

Moran Environmental Recovery LLC Inspection Sheet

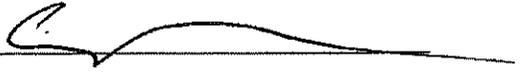
Vessel Name: Munson Vessel Make: Custom
 Inspection Date: 8/14/25 Unit #: 871
 Location: MER Yard

Last Months Recorded Hours
P
S
Current Months Recorded Hours
106.5
106.6

- | Check items (X) | Check items (X) |
|--|---|
| <input checked="" type="checkbox"/> Visual Hull Inspection | <input checked="" type="checkbox"/> Check fuel level (full) |
| <input checked="" type="checkbox"/> Check Batteries | <input checked="" type="checkbox"/> Check oil level |
| <input checked="" type="checkbox"/> Inspect fuel lines | <input checked="" type="checkbox"/> Inspect Bilge |
| <input checked="" type="checkbox"/> Inspect Bilge | <input checked="" type="checkbox"/> Backing belt and pins |
| <input checked="" type="checkbox"/> Operate Bilge pump | <input checked="" type="checkbox"/> Boat Clean |
| <input checked="" type="checkbox"/> No Electronics | <input type="checkbox"/> |

*** VESSEL SHOULD GO THROUGH A SEA TRIAL TO INSURE OPERATING AT PEAK PERFORMANCE A MIN OF ONCE PER QUARTER

 Trailer #: _____

Inspector: Shawn Smith Signature: 

Facility Rep
 Print: _____ Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

Vessel Name: Marco Skimmer

Vessel Make: 30' Kvichak Skimmer

Inspection Date: 8/14/25

Unit #: 895

Location: Savannah, GA

Last Months Recorded Hours
Current Months Recorded Hours

<u>P</u>	<u>S</u>
<u>13.7</u>	<u>13.7</u>

Check items (X)

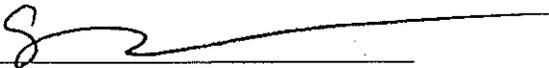
Check items (X)

- | | |
|---|--|
| <p><input checked="" type="checkbox"/> Visual Hull Inspection</p> <p><input checked="" type="checkbox"/> Check Batteries</p> <p><input checked="" type="checkbox"/> Inspect fuel lines</p> <p><input checked="" type="checkbox"/> Inspect Bilge</p> <p><input checked="" type="checkbox"/> Operate Bilge pump</p> <p><input checked="" type="checkbox"/> No Electronics</p> | <p><input checked="" type="checkbox"/> Check fuel level (full)</p> <p><input checked="" type="checkbox"/> Check oil level</p> <p><input checked="" type="checkbox"/> Skimmer Pads</p> <p><input checked="" type="checkbox"/> Backing belt and pins</p> <p><input checked="" type="checkbox"/> Boat Clean</p> <p><input checked="" type="checkbox"/> Operate PP and engines</p> |
|---|--|

*** VESSEL SHOULD GO THROUGH A SEA TRIAL TO INSURE OPERATING AT PEAK PERFORMANCE A MIN OF ONCE PER QUARTER

Trailer #: _____

Inspector:
Print: Shane Smith

Signature: 

Facility Rep
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

Vessel Name: 17' Work Boat

Vessel Make: Custom

Inspection Date: 8/14/25

Unit #: 866

Location: _____

Last Months Recorded Hours _____
Current Months Recorded Hours _____

Check items (X)

Check items (X)

Visual Hull Inspection

Check fuel level (full)

Check Batteries

Check oil level

Inspect fuel lines

Inspect bildge

Inspect Bilge

Spark Plug Wires

Operate Bilge pump

Boat Clean

Electronics

*** VESSEL SHOULD GO THROUGH A SEA TRIAL TO INSURE OPERATING AT PEAK PERFORMANCE A MIN OF ONCE PER QUARTER

Trailer #: _____

Inspector: Shawn Smith

Signature: _____

Facility Rep
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

Vessel Name: Savannah Patriot

Vessel Make: Custom

Inspection Date: 8/14/28

Unit #: 865

Location: _____

Last Months Recorded Hours _____
Current Months Recorded Hours _____

Check items (X)

Check items (X)

Visual Hull Inspection Check fuel level (full)

Check Batteries Check oil level

Inspect fuel lines Skimmer Pads

Inspect Bilge Backing belt and pins

Operate Bilge pump Boat Clean

No Electronics Operate PP and engines

*** VESSEL SHOULD GO THROUGH A SEA TRIAL TO INSURE OPERATING AT PEAK PERFORMANCE A MIN OF ONCE PER QUARTER

Trailer #: _____

Inspector:
Print: Shawn J. M...

Signature: _____

Facility Rep
Print: Roy BABOT

Signature: Roy Babot

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

Vessel Name: Al Allen Vessel Make: Lobelle
Inspection Date: 8/11/25 Unit #: 862
Location: MER Yard

Last Months Recorded Hours _____
Current Months Recorded Hours _____

Check items (X)	Check Items (X)
<input checked="" type="checkbox"/> Visual Hull Inspection	<input checked="" type="checkbox"/> Check fuel level (full)
<input checked="" type="checkbox"/> Check Batteries	<input checked="" type="checkbox"/> Check oil level
<input checked="" type="checkbox"/> Inspect fuel lines	<input checked="" type="checkbox"/> Skimmer Pads
<input checked="" type="checkbox"/> Inspect Bilge	<input checked="" type="checkbox"/> Backing belt and pins
<input checked="" type="checkbox"/> Operate Bilge pump	<input checked="" type="checkbox"/> Boat Clean
<input checked="" type="checkbox"/> GPS /VHF Working	<input checked="" type="checkbox"/> Operate PP and engines

*** VESSEL SHOULD GO THROUGH A SEA TRIAL TO INSURE OPERATING AT PEAK PERFORMANCE A MIN OF ONCE PER QUARTER

Trailer #: 6094

Inspector: Shawn Smith Signature: _____
Facility Rep: Jake Hesse Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

Vessel Name: 34' Barge Boat Vessel Make: Custom
Inspection Date: 8/14/25 Unit #: 891
Location: MER Yard

Last Months Recorded Hours _____
Current Months Recorded Hours _____

Check items (X)	Check items (X)
<input checked="" type="checkbox"/> Visual Hull Inspection	<input checked="" type="checkbox"/> Check fuel level (full)
<input checked="" type="checkbox"/> Check Batteries	<input checked="" type="checkbox"/> Check oil level
<input checked="" type="checkbox"/> Inspect fuel lines	<input checked="" type="checkbox"/> Skimmer Pads
<input checked="" type="checkbox"/> Inspect Bilge	<input checked="" type="checkbox"/> Backing belt and pins
<input checked="" type="checkbox"/> Operate Bilge pump	<input checked="" type="checkbox"/> Boat Clean
<input checked="" type="checkbox"/> No Electronics	<input checked="" type="checkbox"/> Operate PP and engines

*** VESSEL SHOULD GO THROUGH A SEA TRIAL TO INSURE OPERATING AT PEAK PERFORMANCE A MIN OF ONCE PER QUARTER

used by
Charleston

Trailer #: 6004

Inspector: Shawn Smith Signature: _____

Facility Rep _____ Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

Vessel Name: Porpoise

Vessel Make: Custom

Inspection Date: 8/2/25

Unit #: 835

Location: Phillips 66

Last Months Recorded Hours _____
Current Months Recorded Hours _____

Check Items (X)

Check Items (X)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Visual Hull Inspection | <input checked="" type="checkbox"/> Check fuel level (full) |
| <input checked="" type="checkbox"/> Check Batteries | <input checked="" type="checkbox"/> Check oil level |
| <input checked="" type="checkbox"/> Inspect fuel lines | <input checked="" type="checkbox"/> Skimmer Pads |
| <input checked="" type="checkbox"/> Inspect Bilge | <input checked="" type="checkbox"/> Backing belt and pins |
| <input checked="" type="checkbox"/> Operate Bilge pump | <input checked="" type="checkbox"/> Boat Clean |
| <input checked="" type="checkbox"/> No Electronics | <input checked="" type="checkbox"/> Operate PP and engines |

*** VESSEL SHOULD GO THROUGH A SEA TRIAL TO INSURE OPERATING AT PEAK PERFORMANCE A MIN OF ONCE PER QUARTER

Trailer #: 6042

Inspector:
Print: Shawn Smith

Signature: _____

Facility Rep
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/15/25

LOCATION: MER

Trailer # 6187

Trailer Serial #

Date Placed in Service:

	Verified:	Circle one YES NO	Comments
4- 26lb Anchors with chain	Verified:	<u>YES</u> NO	
4- Buoys with 2 shackels each	Verified:	<u>YES</u> NO	
4- Long lines	Verified:	<u>YES</u> NO	
4- Short lines	Verified:	<u>YES</u> NO	
** 1000' 18" containment boom (Verify Quali	Verified:	<u>YES</u> NO	
4 Bundles absorbent pads	Verified:	<u>YES</u> NO	
4- Bundles absorbent boom	Verified:	<u>YES</u> NO	
1- Roll trash bags	Verified:	<u>YES</u> NO	
2- Life jackets	Verified:	<u>YES</u> NO	
1- Pair pliers	Verified:	<u>YES</u> NO	
1- Skimmer 1800 SH	Verified:	<u>YES</u> NO	
1- First Aid Kit	Verified:	<u>YES</u> NO	
1-EyeWash	Verified:	<u>YES</u> NO	

*** See Boom Condition Report for updated Boom Condition

Comments on above Inventory: _____

OUTSIDE OF TRAILER

Tag in place and current	Tag#	Circle YES NO	Comments
Washed/Clean		<u>YES</u> NO	
Lights operational		<u>YES</u> NO	
Trailer tounge greased		<u>YES</u> NO	
Trailer number visible		<u>YES</u> NO	
Trailer moved and brakes working		<u>YES</u> NO	
Tire pressure ok		<u>YES</u> NO	
Tire tread ok		<u>YES</u> NO	
Hubs, lugs, and rims ok (need to be grea		<u>YES</u> NO	
Doors and hinges operating properly		<u>YES</u> NO	
Locks on doors (trailer secured)		<u>YES</u> NO	
Condition of Trailer		Excellent <u>Good</u> Fair Poor	

Comments on above items _____

Inspector: Shawn Strup

Signature: _____

Facility Rep: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/15/25

LOCATION: MER

Trailer # 6189 Trailer Serial # 53FBE2426KF050872 Date Placed in Service: _____

	Circle one	Comments
4- 26lb Anchors with chain	Verified: <input checked="" type="radio"/> YES NO	_____
4- Buoys with 2 shackles each	Verified: <input checked="" type="radio"/> YES NO	_____
4- Long lines	Verified: <input checked="" type="radio"/> YES NO	_____
4- Short lines	Verified: <input checked="" type="radio"/> YES NO	_____
** 1000' 18" containment boom (Verify Qual	Verified: <input checked="" type="radio"/> YES NO	_____
4 Bundles absorbent pads	Verified: <input checked="" type="radio"/> YES NO	_____
4- Bundles absorbent boom	Verified: <input checked="" type="radio"/> YES NO	_____
1- Roll trash bags	Verified: <input checked="" type="radio"/> YES NO	_____
2- Life jackets	Verified: <input checked="" type="radio"/> YES NO	_____
1- Pair pliers	Verified: <input checked="" type="radio"/> YES NO	_____
1- Skimmer 1800 SH	Verified: <input checked="" type="radio"/> YES NO	_____
1- First Aid Kit	Verified: <input checked="" type="radio"/> YES NO	_____
1-EyeWash	Verified: <input checked="" type="radio"/> YES NO	_____

*** See Boom Condition Report for updated Boom Condition

Comments on above inventory: _____

OUTSIDE OF TRAILER

Tag in place and current	Tag#	Circle	Comments
Washed/Clean		<input checked="" type="radio"/> YES NO	_____
Lights operational		<input checked="" type="radio"/> YES NO	_____
Trailer tongue greased		<input checked="" type="radio"/> YES NO	_____
Trailer number visible		<input checked="" type="radio"/> YES NO	_____
Trailer moved and brakes working		<input checked="" type="radio"/> YES NO	_____
Tire pressure ok		<input checked="" type="radio"/> YES NO	_____
Tire tread ok		<input checked="" type="radio"/> YES NO	_____
Hubs, lugs, and rims ok (need to be grea		<input checked="" type="radio"/> YES NO	_____
Doors and hinges operating properly		<input checked="" type="radio"/> YES NO	_____
Locks on doors (trailer secured)		<input checked="" type="radio"/> YES NO	_____

Circle
Y135W73 00120

Condition of Trailer Excellent Good Fair Poor

Comments on above items _____

Inspector: Stan Smith
Print: _____

Signature: _____

Facility Rep _____
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/15/25

LOCATION: MER

Trailer # 6186 Trailer Serial # 53FBE2421KF050875 Date Placed In Service: _____

	Verified:	Circle one YES NO	Comments
4- 26lb Anchors with chain	Verified:	<u>YES</u> NO	_____
4- Buoys with 2 shackels each	Verified:	<u>YES</u> NO	_____
4- Long lines	Verified:	<u>YES</u> NO	_____
4- Short lines	Verified:	<u>YES</u> NO	_____
** 1000' 18" containment boom (Verify Quali	Verified:	<u>YES</u> NO	_____
4 Bundles absorbent pads	Verified:	<u>YES</u> NO	_____
4- Bundles absorbent boom	Verified:	<u>YES</u> NO	_____
1- Roll trash bags	Verified:	<u>YES</u> NO	_____
2- Life jackets	Verified:	<u>YES</u> NO	_____
1- Pair pliers	Verified:	<u>YES</u> NO	_____
1- Skimmer 1800 SH	Verified:	<u>YES</u> NO	_____
1- First Aid Kit	Verified:	<u>YES</u> NO	_____
1-EyeWash	Verified:	<u>YES</u> NO	_____

*** See Boom Condition Report for updated Boom Condition

Comments on above Inventory: _____

OUTSIDE OF TRAILER

Tag in place and current	Tag#	Circle YES NO	Comments
Washed/Clean		<u>YES</u> NO	_____
Lights operational		<u>YES</u> NO	_____
Trailer tounge greased		<u>YES</u> NO	_____
Trailer number visible		<u>YES</u> NO	_____
Trailer moved and brakes working		<u>YES</u> NO	_____
Tire pressure ok		<u>YES</u> NO	_____
Tire tread ok		<u>YES</u> NO	_____
Hubs, lugs, and rims ok (need to be grea		<u>YES</u> NO	_____
Doors and hinges operating properly		<u>YES</u> NO	_____
Locks on doors (trailer secured)		<u>YES</u> NO	_____
Condition of Trailer		Excellent <u>Good</u> Fair Poor	_____

Comments on above items _____

Inspector: Shawn Smith
Print: _____

Signature: _____

Facility Rep
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/15/25

LOCATION: MER

Trailer # 6188

Trailer Serial # _____ Date Placed In Service: _____

	Verified:	YES	NO	Circle one	Comments
4- 26lb Anchors with chain	Verified:	YES	NO		
4- Buoys with 2 shackles each	Verified:	YES	NO		
4- Long lines	Verified:	YES	NO		
4- Short lines	Verified:	YES	NO		
** 1000' 18" containment boom (Verify Qual)	Verified:	YES	NO		SKimmers power jack
4 Bundles absorbent pads	Verified:	YES	NO		
4- Bundles absorbent boom	Verified:	YES	NO		
1- Roll trash bags	Verified:	YES	NO		
2- Life jackets	Verified:	YES	NO		
1- Pair pliers	Verified:	YES	NO		
1- Skimmer 1800 SH	Verified:	YES	NO		
1- First Aid Kit	Verified:	YES	NO		
1-EyeWash	Verified:	YES	NO		

*** See Boom Condition Report for updated Boom Condition

Comments on above Inventory: _____

OUTSIDE OF TRAILER

Tag in place and current	Tag#	Circle	YES	NO	Comments
Washed/Clean		Circle	YES	NO	
Lights operational		Circle	YES	NO	
Trailer tongue greased		Circle	YES	NO	
Trailer number visible		Circle	YES	NO	
Trailer moved and brakes working		Circle	YES	NO	
Tire pressure ok		Circle	YES	NO	
Tire tread ok		Circle	YES	NO	
Hubs, lugs, and rims ok (need to be grea		Circle	YES	NO	
Doors and hinges operating properly		Circle	YES	NO	
Locks on doors (trailer secured)		Circle	YES	NO	
Condition of Trailer			Excellent	Good	Fair Poor

Comments on above items _____

Inspector: Shawn Smith
Print: _____

Signature: _____

Facility Rep: _____
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/2/25

LOCATION: MER- SNF

Trailer # 6190 Trailer Serial # 53FBE2427KF050878 Date Placed in Service: _____

		Circle one	
4- 26lb Anchors with chain	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
4- Buoys with 2 shackles each	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
4- Long lines	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
4- Short lines	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
** 1000' 18" containment boom (Verify Qual)	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
4 Bundles absorbent pads	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
4- Bundles absorbent boom	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1- Roll trash bags	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
2- Life jackets	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1- Pair pliers	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1- Skimmer 1800 SH	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1- First Aid Kit	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1-EyeWash	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____

*** See Boom Condition Report for updated Boom Condition

Comments on above Inventory: _____

OUTSIDE OF TRAILER

	Tag#	Circle	
Tag in place and current		<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
Washed/Clean		<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
Lights operational		<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
Trailer lounge greased		<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
Trailer number visible		<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
Trailer moved and brakes working		<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
Tire pressure ok		<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
Tire tread ok		<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
Hubs, lugs, and rims ok (need to be grea		<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
Doors and hinges operating properly		<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
Locks on doors (trailer secured)		<input checked="" type="radio"/> YES <input type="radio"/> NO	_____

Condition of Trailer Excellent Good Fair Poor
 Comments on above Items _____

Inspector: Shaw Smith Signature: _____

Facility Rep _____ Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/11/25

LOCATION: Elba Island

INSIDE CONTAINER

		Circle one	
6- 26lb Anchors with chain	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
4- Buoys with 2 shackles each	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
2 spools of line	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
2000' 18" containment boom (verification of)	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
4 Bundles absorbent pads	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
4- Bundles absorbent boom	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1- Roll trash bags	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1- Pair pliers	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1- First Aid Kit	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1-Eye Wash	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____

OUTSIDE CONTAINER

Box number 1

Container accessible Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number

Container Temp Hi _____ Lo 020900 Date: 020899

Inspector: Shawn Smith
Print: _____

Signature: _____

Facility Rep: Sam Moran
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/11/25

LOCATION: Elba Island

INSIDE CONTAINER

		Circle one	
6- 26lb Anchors with chain	Verified:	<input checked="" type="radio"/> YES	NO
4- Buoys with 2 shackles each	Verified:	<input checked="" type="radio"/> YES	NO
2 spools of line	Verified:	<input checked="" type="radio"/> YES	NO
2000' 18" containment boom (verification of)	Verified:	<input checked="" type="radio"/> YES	NO
4 Bundles absorbent pads	Verified:	<input checked="" type="radio"/> YES	NO
4- Bundles absorbent boom	Verified:	<input checked="" type="radio"/> YES	NO
1- Roll trash bags	Verified:	<input checked="" type="radio"/> YES	NO
1- Pair pliers	Verified:	<input checked="" type="radio"/> YES	NO
1- First Aid Kit	Verified:	<input checked="" type="radio"/> YES	NO
1-Eye Wash	Verified:	<input checked="" type="radio"/> YES	NO

OUTSIDE CONTAINER

Box number 2

Container accessible Verified: YES NO

Seal in place Verified: YES NO

Seal number 020845 020898

Container Temp Hi _____ Lo _____ Date: _____

Inspector: Shawn Smith Signature: _____

Facility Rep: Sam Moran Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/14/25

LOCATION: Colonial Foundation

INSIDE CONTAINER

		Circle one	
6- 26lb Anchors with chain	Verified:	<u>YES</u> NO	_____
4- Buoys with 2 shackles each	Verified:	<u>YES</u> NO	_____
2 spools of line	Verified:	<u>YES</u> NO	_____
2000' 18" containment boom (verification of)	Verified:	<u>YES</u> NO	_____
4 Bundles absorbent pads	Verified:	<u>YES</u> NO	_____
4- Bundles absorbent boom	Verified:	<u>YES</u> NO	_____
1- Roll trash bags	Verified:	<u>YES</u> NO	_____
1- Pair pliers	Verified:	<u>YES</u> NO	_____
1- First Aid Kit	Verified:	<u>YES</u> NO	_____
1-Eye Wash	Verified:	<u>YES</u> NO	_____

OUTSIDE CONTAINER

Box number 4

Container accessible Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number _____

Container Temp Hi _____ Lo _____ Date: _____

Inspector: Sham Shih Signature: _____

Facility Rep _____ Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 1/11/05

LOCATION: Colonial Terminal

INSIDE CONTAINER

		Circle one	
6- 26lb Anchors with chain	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
4- Buoys with 2 shackles each	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
2 spools of line	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
2000' 18" containment boom (verification of)	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
4 Bundles absorbent pads	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
4- Bundles absorbent boom	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1- Roll trash bags	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1- Pair pliers	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1- First Aid Kit	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1-Eye Wash	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____

OUTSIDE CONTAINER

Box number 3

Container accessible Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number _____

Container Temp Hi _____ Lo 020404 Date: 020105

Inspector Print: Shawn Smith

Signature: [Signature]

Facility Rep Print: David B. Smith

Signature: [Signature]

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/14/25

LOCATION: Colonial Foundation

INSIDE CONTAINER

		Circle one	
6- 26lb Anchors with chain	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
4- Buoys with 2 shackles each	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
2 spools of line	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
2000' 18" containment boom (verification of)	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
4 Bundles absorbent pads	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
4- Bundles absorbent boom	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1- Roll trash bags	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1- Pair pliers	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1- First Aid Kit	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____
1-Eye Wash	Verified:	<input checked="" type="radio"/> YES <input type="radio"/> NO	_____

OUTSIDE CONTAINER

Box number 5

Container accessible Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number _____

Container Temp Hi _____ Lo _____ Date: _____

Inspector:
Print: Shawn Smith

Signature: [Signature]

Facility Rep
Print: Roy BABOT

Signature: [Signature]

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/11/25

LOCATION: Colonial OT 20

INSIDE CONTAINER

		Circle one	
6- 26lb Anchors with chain	Verified:	<input checked="" type="radio"/> YES NO	_____
4- Buoys with 2 shackles each	Verified:	<input checked="" type="radio"/> YES NO	_____
2 spools of line	Verified:	<input checked="" type="radio"/> YES NO	_____
2000' 18" containment boom (verification of)	Verified:	<input checked="" type="radio"/> YES NO	_____
4 Bundles absorbent pads	Verified:	<input checked="" type="radio"/> YES NO	_____
4- Bundles absorbent boom	Verified:	<input checked="" type="radio"/> YES NO	_____
1- Roll trash bags	Verified:	<input checked="" type="radio"/> YES NO	_____
1- Pair pliers	Verified:	<input checked="" type="radio"/> YES NO	_____
1- First Aid Kit	Verified:	<input checked="" type="radio"/> YES NO	_____
1-Eye Wash	Verified:	<input checked="" type="radio"/> YES NO	_____

OUTSIDE CONTAINER

Box number 6

Container accessible Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number 020873 020872

Container Temp Hi _____ Lo _____ Date: _____

Inspector:
Print: Shawn Smith

Signature: [Signature]

Facility Rep
Print: William Pittman

Signature: William Pittman

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/14/25

LOCATION: MER Yard

INSIDE CONTAINER

		Circle one	
6- 26lb Anchors with chain	Verified:	YES NO	_____
4- Buoys with 2 shackles each	Verified:	YES NO	<u>absorbent pads</u>
2 spools of line	Verified:	YES NO	<u>absorbent boom</u>
2000' 18" containment boom (verification of)	Verified:	YES NO	_____
4 Bundles absorbent pads	Verified:	YES NO	_____
4- Bundles absorbent boom	Verified:	YES NO	_____
1- Roll trash bags	Verified:	YES NO	_____
1- Pair pliers	Verified:	YES NO	_____
1- First Aid Kit	Verified:	YES NO	_____
1-Eye Wash	Verified:	YES NO	_____

OUTSIDE CONTAINER

Box number 7

Container accessible Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number _____

Container Temp Hi _____ Lo _____ Date: _____

Inspector:
Print: Shawn Smith

Signature: _____

Facility Rep
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/11/25

LOCATION: Plant McIntosh

INSIDE CONTAINER

		Circle one		Comments
6- 26lb Anchors with chain	Verified:	<input checked="" type="radio"/> YES	NO	_____
4- Buoys with 2 shackles each	Verified:	<input checked="" type="radio"/> YES	NO	_____
2 spools of line	Verified:	<input checked="" type="radio"/> YES	NO	_____
2000' 18" containment boom (verification of)	Verified:	<input checked="" type="radio"/> YES	NO	_____
4 Bundles absorbent pads	Verified:	<input checked="" type="radio"/> YES	NO	_____
4- Bundles absorbent boom	Verified:	<input checked="" type="radio"/> YES	NO	_____
1- Roll trash bags	Verified:	<input checked="" type="radio"/> YES	NO	_____
1- Pair pliers	Verified:	<input checked="" type="radio"/> YES	NO	_____
1- First Aid Kit	Verified:	<input checked="" type="radio"/> YES	NO	_____
1-Eye Wash	Verified:	<input checked="" type="radio"/> YES	NO	_____

OUTSIDE CONTAINER

Box number 8

Container accessible Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number 1633090 1633036

Container Temp Hi _____ Lo _____ Date: _____

Inspector: Shaw Smith
Print: _____

Signature: [Signature]

Facility Rep: Patricia Kinney
Print: _____

Signature: Patricia Kinney

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/14/25

LOCATION: MER Yard

INSIDE CONTAINER

			Circle one		Comments
6- 26lb Anchors with chain	Verified:	<input checked="" type="radio"/> YES	NO		<hr/>
4- Buoys with 2 shackles each	Verified:	<input checked="" type="radio"/> YES	NO		<hr/>
2 spools of line	Verified:	<input checked="" type="radio"/> YES	NO		<hr/>
2000' 18" containment boom (w/ Skimmer F	Verified:	<input checked="" type="radio"/> YES	NO		<hr/>
4 Bundles absorbent pads Backing be	Verified:	<input checked="" type="radio"/> YES	NO		<hr/>
4- Bundles absorbent boom Boat Clear	Verified:	<input checked="" type="radio"/> YES	NO		<hr/>
1- Roll trash bags Operate PI	Verified:	<input checked="" type="radio"/> YES	NO		<hr/>
1- Pair pliers	Verified:	<input checked="" type="radio"/> YES	NO		<hr/>
1- First Aid Kit	Verified:	<input checked="" type="radio"/> YES	NO		<hr/>
1-Eye Wash	Verified:	<input checked="" type="radio"/> YES	NO		<hr/>

OUTSIDE CONTAINER

Box number 9

Container accessible Verified: YES NO

Seal in place Verified: YES NO

Seal number _____

Container Temp HI _____ Lo _____ Date: _____

Inspector: Shawn Smith
Print: _____

Signature: _____

Facility Rep: [Signature]
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/14/23

LOCATION: _____ MER Yard _____

INSIDE CONTAINER

		Circle one	Comments
6- 26lb Anchors with chain	Verified:	YES NO	_____
4- Buoys with 2 shackles each	Verified:	YES NO	<u>Misc. equipment</u>
2 spools of line	Verified:	YES NO	<u>props</u>
Skimmer F	Verified:	YES NO	<u>nets</u>
4 Bundles absorbent pads	Backing be	Verified: YES NO	_____
4- Bundles absorbent boom	Boat Clear	Verified: YES NO	_____
1- Roll trash bags	Operate PI	Verified: YES NO	_____
1- Pair pliers		Verified: YES NO	_____
1- First Aid Kit		Verified: YES NO	_____
1-Eye Wash		Verified: YES NO	_____

OUTSIDE CONTAINER

Box number 10

Container accessible Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number _____

Container Temp Hi _____ Lo _____ Date: _____

Inspector: Shawn Smith
Print: _____

Signature: [Signature]

Facility Rep
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/15/25 LOCATION: MER YARD

Trailer #: U188 SKIMMER TRAILER
Tag#: 435V74
Removed: YES NO

SK-1
Elastic Drum Skimmer Hydraulic TDSH13699178
- Condition Circle: Excellent Good Poor Fair
- Last Run Test Date: 8/15/25
Comment:

SK-2
Action Petroleum Drum Skimmer Air driven Mod 18A Serial # 314
- Condition Circle: Excellent Good Poor Fair
- Last Run Test Date: 8/15/25
Comment:

SK-3
Crucial Coated Drum Skimmer Mod#1CD18H36 Ser#214468
-Condition Circle: Excellent Good Poor Fair
-Last RunTest Date: 8/15/25
Comment:

SK-4 Desmi DOP
Desmi DOP
Circle: Excellent Good Poor Fair
Date:
Comment:

PM-1 PUMPS
3in Hydraulic Submersible Pump Serial # 11197
- Condition Circle: Excellent Good Poor Fair
- Last Run Test Date: 8/15/25
Comment:

PM-2
4in Vickers Hydraulic Submersible Pump Serial # 25M65A1C20
- Condition Circle: Excellent Good Poor Fair
- Last Run Test Date: 8/15/25
Comment:

PM-3
6in Hydrotech Hydraulic Submersible Pump Serial # 6F878
- Condition Circle: Excellent Good Poor Fair
- Last Run Test Date: 8/15/25
Comment:

PM-4
3" Crucial Diesel SD Pump Mod#DDP-3 Ser#214468
-Condition Circle: Excellent Good Poor Fair
-Last Run Test Date: 8/15/25
Comment:

PP-1 POWER PACKS
Elastic Power Pack Serial # H1198258
- Condition Circle: Excellent Good Poor Fair
- Last Run Test Date: 8/15/25
Comment:

PP-2
739 Hydrotech Power Pack Mod # HT60DCV Serial # F:
- Condition Circle: Excellent Good Poor Fair
- Last Run Test Date: 8/15/25
Comment:

PP-3
Crucial Diesel Compres Mod#L70190126P17E Ser#214468
-Condition Circle: Excellent Good Poor Fair
-Last Run Test Date: 8/15/25
Comment:

PP-4
Crucial Trailer-Mounted Diesel 25 HP Powerpack
Circle: Excellent Good Poor Fair
Date:
Comment:

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/14/25

Location: MER Yard

Unit #: 6729

BOOM REELS

	Circle	NO	Comments
Grease Chain	YES	NO	
Grease Fittings	YES	NO	<u>Some Play in Throttle</u>
Inspect sprocket	YES	NO	
Check Oil level in motor	YES	NO	
Reel clear of debris and grass	YES	NO	
Run motor	YES	NO	
Hand Brake operational	YES	NO	
Boom Reel cover secure	YES	NO	
*** 1000ft of 18" containment boom (Verify Quanti	YES	NO	
Condition of Boom Reel Cover			Excellent <u>Good</u> Fair Poor
Condition of Boom Reel			Excellent <u>Good</u> Fair Poor

*** See Boom condition Report for updated Boom Condition

Inspector: Shawn Smith Signature: [Signature]

Facility Rep Print: _____ Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/14/25

Location: MER Yard

Unit #: 6712

BOOM REELS

	Circle	NO	Comments
Grease Chain	YES	NO	_____
Grease Fittings	YES	NO	_____
Inspect sprocket	YES	NO	_____
Check Oil level in motor	YES	NO	_____
Reel clear of debris and grass	YES	NO	_____
Run motor	YES	NO	_____
Hand Brake operational	YES	NO	_____
Boom Reel cover secure	YES	NO	_____
*** 1000ft of 18" containment boom (Verify Quanti	YES	NO	_____
Condition of Boom Reel Cover			Excellent <u>Good</u> Fair Poor
Condition of Boom Reel			Excellent <u>Good</u> Fair Poor

*** See Boom condition Report for updated Boom Condition

Inspector: Shaw Smith Signature: [Signature]

Facility Rep _____ Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/15/25

LOCATION: MER YARD

JON BOATS AND MOTORS

BOATS

Unit 853	14' Boat	G3 1436	GEN6849JG900	Circle: Excelent	<u>Good</u>	Fair	Poor
G3 1438		GEN61758G708		Circle: Excelent	<u>Good</u>	Fair	Poor
Express		JBC21426B595		Circle: Excelent	<u>Good</u>	Fair	Poor
G3 1444		GEN 36264H506		Circle: Excelent	<u>Good</u>	Fair	Poor
Lowe L1436L	LWCJ2227	Backing belt and pins		Circle: Excelent	<u>Good</u>	Fair	Poor

Boat Clean MOTORS

Yamaha 9.9		Operate PP and engines SN# GAUKS1024920	Circle: Excelent	<u>Good</u>	Fair	Poor
			Last Run Date: _____			
			Comments: _____			
Yamaha 9.9	558	Mod # F9.95MHA SN# GAUKS1028386	Circle: Excelent	<u>Good</u>	Fair	Poor
			Last Run Date: _____			
			Comments: _____			
Yamaha 9.9	560	Mod# F9.9MHB SN# GAUKS1030921	Circle: Excelent	Good	<u>Fair</u>	Poor
			Last Run Date: _____			
			Comments: _____			
Yamaha 15		Mod# F15SMHA SN# 6AGKS1063676	Circle: Excelent	<u>Good</u>	Fair	Poor
			Last Run Date: _____			
			Comments: _____			
Yamaha 15		Mod# F15SEHA SN# 6AGKS1062763	Circle: Excelent	<u>Good</u>	Fair	Poor
			Last Run Date: _____			
			Comments: _____			

Inspector: Shawn Smith
Print: _____

Signature: [Signature]

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/14/25

LOCATION: MER YARD

TOWABLE BLADDER

	Circle one	Comments
BLADDER #1 Abasco Towable 1000gal Stored in place at MER Yard Deployed and tested	Verified: <u>YES</u> NO Verified: <u>YES</u> <u>NO</u>	_____ _____ _____
BLADDER #2 Abaso Towable 1000gal Stored in place at MER Yard Deployed and tested	Verified: <u>YES</u> NO Verified: YES <u>NO</u>	_____ _____ _____
BLADDER #3 Abaso Towable 1000gal Stored in place at MER Yard Deployed and tested		_____ _____ _____

Inspector:
Print: Shawn Smith

Signature: _____

Facility Rep:
Print: [Signature]

Signature: _____

Notify Facility 24 hrs prior to inspection
Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 8/19/25

Location: Phillips 66

Unit #: BR 4

BOOM REELS

	Circle		Comments
Grease Chain	YES	NO	
Grease Fittings	YES	NO	
Inspect sprocket	YES	NO	<u>OUT OF SERVICE</u>
Check Oil level in motor	YES	NO	
Reel clear of debris and grass	YES	NO	
Run motor	YES	NO	
Hand Brake operational	YES	NO	
Boom Reel cover secure	YES	NO	
*** 1000ft of 18" containment Boom (Verify Quanti	YES	NO	
Condition of Boom Reel Cover			Excellent Good Fair Poor
Condition of Boom Reel			Excellent Good Fair Poor

*** See Boom condition Report for updated Boom Condition

Inspector: Edward Smith Signature: [Signature]

Facility Rep Print: _____ Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only