

Appendix 10

Checklist of Information that may be required when assessing a Chemical Spill that affects the Marine Environment

(This checklist is not in any order of priority)

Category of Information	Details/Information Required	Information available?	
		Tick Yes	Cross if Not
Required			
Time of Incident	Date	<input type="checkbox"/>	
	Local time	<input type="checkbox"/>	
	GMT/UTC time	<input type="checkbox"/>	
Position/Location of Incident	Lat.	<input type="checkbox"/>	
	Long.	<input type="checkbox"/>	
	Speed	<input type="checkbox"/>	
	Bearing	<input type="checkbox"/>	
Population at Risk	Distance from shore of vessel/cargo	<input type="checkbox"/>	
	Proximity of populace	<input type="checkbox"/>	
	Proximity of vulnerable areas	<input type="checkbox"/>	
Cause /Nature of Incident	Collision	<input type="checkbox"/>	
	Grounding	<input type="checkbox"/>	
	Explosion	<input type="checkbox"/>	
	Fire	<input type="checkbox"/>	
	Cargo shifting	<input type="checkbox"/>	
	Cargo reaction	<input type="checkbox"/>	
	On-board release of chemical	<input type="checkbox"/>	
	Loss of packages overboard	<input type="checkbox"/>	
	Discovery of packages washed ashore	<input type="checkbox"/>	
SAR Needs/Situation	Communications radio channel VHF	<input type="checkbox"/>	
	INMARSAT/data/fax available	<input type="checkbox"/>	
	Crew number/casualties	<input type="checkbox"/>	
	Nationality/working languages	<input type="checkbox"/>	

	Material Safety Data Sheets – crew access	<input type="checkbox"/>
	Other vessels/tugs in vicinity	<input type="checkbox"/>
	Other vessels/tugs on route	<input type="checkbox"/>
Cargo/Chemical Details	UN number(s)	<input type="checkbox"/>
	Quantity chemical/oil spilled/lost	<input type="checkbox"/>
	Rate of loss	<input type="checkbox"/>
	Quantity at risk/remaining	<input type="checkbox"/>
	Pollution category A, B, C or D	<input type="checkbox"/>
	Product/chemical trade name	<input type="checkbox"/>
	Chemical IUPAC name	<input type="checkbox"/>
	CAS Number	<input type="checkbox"/>
Type of Hold/Packaging	Bulk	<input type="checkbox"/>
	Number of tanks/capacities	<input type="checkbox"/>
	Parcels	<input type="checkbox"/>
	Container	<input type="checkbox"/>
	IBC	<input type="checkbox"/>
	Packages	<input type="checkbox"/>

Category of Information	Details/Information Required	Information available? Tick Yes Cross if Not
Required		
Identification of Spilled Chemical(s)	Physical form	<input type="checkbox"/>
	Colour	<input type="checkbox"/>
	Appearance	<input type="checkbox"/>
	Odour	<input type="checkbox"/>
	Behaviour – float/sink/evaporate/dissolve	<input type="checkbox"/>
	Specific gravity	<input type="checkbox"/>
	Dimension of slick/plume	<input type="checkbox"/>
	Direction of movement of slick/plume	<input type="checkbox"/>
	Heated/cooled tank or chemical (C)	<input type="checkbox"/>
Weather Present and Forecast	Wind speed	<input type="checkbox"/>
	Wind direction	<input type="checkbox"/>
	Air temperature	<input type="checkbox"/>
	Visibility	<input type="checkbox"/>
	Sunrise/sunset times	<input type="checkbox"/>
Sea Conditions	Wave height/swell etc.	<input type="checkbox"/>

	Sea temperature	<input type="checkbox"/>
	Sea state/Beaufort scale	<input type="checkbox"/>
	Tide times/heights	<input type="checkbox"/>
	Water current speed/direction	<input type="checkbox"/>
Condition of Casualty	Number of tanks damaged/undamaged	<input type="checkbox"/>
	Stability of vessel	<input type="checkbox"/>
	Abandoned/manned	<input type="checkbox"/>
	At anchor/adrift	<input type="checkbox"/>
	Afloat/aground	<input type="checkbox"/>
	Under tow	<input type="checkbox"/>
Ship Details	Name	<input type="checkbox"/>
	IMO number	<input type="checkbox"/>
	Country/flag	<input type="checkbox"/>
	Gross tonnage	<input type="checkbox"/>
	Net tonnage	<input type="checkbox"/>
	Deadweight Tonnage	<input type="checkbox"/>
	Number Holds/tanks	<input type="checkbox"/>
	Classification Society	<input type="checkbox"/>
	Availability of ship plans	<input type="checkbox"/>
	Length	<input type="checkbox"/>
	Beam	<input type="checkbox"/>
	Draft forward/aft	<input type="checkbox"/>
	Passage/route (from/to)	<input type="checkbox"/>
Vessel Systems – Condition	Main engine	<input type="checkbox"/>
	Steering gear	<input type="checkbox"/>
	Radar system	<input type="checkbox"/>
	Navigational systems	<input type="checkbox"/>
	Electrical Plant	<input type="checkbox"/>
	Cargo Pumps	<input type="checkbox"/>
	Ballast pumps	<input type="checkbox"/>
	Cargo lines	<input type="checkbox"/>
	Ballast lines	<input type="checkbox"/>
	Inert gas system	<input type="checkbox"/>
	Anchors	<input type="checkbox"/>
	Cranes/derricks	<input type="checkbox"/>
	Winches	<input type="checkbox"/>

Category of Information	Details/Information Required	Information available?	
		Tick Yes	Cross if Not
Required			
Ship Owners/Agent	Name	<input type="checkbox"/>	
	Telephone	<input type="checkbox"/>	
	Fax	<input type="checkbox"/>	
	Telex	<input type="checkbox"/>	
	Address	<input type="checkbox"/>	
Other Parties Contacted and Contact Details	Salvage company	<input type="checkbox"/>	
	Hull insurers	<input type="checkbox"/>	
	P & I insurers	<input type="checkbox"/>	
	Cargo owners	<input type="checkbox"/>	
	Cargo owners agents	<input type="checkbox"/>	
Action being taken on vessel to minimise discharge or movement of vessel	Who is already involved?	<input type="checkbox"/>	
	What equipment is at scene/on way?	<input type="checkbox"/>	
	What supplies are at scene/on way?	<input type="checkbox"/>	
Dangerous Goods Lost Overboard	Position of goods lost overboard	<input type="checkbox"/>	
	Correct technical name(s) of goods	<input type="checkbox"/>	
	UN number(s)	<input type="checkbox"/>	
	IMO hazard class	<input type="checkbox"/>	
	Names of manufacturers of goods	<input type="checkbox"/>	
	Name of consignor	<input type="checkbox"/>	
	Types of packages, containers	<input type="checkbox"/>	
	Estimated quantity	<input type="checkbox"/>	
	Numbers of packages	<input type="checkbox"/>	
	Did lost goods float or sink?	<input type="checkbox"/>	
	Is loss continuing?	<input type="checkbox"/>	
	Reason for loss of dangerous goods?	<input type="checkbox"/>	