

VESSEL NAME:	OWNERS / CHARTERER'S NAME:	
MASTER'S NAME:		
VESSEL ARRIVAL DRAFT (mts): FWD : AFT:		
ACTIVITIES	MARK 'X' WHERE APPLICABLE	
Bunkers		
Lubricants		
Slops		
Stores		
Underwater Cleaning / Works		
Crew Changes		
Supply of Fresh Water		
STS		
Repairs		
DECLARATION	DELETE AS APPROPRIATE	
State date of expiry for bunker insurance CLC for vessels over 1000 GLT		
Is vessel fully operational, before entering Gibraltar?	YES	NO – (state any deficiencies)
Has vessel carried out a risk assessment for the forthcoming scheduled activities?	YES	NO
Have any limitations, in terms of which operations can be carried out simultaneously, been identified by the vessel?	YES please specify:	NO
Does the risk assessment address the issue of manning levels adequately?	YES	NO
Does the risk assessment include a statement that work / rest hours will still be complied with?	YES	NO
Physical limitations : does the risk assessment consider any limitations on anchor handling power?	YES	NO
Physical limitations: (a) does the risk assessment consider how to accommodate more than one barge/vessel alongside simultaneously, and (b) have the mooring requirements been addressed?	a) YES	NO
	b) YES	NO
Have weather considerations been adequately assessed and taken into account for the operation?	YES	NO
Has the size of the vessel and the corresponding size of the barges/vessels intending to berth alongside been adequately assessed?	YES	NO
Has the vessel considered the need for a tug boat to be in attendance or on standby?	YES	NO
Ship Stamp & Master Signature:	Date:	