**THIS IS AN APPLICATION TO OBTAIN PERMISSION FROM THE PORT OF PORTLAND TO CONDUCT WORKS AND DOES NOT REMOVE THE REQUIREMENT FOR PORT USERS TO COMPLETE THEIR OWN SAFE SYSTEMS OF WORK, INCLUDING PERMITS WHERE REQUIRED.**

Prior to the commencement of any bulk bunkering of oils (i.e. fuels and/or lubes) upon any vessel within the Port of Portland, this document is to be completed by the fuel supplier’s representative **OR** the owner/operator/ master/skipper/ chief engineer of the receiving vessel.

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| **Name of Applicant** | Click here to enter text. | | | | | | | |
| **Activity** |  | **Bunkering** |  | **Sludge Discharge** | |  | **Other**: Click here to enter text. | |
| **Name of Vessel** | Click here to enter text. | | | | **Location** | | | Click here to enter text. |
| **Type of Fuel** | Click here to enter text. | | | | **Volume of Fuel** | | | Click here to enter text. |
| **Emergency number** | Click here to enter text. | | | | **Mobile number** | | | Click here to enter text. |

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| **Safe System of Work** | | **Is a safe system of work in place?** (i.e. Permits, JSEA, Risk Assessment, etc)? | | | | | | | Yes  No  🡪 to be completed | | | |
| **Traffic Management Plan:** | | Yes  No  N/A | | **Number of Trucks:** | | | | Click here to enter text. | | |
|  | | | | | | | | | | | | |
| **Responsibilities** | |  | | | | | | | | **Acknowledged** | | |
| Ensure that all combustible materials are removed from the bunkering area. | | | | | | | | | Yes  No | |
| Ensure that oil spill containment and clean-up equipment has been withdrawn from its storage area, is deployed, and is in full preparedness. | | | | | | | | | Yes  No | |
| Ensure that at all times both the supplier and recipient have personnel, familiar with their respective operations, in attendance and continually monitoring operations. | | | | | | | | | Yes  No | |
| Ensure that there is a clearly defined method of communication agreed between both parties, encompassing directions to start, to stop, for emergency stop, and for completion of operations. | | | | | | | | | Yes  No | |
| In the event of any oil spill, the emergency stop signal shall be indicated, with pumping ceased before any valves are closed, and with all parties immediately assisting with containment. | | | | | | | | | Yes  No | |
| Should a spill occur with oil discharged upon the harbour waters, the Port of Portland (as the relevant authority acting upon behalf of Marine Safety Victoria) must be immediately notified (Tel 5525 0900 / 24hrs / 365 days), without any delay, so that containment, followed by clean-up, can be immediately affected using specialised equipment stored in the port. | | | | | | | | | Yes  No | |
| In the event of any spill upon the wharf or the receiving vessel’s decks, the Port of Portland is to be notified (tel: 5525 0900 / 24hrs) as soon as is possible following containment. | | | | | | | | | Yes  No | |
| Neither party shall attempt any clean-up of oil upon the harbour waters; concentrating their efforts upon containment at the source of the spill – the supplier and recipient shall only contain and clean-up the wharf area or the vessel’s decks. | | | | | | | | | Yes  No | |
| **This APPLICATION IS GRANTED subject to the following conditions** | | | | | | | | | | | | |
| 1. Applications are issued on the day of work activities and are valid for the duration of the task. 2. The Application shall be in the possession of the operator before work is commenced and must be retained in their possession throughout the operation and be produced on demand to any authorised Officer of the Port of Portland. 3. A valid Application covers only the work stated thereon and a further Application must be obtained before any additional work is commenced. 4. For work aboard ships this Application is issued subject to current / state regulations. | | | | | | | | | | | | |
| **ACKNOWLEDGEMENT** | | | | | | | | | | | | |
| I acknowledge that it is my responsibility to ensure that all persons engaged in this work, whether employed directly or on sub contract are suitably qualified and execute their duties in a safe manner in accordance with the requirements of this application.  Supplier and Recipient agree and accept that all bunkering procedures are to comply with:  a. ISM/ISO policies, MARPOL regulations, Victorian State and Australian Federal legislation.  b. Their responsibilities as laid out above. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Commencement** | **DATE:** | | Click here to enter text. | | **TIME:** | | Click here to enter text. | | | | | (24 hr clock) |
| **Completion** | **DATE:** | | Click here to enter text. | | **TIME:** | | Click here to enter text. | | | | | (24 hr clock) |
| **Name** | Click here to enter text. | | | | | | | | | | | |
| **Signature** |  | | | | **Contact number** | | | Click here to enter text. | | | | |
|  | | | | | | | | | | | | |
| **POPL Issuing Officer** | Click here to enter text. | | | | **Contact number** | | | Click here to enter text. | | | | |
| **Signature** | Click here to enter text. | | | | **Date of Issue** | | | Click here to enter text. | | | | |
| **This form must be completed and signed prior to any work activities and retained until the completion of the works.**  **SITE EMERGENCY PHONE NUMBER: 5525 0900** | | | | | | | | | | | | |

*This form can either be e-mailed to: shipping@portofportland.com.au* ***OR*** *faxed to: +61 3 5521 7488*