CENAC MARINE SERVICES, LLC

P.O. BOX 2617 • HOUMA, LA 70361 • PHONE (985) 872-2413 • FAX (985) 851-3585

Dock Survey Form

Date of report: _____ Name of Vessel: _____

Name of person making report _____

Facility Name _____ Berth / Dock # _____

Contact information:

Name _____ Phone _____

Location: (provide GPS coordinates and waterway information)

GPS Location _____ N _____ W

Waterway info _____

Moorings: (check as many as applicable)

__ clusters __ steel piles with backing braces

__ single wood piles __single steel piles

__ mooring bits on dock __ other

Is there an adequate number of securing points to safely and effectively tie up the barge(s)?

(check one) __ yes __ no

Comments: (please provide information on moorings if necessary)

_____

_____

_____

_____

_____

Does the facility have a loading arm or hose? __ arm __ hose __ other Connection size __

Does the facility have a vapor recovery system? __ yes __ no

Is there a crane or davit system to assist in connecting the hose or arm? __ yes __ no

What is the facility's load rate in BPH (barrels per hour)? _____

Does the facility provide access from the dock to the barges by walkway, ladder, or other means?

__ yes __ no

Please provide comments on safety issues, beneficial information, problems, etc.:

_____

_____

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