

Location: Botlek/Chemiehaven/TTR



Handling request

General Safety instructions

Loading / discharging

This personnel safety equipment must be worn during loading:

Safety rail must be in place during loading and in the opposite of loading rack

Mobile telephone

Tank car/container provided with safety rail/fixed ladder: Yes No

Date	: _____	Max. gross weight	: _____ kg
Product	: _____	By train	: <input type="checkbox"/> Yes <input type="checkbox"/> No
Quantity	: _____ kg	By see	: <input type="checkbox"/> Yes <input type="checkbox"/> No
Reference	: _____	Name of driver	: _____
Destination	: _____	Drivers nationality	: _____
Planned slot time	: _____	Drivers license number:	: _____
Haulage company	: _____	Deregulate to	: _____

Number plate truck : _____ FL OX AT

Number plate trailer : _____ Tankcode: _____ Testing date: _____

Number plate chassis: _____ FL OX AT Testing date: _____

Container number : _____ Tankcode: _____ Testing date: _____

Compartment	1	2	3	4	5	6
Content liters (100%)						
Baffles	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Previous cargo : _____

Compartments cleaned : Yes No

Bottom and bottom line valves closed before loading: Yes No

Use of nitrogen : Yes No

Vacuum certificate : Yes No

DECLARATION

The driver confirms that he is in possession of the certificate of professional competence in accordance with Chapter 8.2.2.8 and that the vehicle is equipped in line with ADR regulations. The driver further confirms receiving and having read the terminal safety regulations and necessary written instructions (ADR Chapter 5.4.3).

Date _____ Signature of driver _____

Comments: _____
