriptive. In the SRFP V14, the procedures are narrative and who is responsible for doing which steps is not indicated.	
HKC: p26: R19(2), BC TG: p47: 4.2.1	Confined spaces	The confined space / safe-for-entry regime was not clear to the evaluators and the facility offered different and conflicting information during the inspection compared to the procedures in the SRFP. During interviews it became clear that the person reportedly responsible for gas measurements did not know he was responsible. The applicant was requested to update its procedures and describe in detail how they ensure safe-for-entry into confined spaces. In response to the draft report, the applicant has updated the SRFP V14. In section 3.4.1.2 four persons are listed as competent persons, performing the gas detection measurements: Technical Manager, consultant engineer and two trained gas technicians. Based on the information obtained on site and the response provided by the applicant it	

		is still not clear to the evaluators how the applicant ensures safe-for-entry. The operational procedures must be more descriptive. In the SRFP V14, the procedures are narrative and who is responsible for doing which steps is not indicated.	
Article 15 (2) (e): attach a map of the boundary of the ship recycling facility and the location of ship recycling operations within it;			
HKC: p43: 1.5, MEPC 210(63) Section 3.2.1	Map of facility	Multiple drawings were witnessed by the evaluators on-site, proven to correspond to the landscape and facility lay-out, containing all safety equipment and -information.	Compliance was confirmed during the inspection.
(f) for each hazardous material referred to in Annex I and additional hazardous material which might be part of the structure of a ship, specify:			
(i) whether the ship recycling facility is authorised to carry out the removal of the hazardous material. Where it is so authorised, the relevant personnel authorised to carry out the removal shall be identified, and evidence of their competence shall be provided;			
MEPC 210(63) Section 3.1.3, 3.1.4	Workers' certificates/ licences	Multiple certificates have been witnessed by the evaluators, however training certificates for the safety officers and for workers removing hazardous waste were requested to be forwarded to confirm compliance on this point. In response to this, the applicant forwarded, as previously mentioned, documentation that workers had participated in trainings.	Compliance was confirmed after the inspection.
(ii) which waste management process will be applied within or outside the ship recycling facility such as incineration, landfilling or another waste treatment method, the name and address of the waste treatment facility if different from that of the ship recycling facility, and provide evidence that the applied process will be carried out without endangering human health and in an environmentally sound manner;			
MEPC.210(63), Section 3.1.1	Regulatory requirements environment	The facility operates in accordance with the Turkish Environment Law (No. 2872, published on 11.08.1983 / Official Gazette No: 18132) and its respective regulations. Due to given special conditions, ship recycling facilities in Turkey are exempted from some of the requirements such as preparing an Environmental Impact Assessment. The SRF has recently been licenced by Ministry of Environment. The license allows the facility to temporarily store hazardous waste, organise transport and arrange their own disposal facilities.	Compliance was confirmed during the inspection.

Technical guidance note 2.1.4, MEPC210(63) Section 3.4.1, Appendix 1, BC TG Executive summary (p1), 4.3, 2.1, 2.5, 3.2, 3.4.2, 3.4.4, 4.1, 4.2.2, 4.2.5, 6.2, 7.1, 7.3,	Environmental management	The facility has an environmental compliance approach outlined in section 4.2 of the SRFP. On-site it became clear that this chapter must be updated. The applicant was therefore requested to ensure that the SRFP is updated and that it properly reflects the actual environmental management at site. In response to the draft report, the applicant forwarded the SRFP V14, which appears to be updated to reflect the environmental management on-site.	Compliance was confirmed after the inspection.
Technical guidance note 2.2.5, MEPC210(63) Section 3.4.2, BC TG: p45: 4.2, ILO SHG: p4: 2.3.2	Management of hazardous waste	According to the SRFP, which was in force at the time of the site inspection, all hazardous wastes were managed by SRAT. However, on-site it became clear that this was no longer the situation after the facility has received its own license from the Ministry of Environment. The applicant was requested to update the SRFP so that it properly reflects the actual situation. In response to this, the applicant has updated the SRFP V14 section 4.2 to describe the current situation on-site. This is a good improvement and the description is found adequate. However, the evaluators have some further remarks regarding asbestos management, identification and additional sampling and analysis. This is further described below.	Compliance was confirmed after the site inspection.
Technical guidance note 2.2.3, MEPC210(63) Section 3.4.3.1, ILO SHG p90: 9.2.3	Management of asbestos	The SRFP which was in force at the time of the site inspection stated that asbestos removal was conducted by SRAT. However, on site it was explained by some workers that the facility's own workers are involved in asbestos removal. Other workers did not want to comment when asked, while some stated that SRAT is involved. According to information obtained on-site, SRAT has currently 3 people trained for asbestos removal. According to the qualifications listed on the SRAT homepages, two people are listed as asbestos specialists while 4 people are listed as asbestos removal training. It is not known if this list is up to date. When interviewing workers, it became clear that most of the listed SRAT people are not known by workers at the facility. A few names were provided by workers, but it seems	Compliance was not confirmed during the site inspection.

		unlikely that the listed people frequently visit the yard for asbestos removal. It was stated on-site by some workers that SRAT is frequently visiting as they remove asbestos gradually. Other workers stated that SRAT removes all asbestos before any cutting takes place. Based on the numbers of employees listed on SRAT webpages it seems unlikely for SRAT to serve the 22+ yards in the Aliaga cluster of ship recycling facilities, particularly now due to the high ship recycling activity. When asked how they call SRAT to remove asbestos the evaluators were told that this is done by e-mail. The evaluators asked to see an e-mail asking for asbestos removal assistance, but none could be provided. Later it was explained that they ask for assistance by phone. According to the IHM of the vessel under dismantling, it had asbestos onboard. When asked to see documentation that asbestos had been removed from the vessel, waste disposal documentation could not be provided. Various explanations were provided. At the end of the inspection the applicant informed that they had managed to track the receipt, but it was not seen by the evaluators. Based on all the information received during the site inspection, the evaluators concluded that it was very likely that facility workers were involved with asbestos removal. The applicant was invited to provide further information on asbestos removal supported by documentation. According to Turkish requirements, workers shall be trained to remove asbestos. Hence, training records were requested. In response to this, the applicant replied: '*Asbestos isolation is not a common hazardous waste since 2016 in scrap ships. Detected quantities are usually flanges, gaskets, brake linings which are sent intact to surrounding connections without exposing them'*. The applicant also forwarded an e-mail sent by SRAT (49g. asbestos email.jpg) to document that asbestos removal was requested. In this e-mail it is described that SRAT will come and remove the asbestos gasket in the flange in the storage area and that the cleaned	

		steel will be given back to the applicant. This is contradicting the statement provided by the applicant that gaskets in flanges are sent intact without exposing them. The contradicting statements provided in the reply and during the site inspection make it difficult for the evaluators to understand how the applicant actually handles asbestos. The evaluators do not object that the applicant's workers remove asbestos as long as they are properly trained, according to Turkish requirements, and equipped with suitable PPE. Although less asbestos is found onboard vessels these days, it is still around. The evaluators have access to many thousands of IHM reports prepared in connection with the EU Ship Recycling Regulation. Based on experience, asbestos is often found in gaskets, but some ships have high quantities of asbestos onboard, several tons. The evaluators are also aware of ships that were reportedly not sent to Turkey for recycling due to high quantities of asbestos – for which SRAT did not have the capacity to handle.	
MEPC210(63) Section 3.4.3.2	Management of PCBs	According to the SRFP V13 section 3.4.3.2, PCBs and materials containing PCBs are reportedly handled by SRAT. The evaluators questioned if this was actually the case. The applicant was requested to forward updated information in this regard. Also, the applicant was requested to update the SRFP to reflect the actual procedure. In response to the draft report, the applicant explained that PCB over 50ppm is handled by SRAT while PCB below 50ppm is handled by the facility's waste team. The applicant further refers to SRFP 4.3.2. The procedure is considered adequate although it can be further improved with better step by step instructions to workers and less explanatory text directed to third parties.	Compliance was confirmed after the site inspection.
MEPC210(63) Section 3.4.3.3	Management of Ozone-depleting substances (ODS)	According to the SRFP V13 section 3.4.3.4, ODS containing material are reportedly handled by SRAT. By interviewing workers on-site, it became clear that this is not the case. The applicant was requested to forward updated information in this regard and to update	Compliance was confirmed after the site inspection.

		the SRFP. In response to the draft report, the applicant explained that ODS gas in systems are collected by an authorised cooling gas expert while removal of ODS containing foam is removed by the applicant's waste team. The applicant further refers to SRFP 4.3.3. The procedure is considered adequate although it can be further improved with better step by step instructions to workers and less explanatory text directed to third parties.	
MEPC210(63) Section 3.4.3.4	Management of paints and coating including anti-fouling with organotin TBT	According to the SRFP V13 section 3.4.3, paints and coatings are removed by hand scraping prior to hot cutting. On-site the evaluators witnessed a demonstration of the hand scraping. This practice was however not confirmed in interviews with the workers. The evaluators questioned if the applicant operates according to the description in the SRFP. The applicant was invited to provide further information in this regard supported with documentation and update the SRFP as required. In response to the draft report, the applicant referred to SRFP 4.3.4 and also attached photos showing cutters hand scraping the cutline prior to hot cut. The procedure is considered adequate although it can be further improved with better step by step instructions to workers and less explanatory text directed to third parties.	Compliance was not confirmed aft er the site inspection.
MEPC210(63) Section 3.4.3.5	Procedures for operationally generated wastes	According to the SRFP V 13 section 3.4.3.6, oil, fuel, hazardous liquids, residues and sediments are managed by SRAT. However, these descriptions were not in line with the information received on-site, according to which SRAT is not involved in the removal of operationally generated waste from the vessel. The applicant was invited to update this section in accordance with the actual operations on site. In response to the draft report, the applicant updated the relevant section of the SRFP, and it appears to reflect the situation described on site. The procedure is considered adequate although it can be further improved with better step by step instructions to	Compliance was confirmed after the site inspection.

		workers and less explanatory text directed to third parties.	
	Perfluorooctane sulfonic acid (PFOS)	The evaluators understanding after the site inspection is that all liquids are transferred from the vessel by the facility's workers. This was however not reflected in the SRFP. According to the SRFP V13 section 3.4.3.3, POPs handling was managed by SRAT. The applicant was requested to update its SRFP to reflect the actual operations on the ground and that the procedure provide step by step instructions required for those executing the work. According to the updated SRFP V14 section 4.3.5, liquid waste is removed by the applicant's workers, which corresponds well to the information received on-site. The procedure is considered adequate although it can be further improved with better step by step instructions to workers and less explanatory text directed to third parties. However, on page 40 it is stated that SRAT removed PFOS containing foam in systems. This is not described in section 4.3.5. Hence, the applicant is requested to further clarify who removes PFOS containing foam. The evaluators do not object that the facility's workers remove PFOS containing foam as long as they are trained for removal and equipped with suitable PPE.	Compliance was partly confirmed after the site inspection.
MEPC210(63) Section 3.4.3.6	Heavy metals (lead, mercury, cadmium and hexavalent chromium)	The evaluators understanding after the site inspection is that heavy metals are handled by the facility's workers. This was however not reflected in the SRFP. According to SRFP V13 section 3.4.3.7, heavy metal wastes were managed by SRAT. The applicant was requested to update the SRFP to reflect the actual operations on the ground and that the procedure provides step by step instructions required for those executing the work. According to the updated SRFP V14 section 4.3.6, equipment containing heavy metals is removed by the applicant's workers, which corresponds well to the information received on-site. The procedure in SRFP V14 section 4.3.6 is considered adequate although it can be further improved with better step by step instructions to workers and less explanatory	Compliance was confirmed after the site inspection.

		text directed to third parties.	
MEPC210(63) Section 3.4.3.7	Other hazardous materials in Annex II	The evaluators understanding after the site inspection is that other hazardous materials in Annex II are handled by the facility's workers. This was however not reflected in the SRFP. According to the SRFP V13 section 3.4.3.8, SRAT was involved in removal of radioactive sources and the text gave the impression that SRAT was also involved in removing pressurized containers and PVC. The applicant was requested to update its SRFP to reflect the actual operations on the ground and that the procedure provide step by step instructions required for those executing the work. According to the updated SRFP V14 section 4.3.7, other hazardous materials in Annex II are removed by the applicant's workers, which corresponds well to the information received on-site. The procedure in SRFP V14 section 4.3.7 is considered adequate although it can be further improved with better step by step instructions to workers and less explanatory text directed to third parties.	Compliance was confirmed after the site inspection.
MEPC210(63) Section 3.4.2.2	Additional sampling and analysis	According to the SRFP V13 section 3.4.2.2, additional sampling are reportedly conducted by SRAT. However, none of the interviewed workers could confirm that additional samples are taken by SRAT. The applicant was invited to provide further information in this regard supported with documentation. In response to the draft report, the applicant refers to SRFP V14 sections 4.2.1 and 4.2.2. In section 4.2.1 it is described that the applicant always handles potentially containing hazardous waste as hazardous waste. If sampling is required they use the accredited laboratories [redacted] The applicant also forwarded a sampling analysis report from SGS from 2017. This is the laboratory	Compliance was not confirmed during the site inspection.

		that SRAT reportedly uses for analysis for additional sampling. In the SRFP V14 section 4.2 (page 39) it is written that SRAT is responsible for verification and identification of hazardous materials. To identify hazardous materials, sampling is mainly required. The collaboration between the applicant and SRAT regarding identification is not entirely clear to the evaluators. Also, the sampling analysis report forwarded is three years old. Based on the limited documentation currently available, it is not possible for the evaluators to confirm that additional sampling and analysis are conducted on a regular basis.	
MEPC210(63) Section 3.4.2.3	Identification, marking and labelling	According to SRFP V13 section 3.4.2.3, identification and marking are made before the dismantling starts. Reportedly the parts potentially containing hazardous materials are marked with various labels. However, it could not be confirmed that this is implemented on-site. Contradicting statements were provided in this respect. The majority of interviewed workers said there is no marking onboard to identify hazardous materials. Only one stated that there is marking onboard to identify hazardous materials. Reportedly SRAT is still identifying and marking the hazardous materials which seems strange considering they are no longer involved in removal, storage and disposal. The applicant was invited to provide further information in this regard supported with documentation. The applicant responded that identification, marking and labelling are conducted by SRAT and refers to SRFP V14 4.2 and SRFP 4.2/Table 10. However, it remains unclear to the evaluators if marking is done by SRAT on a regular basis. A confirmation from SRAT would be required.	Compliance was not confirmed during the inspection.
Technical guidance note 2.2.5 (a), MEPC210(63) Section 3.4.2	Transport of waste	According to information provided to the evaluators previously, transportation of hazardous waste is by licensed trucks to licensed disposal facilities. All vehicles are equipped with mobile tracking device by satellite (MOTAT system) that are available to the Ministry of Environment (Çevre ve Şehircilik Bakanlığı). The waste transfer form is	Compliance was confirmed during the site inspection.

		completed on the webpages of the Ministry of Environment. The applicant was requested to provide evidence of waste transport to the waste disposal facilities they use. In response to this the applicant forwarded 3 waste transfer receipts and ADR Waste Carrier Licenses in document 59a and 59b.	
Technical guidance note 2.2.5 (c)	Applied process	Please refer to Article 15 (5) below.	
Article 15 (2) (g) confirm that the company adopted a ship recycling facility plan, taking into account the relevant IMO guidelines;			
		Please refer to Article 13 (1) (e) above in this table.	
Article (2) (h): provide the information necessary to identify the ship recycling facility.			
		Please refer to Article 13 (1) (a) above in this table.	
Article 15 (5): For the purposes of Article 13, with regard to the waste recovery or disposal operation concerned, environmentally sound management may only be assumed to be in place provided the ship recycling company can demonstrate that the waste management facility which receives the waste will be operated in accordance with human health and environmental protection standards that are broadly equivalent to relevant international and Union standards.			
Technical guidance note 2.2.5 (c)	Waste management facilities	At the time of the desk assessment, the applicant had stated that SRAT removes, store and ensure transportation of hazardous waste to downstream waste management facilities. However, this is no longer the case, as the applicant has received its own license from the Ministry of Environment, allowing them to arrange their own disposal facilities. Ensuring sustainable downstream management of wastes generated by the ship dismantling activities is an important requirement under the EU Ship Recycling Regulation. Section 2.2.5 in the EU Technical guidance note (2016/C 128/01) provides specific information on the requirements for non-EU facilities to demonstrate that the waste management facilities follow standards broadly equivalent to international and EU	Compliance was partly confirmed after the inspection.

standards. The requirements/standards applied in the waste management facilities must ensure a similar level of protection of human health and the environment as in international/EU standards. The various international and EU standards are listed under section 2.2.5.

Turkish waste regulations are broadly equivalent to EU standards with identical waste codes (EAL). Transport of waste is conducted by licensed trucks with mobile tracking device by satellite (MOTAT system) that are available to the License from Ministry of Environment and Urbanisation (Çevre ve Şehircilik Bakanlığı). The waste transfer form is completed electronically on the webpages of the Ministry of Environment.

According to the information received after the site inspection (dated 14.10.20), the applicant uses the following waste companies:

Waste management company	License from Ministry of Environment and Urbanisation permit number/validity
[redacted]	2726 / 24.08.2022
[redacted]	58003700-150 / E.557 / 22.10.2023
[redacted]	222518280.0.1 / 16.08.2024
[redacted]	222451916.0.1 / 25.10.2023
[redacted]	232319280.0.1 / 24.07.2023
[redacted]	225895180.0.1 / 02.08.2023
[redacted]	764 / 14.01.2024
[redacted]	2952 / 07.11.2022
[redacted]	70566 / 05.07.2022
[redacted]	73859 / 24.10.2022

The applicant forwarded licenses of the downstream waste management facilities in document '60b. Waste Treatment facility Licenses.pdf'.

All facilities are licensed and the licenses have been cross-checked by the evaluators at https://eizin.cevre.gov.tr/Rapor/BelgeArama.aspx. Considering that Turkish waste regulations are broadly equivalent to EU standards, the evaluators have reasons to believe that the waste management facilities are operated broadly equivalent to EU

		standards. The two main waste management facilities used for hazardous waste are Sürkeo and Izaydas. Below follows some information the evaluators have from previous inspections, including additional information received from the applicant in response to the draft report: **Süreko** Süreko is an integrated waste management and waste energy facility located in the Izmir Province. Süreko is licensed to handle multiple waste streams (e.g. asbestos, fluorescent light tubes, paints and coatings). The complete overview with EAL codes can be found in their license from the Ministry of Environment. The license has previously been forwarded to the evaluators for review and is also available at Süreko's webpages. Süreko has an industrial landfill and produces refuse derived fuel (RFD). RFD is a fuel produced from e.g. hazardous industrial wastes with high calorific value, for example, waste oils, sludge, impregnated sawdust and spent solvents. RFD can be co-incinerated in industrial processes e.g. in the cement industry (see further below). The evaluators visited Süreko on 6 June 2018. During the visit Süreko gave a presentation of its facilities, showed its monitoring programs and the evaluators took a site tour. At that time, it was concluded that Süreko is operating according to EU standards. The applicant was requested to forward more recent monitoring programs. The applicant has reportedly contacted Süreko who had referred to their Environment Permit and License when asked. Reportedly the Ministry of Environment (MoE) Monitoring Regime is: - every 2 years report renewed for license - every 3 months report updated and sent to MoE - air emissions are monitored simultaneously by MoE via sensor devices installed inside the chimneys.	

		Although the evaluators have, based on the currently available information, reasons to expect that Süreko follow standards broadly equivalent to EU standards, the evaluators would like to see more recent monitoring reports for this facility. **Izaydaz** Izaydas was established in May 1996 by the Metropolitan Municipality of Kocaeli and is located in the Kocaeli Province. Izaydaz has an incinerator plant. Izaydaz is licensed to handle multiple waste streams including POPs by the Ministry of Environment. The complete overview with EAL codes can be found in the license. The license has previously been forwarded to the evaluators for review. The evaluators have access to the report of the GEF study (Global Environment Facility) entitled "Persistent Organic Pollutants Legacy Elimination and POPs Release Reduction Project", at Izaydaş in December 2016. The report was completed in September 2017 (https://www.Izaydaş.com.tr/defaultEn.aspx). The project was supported by the United Nations Development Program (UNDP). The overall conclusion made on the basis of the results from the test burn program was that the Izaydaş facility more than meets both national regulatory requirements and prevailing international standards when applied to POPs pesticide and high concentration PCB oil wastes. The national standards in Turkey have been harmonized with the EU waste incineration rules in respect to operating conditions, technical requirements and flue gas emission limits. The applicant was requested to forward more up to date monitoring results. In response to this the applicant had contacted Izaydas who forwarded a copy of a monitoring report dated 04.11.2020. All parameters were well below the threshold values. Based on the currently available information, the evaluators have reasons to expect that Izydas follow standards broadly equivalent to EU standards. **Cement factories** Refuse-derived fuel (RFD) produced by e.g. Süreko is used in the cement kiln industry in Turkey (similar to Europe) where it is co-incinerated. Emissions from the cement factories	

		are monitored (recording devices placed on the chimney), recorded and checked online by the Ministry of Environment (emissions information "Sera gazları izleme, raporlama ve doğrulama"). These data are currently not available to the general public. In response to the draft report, the applicant forwarded a monitoring program from [redacted] in attachment 60c titled '[redacted] emmissions.pdf'. The measured values generally appear to be well below the threshold values. Based on the information available to the evaluators, the on-line monitoring by the Ministry of Environment and the forwarded example of an environmental monitoring report, it is likely that co-incineration of RDF in the cement kiln industry follow standards broadly equivalent to EU standards. **Steel plants** The steel recovered from the vessel is sent to steel plants for further processing. Steel plants are regulated by "Sera gazi emisyonlarinin takibi hakkinda yönetmelik" (Regulation on monitoring greenhouse gas emissions) and "Sanayi kaynakli hava kirlilignin kontrolu yönetmeligi") (Regulation on control of industrial air pollution). For the latter, emission limitations for dust, lead, cadmium, chlorine, hydrogen chloride and gaseous inorganic chloride compounds, hydrogen fluoride and gaseous inorganic fluoride compounds, hydrogen sulphide, carbon monoxide, sulphur dioxide, nitrogen dioxide [NOx (in NO_2)] and total organic compounds are set and monitored for compliance. The monitoring is recorded and checked online by the Ministry of Environment. In response to the draft report, the applicant forwarded a monitoring program from [redacted] in attachment 60c titled 'Steel Factory-[redacted] Emmissions.pdf', prepared by accredited laboratories. The measured values	

		appear to be well below the threshold values. Based on the information currently available to the evaluators, it is likely that the steel plants, monitored online by Ministry of Environment, follow standards broadly equivalent to EU standards.	

7 SUPPORTING PHOTOS FROM THE SITE INSPECTION

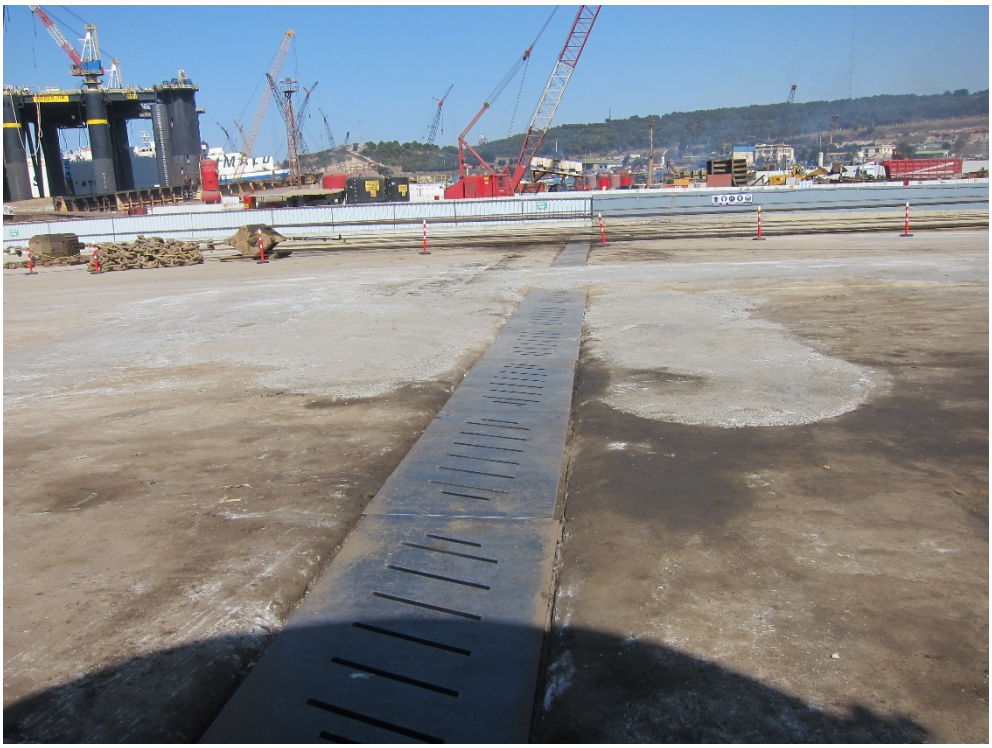
Clear access routes for firefighting and ambulances were observed on-site

Helmets, shoes, eye protection, gloves and respiratory masks were worn throughout the operation.

The evaluators observed access to the vessel under dismantling by ladder. Secondary access is by basket lifted by crane.

The vessel under dismantling was observed to have various barriers erected.

Drainage system runs across the plot. There are two drainage lines in the facility. A newly constructed drain line close to sea, and another a bit further from sea.



Water from the drain line is pumped into two tanks.

It could be established that the impermeable flooring was continuous

The workers had a canteen, sanitary and washing facilities and cloakrooms

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