

Chemical Tanker Ship/Shore Safety Assessment

General Information

Vessel Name

Date

Berth/Terminal

Cargo Operation

Contact Information

Ship Representative

Shore Representative

Pre-Transfer Checklist

Item	Yes	No	N/A	Remarks
Emergency stop system tested	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Shore and ship communication established	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Cargo transfer plan reviewed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Personal protective equipment available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Fire fighting equipment ready	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>

Additional Notes

Signatures

Ship Representative

Shore Representative