

## DECLARATION OF INSPECTION

LOCATION & NAME OF FACILITY \_\_\_\_\_

NAME OF VESSEL \_\_\_\_\_

DATE TRANSFER OPERATIONS STARTS \_\_\_\_\_

An oil transfer operation may not commence to or from a vessel unless the following requirements are met and agreed upon by the respective transferring and receiving persons in charge.

Persons in charge indicate by a check (√), in the appropriate spaces, that the specific requirement has been met.

VESSEL	FACILITY
<input type="checkbox"/> A. The mooring lings are adequate for all anticipated conditions. . . . .	<input type="checkbox"/>
<input type="checkbox"/> B. Cargo hoses and/or loading arms are long enough for intended use. . . . .	<input type="checkbox"/>
<input type="checkbox"/> C. Cargo hoses are adequately supported to prevent undue strain on the couplings. . . . .	<input type="checkbox"/>
<input type="checkbox"/> D. The transfer system is properly lined up for discharging or receiving oil. (Additional checks shall be performed each time a valve is repositioned.) . . . . .	<input type="checkbox"/>
<input type="checkbox"/> E. Each flange connection on the cargo system not being used during the transfer operation is blanked or shut off. . . . .	<input type="checkbox"/>
<input type="checkbox"/> F. The cargo hoses and/or loading arms are connected to the manifolds using gaskets and a bolt in every other hole, (minimum of 4 bolts). Exception: Tanks without fixed loading systems per waiver from the Captain of the Port. . . . .	<input type="checkbox"/>
<input type="checkbox"/> G. The overboard or sea suction valves are sealed or lashed in the closed position. . . . .	<input type="checkbox"/>
<input type="checkbox"/> H. Adequate spill containments have been provided for couplings. . . . .	<input type="checkbox"/>
<input type="checkbox"/> I. All scuppers or other overboard drains are closed or plugged. . . . .	<input type="checkbox"/>
<input type="checkbox"/> J. A communications system is provided between the facility and the vessel. . . . .	<input type="checkbox"/>
<input type="checkbox"/> K. Emergency shutdown system is available and operable. . . . .	<input type="checkbox"/>
<input type="checkbox"/> L. Communication procedures are established and understood between persons in charge. . . . .	<input type="checkbox"/>
<input type="checkbox"/> M. Qualified and designated personnel are in charge and on duty at the terminal and vessel control stations. . . . .	<input type="checkbox"/>
<input type="checkbox"/> N. One person at the vessel control station is present who fluently speaks the language of the terminal control station. . . . .	<input type="checkbox"/>
<input type="checkbox"/> O. The owner of the cargo hoses will insure test requirements have been met and that the hose has no loose covers, kinks, bulges, soft spots or gouges, cuts and slashes which penetrate the hose reinforcement and that hoses are marked for identification and test data is maintained in a test log. . . . .	<input type="checkbox"/>
<input type="checkbox"/> P. Adequate lighting of the vessel and terminal work areas and manifold areas is provided. . . . .	<input type="checkbox"/>
<input type="checkbox"/> Q. Persons in charge have held a conference to assure the mutual understanding of the following transfer operations:	<input type="checkbox"/>
<input type="checkbox"/> . . . 1. Product identity to be transferred. . . . .	<input type="checkbox"/>
<input type="checkbox"/> . . . 2. Sequence of transfer operation. . . . .	<input type="checkbox"/>
<input type="checkbox"/> . . . 3. Transfer rate of flow . . . . .	<input type="checkbox"/>
<input type="checkbox"/> . . . 4. Name or title and location of each person participating in the transfer operation . . . . .	<input type="checkbox"/>
<input type="checkbox"/> . . . 5. Particulars of the transferring and receiving systems . . . . .	<input type="checkbox"/>
<input type="checkbox"/> . . . 6. Starting, stripping, topping and shutdown have been discussed and understood . . . . .	<input type="checkbox"/>
<input type="checkbox"/> . . . 7. Emergency procedures including notification, containment and cleanup of spills . . . . .	<input type="checkbox"/>
<input type="checkbox"/> . . . 8. Watch and shift arrangements . . . . .	<input type="checkbox"/>
<input type="checkbox"/> . . . 9. Notification before leaving stations . . . . .	<input type="checkbox"/>

The following items are to be filled out by Vessel personnel only.

- . . . 1. Warning signs and read warning signals (35.35-30).
- . . . 2. Repair work authorization (35.35-30).
- . . . 3. Boiler and galley fires safety (35.35-30).
- . . . 4. Fires or open flames (35.35-30).
- . . . 5. Safe smoking space (35.35-30).

I certify that I have read, understand and agree with the foregoing as marked and agree to begin/continue the transfer operation.

PERSON IN CHARGE OF VESSEL	Signature	PERSON IN CHARGE OF FACILITY	Signature
	Title		Title
	Time                      Date		Time                      Date

The operator of each facility and the operator of each vessel shall retain a signed copy for at least a month.