



|               |                  |
|---------------|------------------|
| Document      | BLT Notification |
| Issue Version | 1 – January 2025 |
| Amendment     | 0                |

## Bulk Liquid Transfer Notification

Notification of bulk liquid transfers for large vessels or fuel facilities in Cowes Harbour to be submitted to CHC **at least 48hrs** in advance of any transfer operations.

### Part A – VESSELS AND FACILITIES

#### Vessel (if applicable):

|                                            |  |         |  |
|--------------------------------------------|--|---------|--|
| Vessel:                                    |  | Berth:  |  |
| Owner / Agent:                             |  | Master: |  |
| Telephone:                                 |  | Email:  |  |
| Person in charge:                          |  |         |  |
| Type of fuel / liquid to be transferred:   |  |         |  |
| Amount of fuel / liquid to be transferred: |  |         |  |
| Date of transfer:                          |  |         |  |
| Time of transfer:                          |  |         |  |

#### Facilities (If applicable):

|                                    |                    |            |             |
|------------------------------------|--------------------|------------|-------------|
| CHC Fuel (Via Top Up)              | Thetis Wharf (S&W) | Lallows    | Chain Ferry |
| Other (please describe)            |                    |            |             |
| Contact Number:                    |                    |            |             |
| Person in Charge:                  |                    |            |             |
| Type of fuel / liquid to transfer: |                    |            |             |
| Amount to transfer:                |                    |            |             |
| Method of transfer:                | Road Tanker        | Fuel Barge | Other -     |
| Date of transfer:                  |                    |            |             |
| Time of transfer:                  |                    |            |             |

### Part B - GENERAL CONDITIONS AND PRECAUTIONS TO BE OBSERVED

|                                                                                        |  |
|----------------------------------------------------------------------------------------|--|
| 1. Area clear of dangerous material and sources of ignition                            |  |
| 2. Adequate ventilation                                                                |  |
| 3. All equipment in good order                                                         |  |
| 4. Suitable firefighting appliances and spill kits readily accessible in the work area |  |
| 5. Supervision by competent and responsible person in place                            |  |
| 6. Risk assessment completed and available                                             |  |
| 7. Bunkering or liquid transfer checklist complete, with safety measures in place      |  |
| Special conditions and precautions being taken:                                        |  |
|                                                                                        |  |



# COWES HARBOUR COMMISSION

|               |                  |
|---------------|------------------|
| Document      | BLT Notification |
| Issue Version | 1 – January 2025 |
| Amendment     | 0                |

## SIGN OFF

I am satisfied that all precautions have been taken and that safety arrangements will be maintained for the duration of work. I will make a call via phone or on VHF 69 at the commencement of and on completion of bunkering operations.

### Signed by Authorised person in charge:

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Please forward to: Harbour Master via [chc@cowes.co.uk](mailto:chc@cowes.co.uk)

Telephone: 01983 293952

**If bunkering over a weekend, please submit by 1200hrs Friday at the latest.**

### Internal Use

|                                       |       |       |
|---------------------------------------|-------|-------|
| Notification received                 | Date: | Time: |
| Comments:                             |       |       |
| Signed for CHC<br>(Name & Signature): |       |       |