FORTH PORTS LIMITED (Appendix B)

VESSEL BUNKERING CHECKLIST

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| **Confirmation of Operation Details.** **(To be supplied to Port of Tilbury by the Master as soon as they become available, by whatever means is convenient).****Email:** **marine.department@potll.com** **Phone: 01375 85246** |
| **Vessel Name:** | Click here to enter text. |
| **Actual Date & Time of Start:** | Click here to enter text. |
| **Actual Date & Time of Completion:** | Click here to enter text. |
| **Actual Type & Quantity Loaded (or slops discharged):**  | Click here to enter text. |
| **Confirmation that all procedures have been followed:** | Click here to enter text. |
| **Confirmation that no spillage has occurred:** | Click here to enter text. |
| **Name of Person Supplying above Info:** | Click here to enter text. |
| **Designation of above Person:** | Click here to enter text. |
| **Date & Time that Balance of Information was Supplied:** | Click here to enter text. |
| **REMARKS:** Click here to enter text. |  |

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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: |  |