

PORT OF GALEOTA

EQUIPMENT FORM

VESSEL:

IMO NO.:

TYPE OF EQUIPMENT:

CRANE

FORKLIFT

HIAB

TRUCK

AGENT/COMPANY:

TEL #:

DATE:
dd/mm/yyyy

START TIME:

FINISH TIME:

NATURE OF OPERATION:

CLIENT
(PLEASE PRINT)

CONTRACTOR OPERATOR

SHOREBASE OPERATIONS TECH

SIGNATURE

SIGNATURE

SIGNATURE