

**NON ROUTINE OR SPECIAL CARGO ITEMS
TRANSPORTATION TO OR FROM SITE
BEST PRACTICE**

PROJECT SUMMARY & CONTACT DETAILS

PROJECT SUMMARY

Project		
Item(s) being Transported		
Client		
Vendor or Supplier		Vendor or Supplier to complete Vendor Logistics Check List (See Below)
Vendor / Suppliers Agent(s)		, ,
Logistics Service Provider(s)		, ,
Shipped	From	
	To	
	Via	, ,
Further Information		1.

Vendor Logistics Check List

The Vendor Logistics Check List in protected Word format is included at the bottom of this form..

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PROJECT TEAM

Contact Information	Particulars
Nominated Person(s)	
Representing	
Function	
Department	
Telephone, Office	
Telephone, Mobile	
Electronic Mail Address	

Contact Information	Particulars
Nominated Person(s)	
Representing	
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Representing	
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Telephone, Office	
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Electronic Mail Address	
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OPERATIONS SUPPORT TEAMS

Logistics and Quayside Operations

Contact Information	Particulars
Nominated Person(s)	
Representing	
Function	
Department	
Telephone, Office	
Telephone, Mobile	
Electronic Mail Address	

Contact Information	Particulars
Nominated Person(s)	
Representing	
Function	
Department	
Telephone, Office	
Telephone, Mobile	
Electronic Mail Address	

Marine Specialists

Contact Information	Particulars
Nominated Person(s)	
Representing	
Function	
Department	
Telephone, Office	
Telephone, Mobile	
Electronic Mail Address	

Contact Information	Particulars
Nominated Person(s)	
Representing	
Function	
Department	
Telephone, Office	
Telephone, Mobile	
Electronic Mail Address	

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Procurement

Contact Information	Particulars
Nominated Person(s)	
Representing	
Function	
Department	
Telephone, Office	
Telephone, Mobile	
Electronic Mail Address	

Operational Safety

Contact Information	Particulars
Nominated Person(s)	
Representing	
Function	
Department	
Telephone, Office	
Telephone, Mobile	
Electronic Mail Address	

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VESSELS

Vessel 1

Contact Information	Particulars
Function	
Name of Vessel	
Name of Master (if known)	
Telephone, KU Band	
Telephone, Marisat	
Telephone, Mobile	
VHF Channels	
UHF Channels	
Electronic Mail Address	

Vessel 2

Contact Information	Particulars
Function	
Name of Vessel	
Name of Master (if known)	
Telephone, KU Band	
Telephone, Marisat	
Telephone, Mobile	
VHF Channels	
UHF Channels	
Electronic Mail Address	

Vessel 3

Contact Information	Particulars
Function	
Name of Vessel	
Name of Master (if known)	
Telephone, KU Band	
Telephone, Marisat	
Telephone, Mobile	
VHF Channels	
UHF Channels	
Electronic Mail Address	

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VENDOR LOGISTICS CHECK LIST

All relevant information to be included

ORDER / CONTACT DETAILS	
Purchase Order Reference	
Logistics contact name / details	
EQUIPMENT PARTICULARS	
Equipment description	
GA Drawing provided	
Dimensions	
Weight	
Location of C of G	
Lifting Points (number, type, capacity)	
Transport Fastening Points (number, type, capacity)	
Pressurized and / or Energized parts present	
Fluids & / or Hazardous Substances present	
Electrical Power present or required	
Compressed Air present or required	
Cooling Water required	
PACKAGING AND LOADING ARRANGEMENTS	
Packaging design / type	
Dedicated Lifting Rigging supplied or offered	
Original Certificates for Lifting Rigging to accompany Cargo Item(s) throughout journey	
Plant type / capacity for handling throughout journey	
Handling recommendations throughout journey	
TRANSPORT & DELIVERY ARRANGEMENTS	
Type / capacity of Transport required	
Notifications required for road haulage, if any	
Transport risk assessment throughout journey	
For Ex Works all known risks to be considered	
Potential changes in C of G due to loading / movement	
ONWARD SHIPMENT	
Special precautions for loading / unloading	
Special precautions for transport by sea	
DOCUMENTATION	
Lift Plan required for movement / loading	

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O&GUK Cargo Handling Guidelines to be available & consulted when planning each stage of journey	
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