**IALA VTS Questionnaire**

The purpose of this questionnaire is to gather information on VTS from the competent authorities and the VTS providers.

The aims of gathering information by this questionnaire are:

* to gain a common understanding of the legal basis and regulatory framework for VTS as well as the delivery of VTS worldwide; and
* to contribute to the improvement of VTS related IALA documentation,

thereby contributing to the safety and efficiency of navigation by the operation of VTS.

**Competent authority for VTS**

Name of organisation:

Country:

Address:

Contact person:

E-mail:

**GENERAL** (to be filled in by the competent authority for VTS)

| **Question** | **Answer** | **Comments** |
| --- | --- | --- |
| Has your **Government/State**:  **1)** established a legal basis for VTS that gives effect to SOLAS regulation V/12? | Yes  No |  |
| **2)** taken appropriate actions against a ship flying its flag that is reported not to have complied with the provisions of VTS? | Yes  No |  |
| **3)** determined how the volume of traffic or degree of risk justifies the establishment of a VTS? | Yes  No |  |
| **b)** Has the IALA risk management toolbox been used when the need for VTS is assessed and reviewed? | Yes  No |  |
| **c)** If yes, which one?  (multiple answers possible) | IWRAP  PAWSA  SIRA |  |
| **4)** appointed and authorized a competent authority for VTS? | Yes  No |  |
| **b)** If yes, how? |  |  |
| **c)** If no, who acts as the competent authority for VTS? |  |  |
| **5)** Is there more than one competent authority for VTS in your State? | Yes  No |  |
| **b)** If yes, how many? | Number: |  |
|  |  |  |
| Have you, as the **competent authority for VTS**:  **6)** established a regulatory framework for establishing and operating a VTS in accordance with relevant international Conventions and IMO instruments, IALA standards and national law? | Yes  No |  |
| **7)** established a compliance and enforcement framework with respect to violations of VTS regulatory requirements? | Yes  No |  |
| **b)** Are violations of VTS rules reported to the flag State of the ship? | Yes  No |  |
| **8)** authorized VTS providers to operate VTS within a delineated VTS area? | Yes  No |  |
| **b)** If no, who authorizes VTS providers? |  |  |
| **9)** How many VTS providers are there in your State? | Number: |  |
| **10)** How many VTS areas are there in your State? | Number: |  |
| **11)** Are some your VTS areas divided into sectors? | Yes  No |  |
| **12)** Have you established a VTS in association with IMO adopted ships' routeing systems or mandatory ship reporting systems, in accordance with SOLAS regulations V/10 and V/11 respectively? | Yes  No |  |
| **b)** If yes, is that VTS situated beyond the territorial seas of your State? | Yes  No |  |

**TRAINING, PERSONNEL AND CERTIFICATION** (to be filled in by the competent authority for VTS)

| **Question** | **Answer** | **Comments** |
| --- | --- | --- |
| **13)** Do you require that VTS personnel are certified in accordance with IALA Guideline G1156 *Recruitment, training and certification of VTS Personnel*? | Yes  No |  |
| **14)** Do you require that delivery of VTS training and IALA VTS model courses are approved in accordance with IALA Guideline G1014 *Accreditation of VTS Training Organizations and approval to deliver IALA VTS model courses*? | Yes  No |  |
| **b)** If yes, who is the approving organisation? |  |  |
| **15)** Do you require a VTS Training Organization to be accredited in accordance with IALA Guideline G1014? | Yes  No |  |
| **16)** How many VTS Training Organizations do you have in your country? | Number: |  |
| **b)** How many of these have been accredited in accordance with IALA Guideline G1014? | Number: |  |
| **c)** If the VTS Training Organizations are not accredited in accordance with IALA G1014, please state what measures you have in place to ensure the quality of VTS training provision. |  |  |
| **17)** Do your [accredited] Training Organizations or VTS provider(s) provide the following model courses in compliance with IALA Recommendation R0103 on Training and Certification of VTS Personnel? |  |  |
| * C0103-1 VTS Operator | Yes  No |  |
| * C0103-2 VTS Supervisor | Yes  No |  |
| * C0103-3 VTS On-the-Job Training | Yes  No |  |
| * C0103-4 VTS On-the-Job Training Instructor | Yes  No |  |
| * C0103-5 The Revalidation Process for VTS Qualification and Certification | Yes  No |  |

**SERVICE QUALITY** (to be filled in by the competent authority for VTS)

| **Question** | **Answer** | **Comments** |
| --- | --- | --- |
| **18)** Does the competent authority operate under:   * a Quality Management System (QMS)? * a Safety Management System (SMS)? | Yes  No  Yes  No |  |
| **19)** Does the competent authority require that the VTS provider operate under a QMS? | Yes  No |  |
| **20)** Does the competent authority require VTS related marine casualties and incidents to be reported? | Yes  No |  |
| **b)** If yes, how and how often? |  |  |
| **21)** Do you analyze or assess VTS related marine casualties and incidents, including the statistics? | Yes  No |  |
| **b)** If yes, has the findings lead to any changes of the VTS rules? | Yes  No |  |

**SUMMARY OF VTS’s IN YOUR STATE** (to be filled in by the competent authority for VTS)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **No.** | **Name of VTS provider (organization)** | **Name of declared VTS (eg. Port XXX VTS)** | **Name of VTS Centre that operates the VTS** | **Comment** |
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**VTS PROVIDER** (to be filled in for each declared VTS area)

Name of VTS provider:

Place:

Address:

Contact person:

E-mail:

**GENERAL** (to be filled in by the VTS provider)

| **VTS provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Declared VTS Area: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |
| --- | --- | --- |
| **Question** | **Answer** | **Comments** |
| **1)** What is the name or identifier of: |  |  |
| **a)** The VTS area? |  |  |
| **b)** The VTS Centre? |  |  |
| **c)** The call sign to be used by participating ships for the VTS area? |  |  |
| **2)** Is participation in the VTS area mandatory for specified vessels (eg. vessels over 70m)? | Yes  No |  |
| **3)** Is voluntary participation possible for other vessels? | Yes  No |  |
| **4)** Is this VTS area divided into sectors? | Yes  No |  |
| **b)** If yes, how many? | Number: |  |
| **5)** Is this VTS area operated beyond the territorial seas of your State? | Yes  No |  |
| b) If yes, is participation voluntary? | Yes  No |  |
| **6)** How is VTS information promulgated to mariners: |  |  |
| **a)** Nautical publications (e.g. ALRS[[1]](#footnote-1)) |  |  |
| **b)** User Guides |  |  |
| **c)** Website |  |  |
| **d)** Other (please specify |  |  |

**SERVICES** (to be filled in by the VTS provider)

| **Question** | **Answer** | **Comments** |
| --- | --- | --- |
| **7)** Do you have operational procedures, which conform to IALA recommendation *R0127* *VTS Operations* and *G1141* *Operational Procedures for Delivering VTS*? | Yes  No |  |
| **8)** What (unsafe) situations is your VTS responding to: |  |  |
| **a)** A ship unsure of its route or position? | Yes  No |  |
| **b)** A ship deviating from the route? | Yes  No |  |
| **c)** A ship requiring guidance to an anchoring position? | Yes  No |  |
| **d)** A ship that has defects or deficiencies, such as navigation or manoeuvring equipment failure? | Yes  No |  |
| **e)** Severe meteorological conditions (e.g. low visibility, strong winds)? | Yes  No |  |
| **f)** A ship at risk of grounding or collision? | Yes  No |  |
| **g)** Emergency response or support for emergency services? | Yes  No |  |
| **h)** Other (please specify) |  |  |
| **9)** In communicating / interacting with vessels, do you use IMO Resolution A.918(22) Standard Marine Communication Phrases (SMCP)? | Yes  No |  |
| **b)** If yes, is the use of Message Markers standard procedure in routine communications? | Yes  No |  |
| **10)** Does your VTS provide instructions? | Yes  No |  |
| **11)** Has the VTSadditional tasksbeside core VTS? | Yes  No |  |
| **b)** If yes, please specify |  |  |

**EQUIPMENT** (to be filled in by the VTS provider)

|  |  |  |
| --- | --- | --- |
| **Question** | **Answer** | **Comments** |
| **12)** Does your VTS use Decision Support Tools (DST) to assist in the monitoring/management of: |  |  |
| **a)** Collision avoidance? | Yes  No |  |
| **b)** Anchor watch? | Yes  No |  |
| **c)** Grounding preventions? | Yes  No |  |
| **d)** Air draught clearances? | Yes  No |  |
| **e)** Speed limitations? | Yes  No |  |
| **f)** Area related limitations? | Yes  No |  |
| **g)** Sailing plan compliances? | Yes  No |  |
| **h)** Incident or accident management? | Yes  No |  |
| **i)** Other types of DST used, such as: |  |  |
| **13)** Are specific traffic planning tools available for the forward planning of traffic (eg. scheduling)? | Yes  No |  |

**STAFFING** (to be filled in by the VTS provider)

| **Question** | **Answer** | **Comments** |
| --- | --- | --- |
| **14)** What is the normal duration of each shift (in hours)? |  |  |
| **15)** Do you have national/regional regulations on resting hours? | Yes  No |  |
| **b)** If yes, how many hours is the minimum requirement? |  |  |
| **16)** How many active working positions do you have in this area? | Number: |  |
| **b)** What roles do these working positions have? | VTS Operator  VTS Supervisor |  |
| **17)** Do you have a VTS Manager? | Yes  No |  |
| **b)** If yes, for how many areas is the VTS Manager responsible? | Number: |  |
| **18)** Do you monitor fatigue and stress factors on VTS Operators? | Yes  No |  |
| **b)** If yes, please specify how? |  |  |
| **19)** As a prerequisite to VTS training, do you require previous:  **a)** maritime education? | Yes  No |  |
| **b)** maritime experience? | Yes  No |  |
| **c)** other, please specify. |  |  |
| **20)** Do you provide a VTS Certification Log to VTS personnel? | Yes  No |  |
| **21)** Do you have a process of regular assessment of the performance of VTS personnel? | Yes  No |  |
| **b)** If yes, please explain how often |  |  |
| **22)** Do you require staff to be trained in accordance with model course C0103-1 and C0103-3 before undertaking VTS duties? | Yes  No |  |
| **23)** Do you have regular procedures or assessment of the VTS personnel, in accordance with model course *C0103/5 The Revalidation Process for VTS Qualification and Certification* as follows:  **a)** Recurrent training? | Yes  No |  |
| **b)** Adaptation training? | Yes  No |  |
| **c)** Updating training? | Yes  No |  |

**SERVICE QUALITY** (to be filled in by the VTS provider)

|  |  |  |
| --- | --- | --- |
| **Question** | **Answer** | **Comments** |
| **24)** Do you use:  **a)** Quality Management System (QMS)? | Yes  No |  |
| **ii)** If yes, are you certified? | Yes  No |  |
| **b)** a Safety Management System (SMS)? | Yes  No |  |
| **25)** Do you analyze VTS related marine casualties and incident statistics? | Yes  No |  |
| **26)** How many ship movements do you have in this area annually? |  |  |
| **27)** Do you have any suggestion for how IALA can improve its VTS related documents? |  | |

1. Admirality List of Radio Signals [↑](#footnote-ref-1)