

Pre-Transfer Ship/Shore Safety Checklist

Ship Name

Berth/Terminal

Date

Time

Ship Representative

Shore Representative

Product(s) to be Transferred

Checklist

No.	Item	Yes	No	N/A	Remarks
1	Are all communication systems tested and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
2	Are emergency shutdown procedures understood and agreed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
3	Are firefighting equipment and systems ready for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
4	Are moorings satisfactory and regularly tended?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
5	Is transfer area clear of unauthorized personnel and ignition sources?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
6	Are transfer hoses/arms properly connected and in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
7	Are all scuppers on ship and shore, as appropriate, closed or open?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
8	Is spill response equipment available for immediate use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
9	Have all safety data sheets (SDS) been exchanged and understood?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

10	Are all warning notices and signals displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
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Additional Comments

Ship Representative Signature

Date & Time

Shore Representative Signature

Date & Time