FORTH PORTS LIMITED (Appendix B)

VESSEL BUNKERING CHECKLIST

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| **Confirmation of Operation Details.** **(To be supplied to FTNS by the Master as soon as they become available, by whatever means is convenient).** |
| **Vessel Name:** |  |
| **Actual Date & Time of Start:** |  |
| **Actual Date & Time of Completion:** |  |
| **Actual Type & Quantity Loaded (or slops discharged):**  |  |
| **Confirmation that all procedures have been followed:** |  |
| **Confirmation that no spillage has occurred:** |  |
| **Name of Person Supplying above Info:** |  |
| **Designation of above Person:** |  |
| **Date & Time that Balance of Information was Supplied:** |  |
| **REMARKS:**  |  |

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