



Emergency Equipment Testing e-Form

Important : This form must be fully completed and send together with the fuel sample

To be filled in by vessel's staff					For laboratory use					
Vessel Information	Name :				Sample number					
	IMO no. :	Call Sign :								
Billing Information	Analysis for account of :	Owner	Charterer	Other	Analysis	Yes	No			
	Company name :					Pending				
Bunkering information	Bunkering date :				Delay	Full	Cut off			
	Bunkering port :					LOI	Other			
Sample 1	Emergency/source :				Type	V	O			
	Sampling location :					C				
	Sampling date :				Label	VPS	MARPOL			
	Seal number :					FSC	Other			
	Test package* :	Routine	Initial			Non VPS	No label			
Sample 2	Emergency/source :				Ch. Eng	Y	N			
	Sampling location :				Supplier	Y	N			
	Sampling date :				Surveyor	Y	N			
	Seal number :				VPS Bottle	Y	N			
	Test package* :	Routine	Initial		Seal intact	Y	N			
Sample 3	Emergency/source :				Extra seal info					
	Sampling location :									
	Sampling date :									
	Seal number :									
	Test package* :	Routine	Initial							
Sample 4	Emergency/source :				AWB					
	Sampling location :									
	Sampling date :									
	Seal number :									
	Test package* :	Routine	Initial					Date sent		
Sample 5	Emergency/source :				Sent from					
	Sampling location :							Comments		
	Sampling date :									
	Seal number :									
	Test package* :	Routine	Initial							
* See brochure for more info										
Comments:										
Chief Engineer's Singature		Date		Vessel's stamp		Verified by / Date / Time				

