

Safety and Pollution Prevention Confirmation for Operations of Ship Pollutants Collection and Tank Cleaning

Content to be Confirmed		Result Confirmation		Remarks
		The Ship	Service provider	
1	Have relevant declaration formalities have been completed?	<input type="checkbox"/>	<input type="checkbox"/>	Declaration Form
2	Do the declared contents conform to actual circumstances?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Are on-duty persons on-scene from both parties?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Are communications between both parties working satisfactorily?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Are the vessels firmly moored?	<input type="checkbox"/>	<input type="checkbox"/>	
6	Is access between vessels or between the vessel and shore safe?	<input type="checkbox"/>	<input type="checkbox"/>	
7	Are the personnel involved in the operation suitably qualified through training?	<input type="checkbox"/>	<input type="checkbox"/>	Training Certificate
8	Is the equipment to be used intrinsically safe?	<input type="checkbox"/>	<input type="checkbox"/>	
9	Do the transfer hoses meet with the safety requirements?	<input type="checkbox"/>	<input type="checkbox"/>	Test Certificate
10	Have the scuppers on both vessels been plugged or drains ashore blocked, as necessary?	<input type="checkbox"/>	<input type="checkbox"/>	
11	Do the working cabins or rooms meet the requirements for safe operations?	<input type="checkbox"/>	<input type="checkbox"/>	
12	Are smoking safety measures are in place?	<input type="checkbox"/>	<input type="checkbox"/>	
13	Is pollution prevention emergency equipment in place?	<input type="checkbox"/>	<input type="checkbox"/>	
14	Are emergency plans for response in the event of fire, explosion and personal injury in place?	<input type="checkbox"/>	<input type="checkbox"/>	
15	Has the person who will make the report to the local MSA office before and after the operation been nominated?	<input type="checkbox"/>	<input type="checkbox"/>	
16	Have the pumping speed and the volume to be pumped been agreed?	<input type="checkbox"/>	<input type="checkbox"/>	
17	Have the operation location and operation content been clearly defined and declared?	<input type="checkbox"/>	<input type="checkbox"/>	
18	Time of commencement of the operation?	<input type="checkbox"/>	<input type="checkbox"/>	
19	Time of termination of the operation?	<input type="checkbox"/>	<input type="checkbox"/>	
20	Actual volume collected?	<input type="checkbox"/>	<input type="checkbox"/>	

Note: if requirements are met, fill the "□" with a "√"; if requirements are not met, fill the "□" with an "x" and report to the governed local MSA office. The operation shall not be commenced until approval is granted by such governed local MSA office.

Both of our two parties have examined the above particulars in accordance with relevant provisions and we both confirm that the examination results are correct and accurate, and we will jointly undertake all legal consequences arising from these results.

Representative of the Ship:

Representative of the Service provider:

Signature:

Signature:

Position:

Position:

Date:

Date: