

**ACCIDENT PREVENTION PROGRAM
FUEL OIL TRANSFER – FLOATING PLANT**

1. Contractor	2. Contract Name and Number	3. Date	
4. Officer in Charge of Fuel Transfer	4a. Name of Vessel	4b. Fuel to be Transferred	
5. Name of Vessel	5a. Names of Qualified Tankermen	5b. Type of Certification and expiration date	
6. Name of Vessel	6a. Type of fill nozzle or connection on Vessel	6b. Location of fill pipes openings	6c. Location of vents openings
7. Type, number, and size of fire fighting equipment to be available during fuel transfer operations.			
8. Sequential steps to be followed when taking on fuel			

_____ Contractor's Signature _____ Date _____ C.O. or C.O.R. Signature _____ Date