



APPLICATION TO FUMIGATE VESSEL

(Note: Application should precede fumigation by at least 24 hours.)

We hereby apply for permission to fumigate the vessel m/v _____
In accordance with the details given below.

Name of Master : _____

Compartments to be fumigated : _____

Fumigant : _____

Contractor : _____ Person I/c: _____

Time of crew leaving vessel : _____ Date: _____

Time of commencement : _____ Date: _____

Project time of release of gas : _____ Date: _____

Projected time of return for crew : _____ Date: _____

Will any member of the crew be permitted on board before gas freeing is completed? Yes/No

If yes, who and for what purpose? _____

Who will open the hatches? _____

Contact address and tel. no. of Master or a responsible ships officer during fumigation _____

Who will issue the gas free certificate? _____ Phone No: _____

Signed _____ (Fumigator) Date _____ Time _____

Signed _____ (Master) Date _____ Time _____
(Include ships stamp)

Permission is hereby given to proceed with fumigation of the above vessel, subject to the directions of the Harbour Master/ Marine Controller. Copy to be sent to the Harbour Master

Signed _____ (Marine Controller) Date _____ Time _____

Moorings_Fore _____ Aft _____ Water Connection _____

Fire Hose _____ Flag Signal VE RS Yes / No

Fire Wires _____ Compartment Sealed _____

Gangway _____ Contractor in attendance (no. of persons) _____

Wharf closed or other restriction of access _____

Warning notices displayed Yes / No Wind _____ Expected winds _____

MSDS has been supplied Yes / No. JSA/Hazard Analysis has been supplied Yes / No.