

**VISAKHAPATNAM PORT TRUST  
TRAFFIC DEPARTMENT**

**CHECK LIST FOR BERTH ALLOCATION  
(OTHER THAN TANKERS)**

Name of the Vessel	
Name of the Cargo	
Cargo on Board	
Cargo proposed to be discharged at the port	
Steamer Agent	
Stevedore(s)	
Clearing and Forwarding Agent	
LOA	
Beam	
Draft	
Forward	
Aft	
Air Draft	
Ship Crane/Derric Capacity	
Hatch Plan/Stowage Plan	
Name of Importer(s)/Exporters(s)	
(1)	
(2)	
(3)	
Number of Hooks required	
Loading/Unloading Sequence	
Requirement of shore Cranes	
Number	
Capacity	
Requirement of other equipment on board/on shore such as	
Fork Lift Trucks	
Mobile Cranes	
Floating Cranes	
Others (Please Specify)	
Availability of Spreaders, if required.	

Required of other gear	
Availability of cargo in case of Export	
Quantity stacked/stores	
Quantity proposed to be loaded	
Clearance arrangements proposed	
Number of dumpers to be deployed	
Wagons requirement	
Transit Space requirement if any	
Requirement of water, date of payment of charges and to which company the amount is paid	
Requirement of bunker, date of payment charges and to which company the amount is paid	
Information on De-ballasting	
Information on Ballasting	
Survey position and Name of the surveyor	
Fumigation of the hatches	
Lashing	
Laboratory requirements	
Details of Hazardous goods on board	
Name	
Quantity	
Any specific assistance from customs/PHO/Plant/Quarantine/Immigrating office/local police etc.	
Assistance required from Port	
Medical facilities	
Others (Please specify)	
Repair facilities required and with whom they have tied up	
When Vessel is required to be berthed i.e. when vessel is ready	

We hereby undertake to ensure that the Master o the Vessel will ensure that there shall be free access on deck for Dock workers to safely approach and return from the holds of the vessel.

Date of Validity of P&I coverage

Including for wreck Clearance

(Photo copy to be enclosed)

Name of the Owner's Agent

Name of Agent paying Vessel Charges

Whether vessel requires garbage removal and

If so the arrangements made by agent.

Whether any suspected "SARS" patients on Board,

If so furnish their details

Signature :

Name :

Designation :

Contact No. Off:

Res:

Mobile

Email Address:

Office Seal