**FORTH PORTS LIMITED (Appendix A)**

**Vessel Bunkering Checklist**

**Note – Permission to bunker will not be given until all criteria are approved by FTNS.** Bunkering cannot take place during cargo operations without the express permission of the Port Ops. Manager/ Jetty Supervisor. This is the Master’s responsibility to obtain.

**Bunker source: Road Tanker / Other Vessel (Delete as appropriate)**

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| --- | --- | --- | --- | --- |
| 1. **INFORMATION REQUIREMENTS (ALL BLANKS MUST BE FILLED)** | | | | **REMARKS**  **(FP use Only)** |
| **Vessel Name:** | | | |  |
| **Port / Anchorage:** | | | |  |
| **Berth / Anchorage Designation:** | | | |  |
| **Name and rank of person completing checklist:** | | | |  |
| **Email:** | | | |  |
| **Contact Number:** | | | |  |
| **Name / Rank of Responsible Officer:** | | | |  |
| 1. **ADDITIONAL REQUIRED INFORMATION** | | | | **Approval**  **(YES/NO)** |
| **Bunker Supplier (Vessel name):** | | | |  |
| **Type of Bunker Oil / Oily Waste:** | | | |  |
| **Quantity of Bunker Oil / Oily Waste:** | | | |  |
| **Est. Date & Time of Start:** | | | |  |
| **Est. Date & Time of Completion:** | | | |  |
| **Standby Pollution Response Vessel Name:** | | | |  |
| 1. **DOCUMENTS TO BE ATTACHED** | | | **Tick if Attached** | **Approval**  **(YES/NO)** |
| **Vessel mooring/unmooring procedure** | | |  |  |
| **Risk assessment for operation** | | |  |  |
| **Intertanko standard tanker chartering questionnaire** | | |  |  |
| **Pre-prepared plan for rigging and securing of booms. (Intermediate and Heavy Fuel oil only)** | | |  |  |
| 1. **DECLARATION** | | | | |
| Acknowledgement by Master that “**Bunkering Procedure Forth & Tay**” has been read, understood and will be fully complied with at all times. We have checked, the items of the Check-list in accordance with the instructions and have satisfied ourselves that the entries we have made are correct to the best of our knowledge. | | | | |
| Master Name: | Signature: | Date: | | |

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| REMARKS – These to include reasons for “Not Approved”. (FP use Only) | |
|  | |
| Checklist vetted by: | Designation: |
| Date & Time: | CC: HM / Leith CC / Dundee PA |