

# Ship-to-Ship Oil Transfer Record

Date of Transfer

Location

Name of Transferring Vessel

Name of Receiving Vessel

Type of Oil

Quantity Transferred (m<sup>3</sup> or tons)

Start Time

End Time

Remarks

No.	Description	Details
1	Pre-Transfer Checklist Completed	
2	Communication Method Established	
3	Transfer Hose Checked	
4	Emergency Stop Procedures Agreed	
5	Post-Transfer Checks Completed	

Officer in Charge (Name & Signature)

Witness (Name & Signature)