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|  | PORT OF FUJAIRAH | | |
| | Document Title: | Transportation of Chemical-Checklist | Revision No.: 1 |
| | Document No.: | Attachment 33 NTM 148 V6 | Revision Date: 03.06.2024 |

1.VESSEL INFORMATION:

| | |
|--------------------------------------------|--|
| Name of Vessel | |
| Location of the Vessel | |
| Registered Agent | |
| Product Supplier Name | |
| Identified uses of Chemical onboard Vessel | |

2.PRODUCT INFORMATION:


| | |
|----------------------------------------|--|
| Product Name | |
| Total Quantity | |
| UN Number & CAS No | |
| Class Number | |
| Proper Shipping Name | |
| Packing Group | |
| Subsidiary Risk | |
| Labels and placards properly Displayed | |
| Environmental Hazards | |
| Flash Point | |

3.BOAT INFORMATION

| | |
|--------------------------------------------------------|--|
| Name of Utility Boat | |
| Deck Capacity (mt) | |
| Securing/Lashing arrangement available | |
| Certified for offshore transfers: (Y/N) | |
| Responsible Boat Person in Charge identified and Name: | |
| Method of Transfer to the Vessel | |
| EMS Spillage containment in place | |
| EMS Fire extinguishing is available | |
| Medical First Aid available | |
| Proper PPE available | |

4. Documents Required

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Attachment 34-Transportation of Chemicals-Lashing Checklist • Risk Assessment • Safety data sheet |
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| Check all Potential Hazards/Risk Impacts | (Yes/No) |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|
| Appropriate PPE shall be used, minimum requirements: helmet, safety shoes, high-visibility vest, and safety glasses. Additional PPE (e.g., hearing protection, chemical resistant clothing, etc.) may be required based on specific hazards present. | |
| Access to the cargo deck is restricted during transit, mooring and unmooring of the Boat. | |
| Suitable and sufficient IBCs, ultratainers, or drums securing arrangements in place. | |
| All moving parts on the Boat equipment are to be guarded. | |
| Risk assessment completed and controls measure taken. | |
| The work activity is to be discussed with the Master/Chief Officer. | |
| <ul style="list-style-type: none"> • Discuss the intended operations and communications plan during the loading | |
| <ul style="list-style-type: none"> • Discuss safety issues and planned precautions | |
| <ul style="list-style-type: none"> • Lifting to be done by the ship crew (Authorized & trained to operate the crane) | |
| <ul style="list-style-type: none"> • Confirm volumes delivered are correct based on onboard storage tank levels | |
| SDS is Reviewed and understood by all Parties and is available. | |
| Emergency Stop Signal agreed upon and abort procedures in place. | |
| Suitable spill containment to be in place. | |
| Suitable weather conditions for the duration of the planned operation. Check the Weather forecast in advance & lifting will not be conducted if the crane hooks are not stable & swing due to prevailing weather. | |
| No Hot Work is to be performed during the work activity. | |
| Equipment inspection before use including routine maintenance and testing schedules. | |
| Qualified and deemed competent crew. | |
| The landing area identified; caution tapes provided around the lifting area with proper signage. | |
| Do not overload, follow the SWL of the lifting gears. Implement an exclusion zone in the lifting area | |

We the undersigned, hereby confirm & declare that the Boat/Vessel under my command complies with NTM 148, POF rules and regulations and instructions.

Boat Skipper Signature & Stamp

Vessel Master Signature & Stamp

Name:
Signature
Date.....

Name:
Signature
Date.....