**Pre-Delivery Bunkering Procedures Checklist Pipeline Delivery**

**Commercial Vessels (> 50gt)**

User Guidance – delete before sharing/printing

1. Download this form and save with a new filename.
2. To edit, go to ‘Editing’ and select ‘Open in Desktop App’

3. The cells will adjust automatically to accommodate the text

4. When complete, retain copy of form in local filing system.

**Part 1 – Checklist**

|  |  |  |
| --- | --- | --- |
| **Check Item** | Receiver | Supplier |
|  | Is the vessel securely moored alongside? | Yes / No | Yes / No |
|  | Is there safe access for personnel transfer? | Yes / No | Yes / No |
|  | Are all personnel involved in the transfer operation attired with appropriate personal protective equipment (PPE)? | Yes / No | Yes / No |
|  | Who will be designated to supervise the transfer operation? Name: |  |
|  | Designation: |  |
|  | Are the no smoking, no naked light and no mobile phone restrictions being enforced? | Yes / No | Yes / No |
|  | Is fire fighting equipment present and immediately available for use? | Yes / No | Yes / No |
|  | Is there a supply of oil spill clean-up material available for immediate use? | Yes / No | Yes / No |
|  | Are there contingency plans in place in event of leak / spill - minor or major? | Yes / No | Yes / No |
|  | Are all the scuppers effectively plugged, drip trays in use and spill absorbents available? | Yes / No | Yes / No |
|  | Is the communication procedure established, understood and tested? | Yes / No | Yes / No |
|  | Has a pre-transfer meeting been held to ensure mutual understanding on: |  |
| 1. Start, stop and shutdown procedure
 | Yes / No | Yes / No |
| 1. Emergency shutdown signal and procedure
 | Yes / No | Yes / No |
| 1. Deck watch and shift arrangement
 | Yes / No | Yes / No |
|  | Do the transfer hoses have sufficient slack and adequately supported to prevent undue strain? | Yes / No | Yes / No |
|  | Are all transfer hoses are in good visible condition and no signs of damage? | Yes / No | Yes / No |
|  | Are all hose connections which have gaskets in good condition, fully and evenly tightened? | Yes / No | Yes / No |
|  | Are all flange connections on the transfer system not in use securely blanked and shut off? | Yes / No | Yes / No |
|  | Is adequate spill containment provided at all connections? | Yes / No | Yes / No |
|  | Is the transfer system correctly lined up and sufficient ullages in the receiving tanks to receive the nominated quantity? | Yes / No | Yes / No |
|  | What is the agreed maximum transfer rate? |  | m³/hour |
|  | What is the agreed maximum back pressure? |  | bar |
|  | At what interval will the level in receiving tanks be gauged? (by receiving vessel) | Every |  | minutes |

**Part 2 – Remark / Comment**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |

**Part 3 – Declaration**

The following undersigned have checked, where appropriately jointly, the items on this checklist and have satisfied themselves that the entries made are correct to the best of their knowledge.

|  |  |
| --- | --- |
| **For Receiving Vessel** | **For Supplying Facilities** |
| Ship’s Name: |  | Facilities Operator: |  |
| Name: |  | Name: |  |
| Rank/position: |  | Rank/position: |  |
| Signature: |  | Signature: |  |
| Date: |  | Date: |  |