

**BARGE/PUSHER TUG MINIMUM SAFETY STANDARDS PREQUALIFICATION
CHECKLIST FOR ISSUANCE OF “NPA PERMIT TO OPERATE”**

Name of Vessel		Nationality/Flag						
Type of Vessel		LOA						
IMO No.	Call Sign	MSSI No.						
Name of Company								
Address								
Company Phone No(s)		Email						
Contact Person Phone No		Email						
S/N	PARAMETERS			COMPLIANCE				REMARK
				KEY: APPLICANT = A NPA= V (Verifier) Tick as appropriate				
				Yes		No		
				A	V	A	V	
1.	Certification and Documentation							
	a) Are the following certification valid?							
	i. NIMASA’s Certificate of Registry							
	ii. NIWA’ s Certificate of Registration							
	iii. Condition Survey Report							
	b) Availability of Publication or equivalent procedural manuals covering the following titles maintained aboard for the use of the Pusher tug/ barge crew:							
	i. Company Marine Operations Manual							
	ii. Local Tide Tables							
	iii. Harbour Master Notices to Mariners							
	iv. Company Contingency Plan							
	v. Company Salvage Manual							
vi. Pilotage District Information Pack								
2.	Pilotage Exemption Certificate (PEC)							
	a) Is the Vessel manned by a Master with valid NPA Pilot Exemption Certificate (PEC)?							
	b) Is the Vessel operated under an Alcohol and Drug Abuse Company Policy?							
	c) Is there a system of training (or professional advancement) for all vessel crew; (elements should include a training manual and documentation to monitor the training progress of all staff).							
3.	Navigation							
	a) Is the vessel fitted with the following equipment and maintained in good working order: -							
	i. Compass							
	ii. Marine VHF radiotelephone installation							
	iii. Automatic Identification System (AIS)							
	iv. Mobile telephone							

	b) Is there a deck logbook or equivalent record on board?				
	c) Does the Master make passage plan appropriate to the area and service for navigation?				
4.	Safety Management				
	a) Are operations carried out in compliance with the requirements of NPA regulations?				
	b) Are Safety checks carried out daily on board and a safety checklist completed?				
	c) Is there Manual for Emergency Response procedures on board the vessel, which states actions to be taken in the event of fire, explosion, grounding, and collision?				
5.	Pollution Prevention				
	a) Is there Emergency Response procedures manual on board which cover the actions to be taken in the event of oil spill or oil pollution.				
	b) Are the following pollution control equipment shall be available and ready for immediate use:				
	i. Absorbent Materials				
	ii. Non-sparking shovels, buckets, squeegees, brooms				
	iii. Containers for recovered waste				
	iv. Emulsifiers (for deck cleaning only)				
6.	Structural Condition				
	a) Is the hull structure of the vessel in sound condition and free from fractures, distortion or excessive corrosion?				
	b) Is the fixed fendering systems in sound condition and capable of preventing metal-to-metal contact with other vessels?				
7.	Communication				
	a) Is radio watch maintained on VHF Channel 12 and 14 whilst underway in the Port?				
	b) Does the Vessel declare arrival/departure details before entry/exit from the Port respectively?				
	c) Does the Vessel request permission to move from Port Control/Signal Station immediately before getting under way?				
8.	Engine Room and Emergency Steering				
	a) Is the Vessel fitted with emergency back-up power system?				
	b) Is the back-up power systems in good order, tested at least monthly and the results recorded?				
	c) Is the vessel fitted with an emergency steering facility, which shall be tested regularly, and the results recorded?				

ROUTE INTENTION

S/N	BARGE ROUTES	CATEGORY (Tick as appropriate)
1.	Intra Pilotage District	
2.	Inter Pilotage District	
3.	West African Coast	

ATTESTATION

I, do hereby attest that this information is true, accurate and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.”

Signature & Date:

FOR OFFICE USE	
Remark by Verifier/Evaluator:	
Name of Verifier/Evaluator	
Designation, Signature & Date:	
Remark by Reviewer:	
Name of Reviewer:	
Designation, Signature & Date:	