



OPCW

Conference of the States Parties

Tenth Session
7 – 11 November 2005

C-10/DEC.8
10 November 2005
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DECISION

**ASSISTANCE FORMAT
FOR THE FORMULATION, SPECIFICATION, OR RENEWAL
OF OFFERS OF ASSISTANCE UNDER
SUBPARAGRAPH 7(C) OF ARTICLE X**

The Conference of the States Parties,

Recalling that the First Special Session of the Conference of the States Parties to Review the Operation of the Chemical Weapons Convention (hereinafter “the First Review Conference”) reaffirmed the continuing relevance and importance of the provisions of Article X of the Chemical Weapons Convention (hereinafter “the Convention”), and found that these provisions had gained additional relevance in today’s security context (paragraph 7.92 of RC-1/5, dated 9 May 2003);

Recalling that at its Ninth Session it included “assistance and protection against chemical weapons, their use, or threat of use, in accordance with the provisions of Article X of the Convention”, among the core objectives in the 2005 Programme and Budget (C-9/DEC.14, dated 2 December 2004);

Recalling also that, according to subparagraph 7(c) of Article X of the Convention, each State Party may, pursuant to its obligation under paragraph 7 to provide assistance to the OPCW, elect to declare, not later than 180 days after the Convention enters into force for it, the kind of assistance it might provide in response to an appeal by the OPCW;

Recalling further that the First Review Conference noted “the need for the Secretariat to evaluate the assistance offers made in accordance with subparagraph 7(c) of Article X, in order to identify gaps, redundancies, and incompatibilities, and to help minimise the resource requirements for the OPCW” (paragraph 7.98 of RC-1/5);

Recalling further that at its Forty-First Session the Executive Council (hereinafter “the Council”) noted the importance of the full implementation of Article X;

Noting with concern that, as at 31 October 2005, only 64 States Parties had fulfilled the requirement under paragraph 7 of Article X to elect one or more of the measures set out in that paragraph to provide assistance through the OPCW;



Having considered the guidance embodied in the assistance format annexed hereto; and

Noting the recommendation of the Council on this matter (EC-M-25/DEC.1, dated 9 November 2005);

Hereby:

1. **Urges** States Parties that have not yet done so to elect one or more measures of assistance pursuant to Article X, paragraph 7, of the Convention;
2. **Recommends** the assistance format annexed hereto as guidance for the submission of information concerning the kind of assistance made available in accordance with subparagraph 7(c) of Article X, on the understanding that:
 - (a) use of the assistance format is voluntary and does not prejudice the right of States Parties to present this information in another format or to provide other assistance;
 - (b) States Parties have the right to fulfil their obligation by electing other measures under paragraph 7 of Article X, such as contributions to the Voluntary Fund for Assistance and the conclusion of agreements with the OPCW concerning the provision of assistance; and
 - (c) the Technical Secretariat (hereinafter “the Secretariat”) will give the information supplied the level of classification requested by the State Party;
3. **Encourages** the Secretariat to assist States Parties upon request with the submission of their offers of assistance under subparagraph 7(c) of Article X; and
4. **Requests** the Secretariat to report to the Council on a regular basis on the status of implementation of Article X.

Annex (English only):

Guidance in the Form of a Questionnaire: Format for the Formulation, Specification, or Renewal of Offers of Assistance under Article X, Subparagraph 7(c), of the Chemical Weapons Convention

Annex

GUIDANCE IN THE FORM OF A QUESTIONNAIRE¹

**FORMAT FOR THE FORMULATION, SPECIFICATION OR RENEWAL OF
OFFERS OF ASSISTANCE UNDER ARTICLE X, SUBPARAGRAPH 7(C), OF THE
CHEMICAL WEAPONS CONVENTION**

OFFER OF EXPERTS, INSTRUCTORS, OR STAFF²

State Party				
Date of submission	Day:	Month:	Year:	
Expertise being offered				
1. What type of expertise is being offered?	Analysis and assessment	<input type="checkbox"/>	Chemical survey	<input type="checkbox"/>
	Disaster management	<input type="checkbox"/>	Detection and chemical reconnaissance	<input type="checkbox"/>
	Decontamination	<input type="checkbox"/>	Disposal of explosives	<input type="checkbox"/>
	NBC ³ protection	<input type="checkbox"/>	Medical doctors and experts	<input type="checkbox"/>
	Medical treatment for exposure to chemical warfare agents	<input type="checkbox"/>	Medical treatment of mass casualties	<input type="checkbox"/>
	Search and rescue in contaminated areas	<input type="checkbox"/>	Sampling and analysis	<input type="checkbox"/>
	Urban search and rescue	<input type="checkbox"/>	Water purification	<input type="checkbox"/>
	Other (please specify)	-----		
2. In which of the following languages are the experts referred to above proficient?	Arabic	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	French	<input type="checkbox"/>	English	<input type="checkbox"/>
	Russian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
	Other (please specify):			
3. Are the experts referred to in 1 above familiar with civil-protection procedures?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Further details about personnel				
4. Name of expert ⁴				
5. Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
6. Status	Civilian	<input type="checkbox"/>	Military	<input type="checkbox"/>

¹ This questionnaire has been prepared without prejudice to the rights of State Parties to conclude bilateral agreements with the OPCW in accordance with Article X, subparagraph 7(b) and to contribute to the Voluntary Fund for Assistance in accordance with Article X subparagraph 7(a).

² Please fill out a separate questionnaire for each offer of experts, instructors, and staff, and cross out items that are not relevant. If personnel will be taking equipment for distribution to an affected population, please also fill out the equipment questionnaire below.

³ Nuclear, biological, and chemical

⁴ In the case of a team, please provide the name of the team leader here, and list the names of the other team members, along with relevant details for them, on an attached sheet.

7. In the case of a team, please specify its general composition, including the number of experts and the number of team members overall.			
8. Are any of the personnel members of the United Nations Disaster Assessment and Coordination team (UNDAC)?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
9. Have any of the personnel referred to in item 7 above been nominated to assist other international organisations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
10. Please list any other relevant information about the personnel referred to in item 7, including as regards special requirements, that the OPCW should be aware of.	If so, please specify to which one(s) _____ _____ _____		
Insurance coverage			
11. Will all personnel be covered by insurance provided by the assisting State Party? ⁵	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Logistics			
12. Will the assisting State Party be transporting its own personnel?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	If not, please indicate the point of exit from the assisting State Party. _____ _____		
	If not, within how many hours of a request by the OPCW will personnel be available for pick-up? _____ _____		
13. Please list any factors that could delay the deployment of the personnel.	_____ _____ _____		
14. How will personnel be transported to the requesting State Party?			

15. Will any of the personnel be taking equipment with them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, please provide details.	
	
	
	<u>Weight of equipment, in kilograms</u>	
	Average per person:	Total for all personnel:
	<u>Volume of equipment, in cubic metres</u>	
Average per person:	Total for all personnel:	
16. Will any of the personnel be carrying hazardous materials?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
	If so, please indicate the source of each hazard.	
	Radioactive source	<input type="checkbox"/>
	Explosives	<input type="checkbox"/>
	Chemicals	<input type="checkbox"/>
	Other (please specify)	
	
Please list any applicable IATA ⁶ numbers.		
.....		
On-site operating conditions		
17. For how many days or hours will personnel be self-sufficient? ⁷ (Please indicate one or the other.)	Number of days	Number of hours
18. Please list the additional resources the personnel will need on-site.	.....
19. Please list any additional means of transport the personnel will need. ⁸	.....
20. Please list any additional equipment the personnel will need.	.....
21. Please provide any other available information about on-site operations.	.....

⁶ International Air Transport Association

⁷ Self-sufficiency means that the team does not need any support from the requesting State Party. Experts who are not routinely attached to a team are not expected to be self-sufficient.

⁸ Only for personnel that usually deploy without their own means of transport.

Contact information¹⁰			
23. Name of national contact person			
24. Function			
25. Organisation			
26. Office hours			
27. Address	.....	
		
		
28. Office telephone ¹¹			
29. Mobile telephone			
30. Home telephone (optional)			
31. Fax			
32. E-mail address			
33. Can the above named person be telephoned or faxed 24 hours a day	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
34. Name of additional contact person			
35. Function			
36. Organisation			
37. Office hours			
38. Address	.....	
		
		
39. Office telephone			
40. Mobile telephone			
41. Home telephone (optional)			
42. Fax			
43. E-mail address			
44. Can the above named person be telephoned or faxed 24 hours a day	Yes	<input type="checkbox"/>	No <input type="checkbox"/>

¹⁰ Please provide more than one contact for this offer, if possible.

¹¹ Please include the country and city codes.

GUIDANCE IN THE FORM OF A QUESTIONNAIRE

FORMAT FOR THE FORMULATION, SPECIFICATION OR RENEWAL OF OFFERS OF ASSISTANCE UNDER ARTICLE X, SUBPARAGRAPH 7(C), OF THE CHEMICAL WEAPONS CONVENTION

OFFER OF TRANSPORT¹²

State Party			
Date of submission	Day:	Month:	Year:
Type of equipment being offered			
1. What type of equipment is being offered?	Aircraft	<input type="checkbox"/>	
	Road vehicle	<input type="checkbox"/>	
	Ship	<input type="checkbox"/>	
	Other (please specify)		
2. Please provide further details on the equipment being offered. ¹³			

3. Status of operators	Civilian	<input type="checkbox"/>	Military <input type="checkbox"/>
Technical specifications			
4. Loading capacity ¹⁴	Cargo	<input type="checkbox"/>	Passengers <input type="checkbox"/>
	Weight (in kilograms):		Number:
	Volume (in cubic metres):		
5. Range, without refuelling			
6. Average speed		Kilometres per hour:	Miles per hour:
7. Fuel requirements	Type of fuel required:		
	Rate of consumption:		
8. Loading and transshipment requirements			

9. Other technical specifications			
Administrative details			
10. Is insurance coverage for the above means of transport provided? ¹⁵		Yes <input type="checkbox"/>	No <input type="checkbox"/>

¹² Please fill out a separate questionnaire for each offer of transport.

¹³ Please indicate, for example, for fixed wing aircraft makes such as Hercules 130 or Antonov 124 or the type of helicopter. For ships, please indicate the type of vessel, including tonnage. For road vehicles, please indicate, for example, "four-wheel drive, heavy truck with three axles", and, in each case, the make and model, if possible.

¹⁴ Please tick all that apply.

¹⁵ An offer of assistance should normally include insurance coverage for the transport offered.

Logistics			
11. Please indicate the point of exit.			
12. Within how many hours of a request by the OPCW will the means of transport be available and operational?			
13. Please specify any factors that could delay deployment.			
14. Please indicate which international regulations, if any, are relevant to this offer.			
15. Please indicate any relevant airport requirements.		Take-off:	Landing:
Details regarding vehicle operators or crew			
16. Please indicate the number of operators or crew members.			
17. In which of the following languages are the crew or operators proficient? ¹⁶		Arabic <input type="checkbox"/>	Chinese <input type="checkbox"/>
		French <input type="checkbox"/>	English <input type="checkbox"/>
		Russian <input type="checkbox"/>	Spanish <input type="checkbox"/>
		Other (please specify):	
18. Please indicate any interoperability problems that might arise.			
Contact information¹⁷			
19. Name of national contact person			
20. Function			
21. Organisation			
22. Office hours			
23. Address			
24. Office telephone ¹⁸			
25. Mobile telephone			
26. Home telephone (optional)			
27. Fax			
28. E-mail address			
29. Can the above-named person be telephoned or faxed		Yes <input type="checkbox"/>	No <input type="checkbox"/>

16 At least one crew member should speak one of the six official languages of the OPCW. Please tick all that apply.

17 Please provide more than one contact for this offer, if possible.

18 Please include the country and city codes.

24 hours a day			
30. Name of additional contact person			
31. Function			
32. Organisation			
33. Office hours			
34. Address			
35. Office telephone			
36. Mobile telephone			
37. Home telephone (optional)			
38. Fax			
39. E-mail address			
40. Can the above-named person be telephoned or faxed 24 hours a day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

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FORMAT FOR THE FORMULATION, SPECIFICATION OR RENEWAL OF OFFERS OF ASSISTANCE UNDER ARTICLE X, SUBPARAGRAPH 7(C), OF THE CHEMICAL WEAPONS CONVENTION

OFFER OF EQUIPMENT¹⁹

State Party			
Date of submission	Day: _____	Month: _____ Year: _____	
Type of equipment being offered			
1. Please indicate what types of equipment are being offered. Please tick all that apply	<u>Individual protection</u>	<u>Quantity</u>	
	Masks <input type="checkbox"/>		
	Suits <input type="checkbox"/>		
	Pairs of boots <input type="checkbox"/>		
	Pairs of gloves <input type="checkbox"/>		
	Sets (including all the above) <input type="checkbox"/>		
	Other (please specify) _____		
	<u>Collective protection</u>		<u>Quantity</u>
	Filter ventilation (FV) for stationary shelters <input type="checkbox"/>		
	FV for tents <input type="checkbox"/>		
	FV for mobile shelters <input type="checkbox"/>		
	Containers with built-in FV <input type="checkbox"/>		
	FV for vehicles <input type="checkbox"/>		
	Tents with built-in FV <input type="checkbox"/>		
	Other (please specify) _____		
	<u>Decontamination</u>		<u>Quantity</u>
	Individual decontamination kit <input type="checkbox"/>		
	Personnel decontamination kit <input type="checkbox"/>		
	Material decontamination kit <input type="checkbox"/>		
	Terrain decontamination kit <input type="checkbox"/>		
	Other (please specify) _____		
	<u>Detection, and sampling and analysis</u>		<u>Quantity</u>
	Hand-held detectors <input type="checkbox"/>		
Portable analytical instruments <input type="checkbox"/>			
Other means of detection (paper, tubes, pads, kits) <input type="checkbox"/>			

¹⁹ Please fill out a separate questionnaire for each offer of equipment. If sets of equipment are being offered, please fill out just the one questionnaire for each set.

	Analytical instrument <input type="checkbox"/>	
	Please specify:	
	Reconnaissance vehicle <input type="checkbox"/>	
	Sampling kit <input type="checkbox"/>	
	Other (please specify)	
(Type of equipment offered, continued)	<u>Medical</u>	<u>Quantity</u>
	Antidote <input type="checkbox"/>	
	Medical equipment <input type="checkbox"/>	
	Please specify	
	Ambulance <input type="checkbox"/>	
	<u>Other</u>	<u>Quantity</u>
	Please specify	
Technical information		
2. For each item of equipment above, please provide the details requested. Please attach additional sheets if necessary.	<u>Item:</u>	
	Manufacturer:	
	Type:	
	Date of manufacture, if known:	
	Expiry date, if applicable	
	Other relevant details:	
	<u>Item:</u>	
	Manufacturer:	
	Type:	
	Date of manufacture, if known:	
	Expiry date, if applicable:	
	Other relevant details:	

	<u>Item:</u>			
	Manufacturer:			
	Type:			
	Date of manufacture, if known:			
	Expiry date, if applicable:			
	Other relevant details:			
3. How many operators would be needed to run this equipment?				
Training and certification				
4. Please indicate what training, if any, is required in order to run this equipment.				
5. Please indicate what certification, if any, is required in order to run this equipment.				
6. Please indicate what training, if any, can be included as part of the offer.				
7. Are operating manuals included with the equipment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, in which languages?			
	Arabic	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	French	<input type="checkbox"/>	English	<input type="checkbox"/>
	Russian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Other (please specify):				
Storage and packing				
8. Please indicate how the equipment should be stored.	In bulk		<input type="checkbox"/>	
	In read-to-use packages		<input type="checkbox"/>	
	Specification:			
9. Will the equipment be packed on Europallets?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If not, how will it be packed?			
10. Please list storage requirements for the equipment.	Toxic/chemical hazard		<input type="checkbox"/>	
	Radiation hazard		<input type="checkbox"/>	
	Explosion hazard		<input type="checkbox"/>	
	Fire hazard		<input type="checkbox"/>	
	Other (please specify)			

11. Please list any required storage conditions.	Temperature range:	
	Humidity range	
	Light	
	Other (please specify)	
12. Please provide any other relevant details regarding storage.	.....
	
	
13. Please indicate the storage or exit point.	.....
14. Within how many hours of a request by the OPCW will the equipment be available at the storage or exit point?	.....
15. Is the assisting State Party willing to organise the transport of the equipment to the requesting State Party?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16. Is the assisting State Party willing to cover the costs of transporting this equipment to the requesting State Party?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17. Please list any requirements related to the transport of this equipment.	.....
	Please list any relevant IATA or ADR/ATP ²⁰ regulations.	
	
18. Please indicate any hazards that may be posed by transporting this equipment.	Toxic/chemical hazard	<input type="checkbox"/>
	Radiation hazard	<input type="checkbox"/>
	Explosion hazard	<input type="checkbox"/>
	Fire hazard	<input type="checkbox"/>
	Other (please specify)	
	Please list any relevant IATA or ADR numbers.	
19. Please list any requirements related to periodical maintenance or calibration of this equipment.	By an operator or technician <input type="checkbox"/>	By the manufacturer <input type="checkbox"/>
	
	
	

Contact information²¹		
20. Name of national contact person		
21. Function		
22. Organisation		
23. Office hours		
24. Address	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	
25. Office telephone ²²		
26. Mobile telephone		
27. Home telephone (optional)		
28. Fax		
29. E-mail address		
30. Can the above-named person be telephoned or faxed 24 hours a day	Yes <input type="checkbox"/>	No <input type="checkbox"/>
31. Name of additional contact person		
32. Function		
33. Organisation		
34. Office hours		
35. Address	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	
36. Office telephone		
37. Mobile telephone		
38. Home telephone (optional)		
39. Fax		
40. E-mail address		
41. Can the above-named person be telephoned or faxed 24 hours a day?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

21 Please provide more than one contact for this offer, if possible.

22 Please include the country and city codes.

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FORMAT FOR THE FORMULATION, SPECIFICATION OR RENEWAL OF OFFERS OF ASSISTANCE UNDER ARTICLE X, SUBPARAGRAPH 7(C), OF THE CHEMICAL WEAPONS CONVENTION

OFFER OF TECHNICAL ADVICE OR TRAINING²³

State Party			
Date of submission	Day:	Month:	Year:
Nature of offer			
1. Please indicate the nature of the offer.	Training facility	<input type="checkbox"/>	
	Training course	<input type="checkbox"/>	
	Instructor	<input type="checkbox"/>	
For an offer involving a training facility			
2. Facility name			
3. Location			
4. Status	Civilian	<input type="checkbox"/>	Military <input type="checkbox"/>
5. Name of administering body			
6. Please indicate what types of training would be offered at this facility.			
7. Please indicate what activities take place at the facility.			
8. Please indicate what kind of infrastructure is available at the facility.			
9. How many trainees can the facility accommodate?			
10. What percentage of each gender?	% male	% female	
11. Costs for which of the following are included in the offer?	Meals	<input type="checkbox"/>	
	Accommodation	<input type="checkbox"/>	
	Local transport	<input type="checkbox"/>	
	Other (please specify)		
Contact information for the facility			
12. Name of national contact person			
13. Function			
14. Organisation			
15. Office hours			

²³ Training constitutes a vital part of any immediate response to a request for assistance, and an offer of training should form an integral part of an offer of emergency equipment such as individual protective equipment. In this context, emergency training is distinct from long-term training (see Article X, paragraph 5, of the Convention).

16. Address		
17. Office telephone ²⁴		
18. Mobile telephone		
19. Home telephone (optional)		
20. Fax		
21. E-mail address		
For an offer of one or more training courses		
22. Please indicate the nature of the course or courses. Please tick all that apply.	Chemical defence <input type="checkbox"/>	Medical—treatment of mass casualties <input type="checkbox"/>
	Decontamination <input type="checkbox"/>	Medical—treatment for exposure to chemical-warfare agents <input type="checkbox"/>
	Detection and chemical reconnaissance <input type="checkbox"/>	Sampling and analysis <input type="checkbox"/>
	Disaster management <input type="checkbox"/>	Testing of equipment <input type="checkbox"/>
	Emergency training (chemical weapons threat scenario) <input type="checkbox"/>	Urban search and rescue <input type="checkbox"/>
	Disposal of explosives ordnance <input type="checkbox"/>	Water purification <input type="checkbox"/>
	Other (please specify)	
Course information		
23. For each course, please provide the details requested.	<u>Title:</u>	Number of trainees per session:
	Duration (in days):	Number of sessions a year
	Number of instructors provided in the requesting State Party: ²⁵	
	<u>Title:</u>	Number of trainees per session:
	Duration (in days):	Number of sessions a year
	Number of instructors provided in the requesting State Party:	
	<u>Title:</u>	Number of trainees per session:
	Duration (in days):	Number of sessions a year
	Number of instructors provided in the requesting State Party:	
	<u>Title:</u>	Number of trainees per session:
	Duration (in days):	Number of sessions a year
	Number of instructors provided in the requesting State Party:	
24. If the instructors are to travel to the requesting State Party, costs for which of the following are covered under this offer?	Meals <input type="checkbox"/>	
	Accommodation <input type="checkbox"/>	
	Transport <input type="checkbox"/>	
	Other (please specify)	

²⁴ Please include the country and city codes.

²⁵ If no instructors will be provided, write "None".

25. In which of the following languages are the instructors proficient?	Arabic	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	French	<input type="checkbox"/>	English	<input type="checkbox"/>
	Russian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
	Other (please specify):			
26. Are course manuals included as part of the offer?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	If so, in which languages?			
	Arabic	<input type="checkbox"/>	Chinese	<input type="checkbox"/>
	French	<input type="checkbox"/>	English	<input type="checkbox"/>
	Russian	<input type="checkbox"/>	Spanish	<input type="checkbox"/>
Other (please specify):				
Contact information for the course or courses				
27. Name of national contact person				
28. Function				
29. Organisation				
30. Office hours				
31. Address	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>			
32. Office telephone ²⁶				
33. Mobile telephone				
34. Home telephone (optional)				
35. Fax				
36. E-mail address				

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²⁶ Please include the country and city codes.