



FUEL SYSTEM CHECK

Vessel Name		IMO No.
Bunkering Port		
Bunkering Date (dd/mm/yy)		Sampling Date (dd/mm/yy)
Sampling Location <input type="checkbox"/> (A) Transfer Pump Discharge		
<input type="checkbox"/> (B) Before Separator(s)		
<input type="checkbox"/> (C) After Separator(s)		
<input type="checkbox"/> (L) After Service Tank (Before Fuel Heaters)		
<input type="checkbox"/> (M) Before Main Engine - See Safety Note		
<input type="checkbox"/> () Others:		
Sample Seal No:		
Remarks		

VPS/LBL003/R00_0814



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