

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/20/25

Location: Ocean Terminal

Unit #: BR 1

BOOM REELS

	Circle				
	YES	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	Good
Condition of Boom Reel				Excellent	Good

*** See Boom condition Report for updated Boom Condition

Inspector: Shawn Smith Signature: [Signature]

Facility Rep: Barry Leobelt Signature: [Signature]

Notify Facility 24 hrs prior to inspection

Check if Verification only

Person Notified: _____

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/20/25

LOCATION: IMTT North

INSIDE CONTAINER

		Circle one	Comments
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 4

Container accessible Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number _____

Container Temp Hi _____ Lo _____ Date: _____

Inspector:
Print: Shawn Smith

Signature: [Handwritten Signature]

Facility Rep
Print: Roy BaBot

Signature: [Handwritten Signature]

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/20/25

LOCATION: Metro Ports

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 6

Container accessable Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number _____

Container Temp Hi _____ Lo _____ Date: _____

Inspector: Shawn Smith

Signature: [Signature]

Facility Rep: Barry Leobetter

Signature: [Signature]

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/20/25

LOCATION: Metro Ports

INSIDE CONTAINER

		Circle one	Comments
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: Barry Leobetter

Signature: [Signature]

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/20/25

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 accessable Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number _____

Container Temp Hi _____ Lo _____ Date: _____

Inspector: Shawn Smith
Print: _____

Signature: _____

Facility Rep Bobby Leobetter
Print: _____

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: 2/20/25

Unit #: 835

Location: SNF Chemtall

Registration #: GA 6256 GB

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"/> Spark Plug wires
<input checked="" type="checkbox"/> Inspect Bilge	<input checked="" type="checkbox"/> Boat Clean
<input checked="" type="checkbox"/> Operate Bilge pump	<input checked="" type="checkbox"/> Operate for 15 min
<input checked="" type="checkbox"/> No Electronics	<input checked="" type="checkbox"/> Insurance/Registration

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

Trailer #: 6042

Tag & Exp: 30B VZM 04/25

DOT Inspection: April 24

Insurance:

Tire Pressure:

Wheels/Lugs:

Brakes:

Axle Hubs:

Trailer Lights:

Trailer Jack:

Trailer Frame:

Bunks:

Inspector:
Print: Shawn Smith

Signature: [Signature]

Facility Rep
Print: Jessica Tager

Signature: [Signature]

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/20/25

LOCATION: MER

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

		Circle one		Comments
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 Quali	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

		Circle		Comments
Tag in place and current	Tag#	<u>TT25m 56 Jul 25</u>		_____
Washed/Clean		<input checked="" type="radio"/> YES	<input type="radio"/> NO	_____
Lights operational		<input checked="" type="radio"/> YES	<input type="radio"/> NO	_____
Trailer tounge 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	<input checked="" type="radio"/> Good	Fair Poor

Comments on above items _____

Inspector: Shawn Smith
Print: _____

Signature: _____

Facility Rep: Jessica Jager
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: _____

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	_____
2 spools of line	Verified:	YES NO	_____
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: _____

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: 2/19/25

LOCATION: MER Yard

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 9

Container accessible Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number _____

Container Temp Hi _____ Lo _____ Date: _____

Inspector:
Print: Josiah Strickland

Signature: Josiah Strickland

Facility Rep
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/14/25

LOCATION: Elba Island

INSIDE CONTAINER

		Circle one		Comments
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 1

Container accessable Verified: YES NO

Seal in place Verified: YES NO

Seal number 020462

Container Temp Hi Lo Date: 16 33/07

Inspector: Shawn Smith
Print: _____

Signature: [Signature]

Facility Rep: Sam Morgan
Print: _____

Signature: [Signature]

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/14/28

LOCATION: Elba Island

INSIDE CONTAINER

		Circle one		Comments
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 2

Container accessible Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number 028845 1433108

Container Temp Hi _____ Lo _____ Date: _____

Inspector: Steve Smith
Print: _____

Signature: _____

Facility Rep: Sam Morgan
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/13/24

Location: Phillips 66

Unit #: BR 4

BOOM REELS

	Circle	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 Good Fair <u>Poor</u>
Condition of Boom Reel		Excellent Good Fair <u>Poor</u>

*** See Boom condition Report for updated Boom Condition

Inspector: Shawn Smith Signature: _____

Facility Rep: Sandra Gomez Signature: _____

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: Labelle

Inspection Date: 2/13/25

Unit #: 862

Location: Phillips 66

Registration #: GA 6658 YE

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"/> Spark Plug wires |
| <input checked="" type="checkbox"/> Inspect Bilge | <input checked="" type="checkbox"/> Boat Clean |
| <input checked="" type="checkbox"/> Operate Bilge pump | <input checked="" type="checkbox"/> Operate for 15 min |
| <input checked="" type="checkbox"/> GPS /VHF Working | <input checked="" type="checkbox"/> Insurance |

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

- | | |
|---|---|
| Trailer #: <u>6094</u> | Tag & Exp: <input checked="" type="checkbox"/> |
| DOT Inspection: <u>SEPT 24</u> | Insurance: <input checked="" type="checkbox"/> |
| Tire Pressure: <u>65 PSI</u> | Wheels/Lugs: <input checked="" type="checkbox"/> |
| Brakes: <input checked="" type="checkbox"/> | Axle Hubs: <input checked="" type="checkbox"/> |
| Trailer Lights: <input checked="" type="checkbox"/> | Trailer Jack: <input checked="" type="checkbox"/> |
| Trailer Frame: <input checked="" type="checkbox"/> | Bunks: <input checked="" type="checkbox"/> |

Inspector: Shawn Smith Signature: _____

Facility Rep: David Gomez Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/18/25

LOCATION: Plant McIntosh

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 8

Container accessible Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number 020880 020880

Container Temp Hi _____ Lo _____ Date: _____

Inspector: Shawn Smith
Print: _____

Signature: _____

Facility Rep: Owen Bryant
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

Vessel Name: Munson Vessel Make: Custom
 Inspection Date: 2/19/25 Unit #: 871
 Location: Colonial North Registration #: GA 0499 SN
P.S.
 Last Months Recorded Hours _____
 Current Months Recorded Hours 102.3 102.4

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"/> Spark Plug wires
<input checked="" type="checkbox"/> Inspect Bilge	<input checked="" type="checkbox"/> Boat Clean
<input checked="" type="checkbox"/> Operate Bilge pump	<input type="checkbox"/> Operate for 15 min
<input checked="" type="checkbox"/> No Electronics	<input checked="" type="checkbox"/> Insurance

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

Trailer #: <u>6147</u>	Tag & Exp: <u>2025</u>
DOT Inspection: <u>9/24</u>	Insurance: <input checked="" type="checkbox"/>
Tire Pressure: <input checked="" type="checkbox"/>	Wheels/Lugs: <input checked="" type="checkbox"/>
Brakes: <input checked="" type="checkbox"/>	Axle Hubs: <input checked="" type="checkbox"/>
Trailer Lights: <input checked="" type="checkbox"/>	Trailer Jack: <input checked="" type="checkbox"/>
Trailer Frame: <input checked="" type="checkbox"/>	Bunks: <input checked="" type="checkbox"/>

Inspector: Joshua Strickland Signature: Joshua Strickland
 Facility Rep Print: _____ Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/19/25

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 Qua)	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:	YES	<input checked="" type="radio"/> NO	<i>Not found</i>
1- Skimmer 1800 SH	Verified:	<input checked="" type="radio"/> YES	NO	_____
1- First Aid Kit	Verified:	YES	<input checked="" type="radio"/> NO	<i>Not found</i>
1-EyeWash	Verified:	YES	<input checked="" type="radio"/> NO	<i>Not found</i>

*** See Boom Condition Report for updated Boom Condition

Comments on above Inventory: _____

OUTSIDE OF TRAILER

		Circle		Comments
Tag in place and current	Tag#			
				<u>TT35W73</u>
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)		YES	<input checked="" type="radio"/> NO	_____
Condition of Trailer			Excellent Good <input checked="" type="radio"/> Fair Poor	
Comments on above items	<u>trailer light connection need to be replaced</u>			

Inspector: Josiah Strickland
 Print: _____
 Facility Rep _____
 Print: _____

Signature: Josiah Strickland
 Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/19/25

LOCATION: MER

Trailer # 6187

Trailer Serial # 53FB242 Date Placed in Service: YK F050874

Circle one

Comments

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 Qua	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	<u>unable to find</u>
1-EyeWash	Verified:	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<u>Unable to find</u>

*** See Boom Condition Report for updated Boom Condition

Comments on above Inventory: _____

OUTSIDE OF TRAILER

Circle

Comments

Tag in place and current	Tag#	<u>TT 75 MGS</u>		
Washed/Clean		<input checked="" type="radio"/> YES	<input type="radio"/> NO	_____
Lights operational		<input checked="" type="radio"/> YES	<input type="radio"/> NO	_____
Trailer tounge 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		<input type="radio"/> Excellent	<input checked="" type="radio"/> Good	<input type="radio"/> Fair <input type="radio"/> Poor

Comments on above items _____

Inspector: Josiah Strickland

Signature: Josiah Strickland

Facility Rep
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/19/25

LOCATION: MER

Trailer # 6186 Trailer Serial #53FBE2421KF050875 Date Placed in Service:

Circle one

					Comments
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 Quali	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:	YES	<input checked="" type="radio"/> NO		_____
1- Skimmer 1800 SH	Verified:	<input checked="" type="radio"/> YES	<input type="radio"/> NO		_____
1- First Aid Kit	Verified:	YES	<input checked="" 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

Circle

					Comments
Tag in place and current	Tag#	<u>T125157</u>			_____
Washed/Clean		<input checked="" type="radio"/> YES	<input type="radio"/> NO		_____
Lights operational		<input checked="" type="radio"/> YES	<input type="radio"/> NO		_____
Trailer tounge greased		YES	<input checked="" 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)		YES	<input checked="" type="radio"/> NO		_____
Condition of Trailer		Excellent	<input checked="" type="radio"/> Good	Fair Poor	_____

Comments on above items _____

Inspector: Josiah Fricklow
 Print: _____

Signature: Josiah Fricklow

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: 2/19/25 Unit #: 866
 Location: Savannah, GA Registration #: GA 0302 UT

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"/> Spark Plug wires
<input checked="" type="checkbox"/> Inspect Bilge	<input checked="" type="checkbox"/> Boat Clean
<input checked="" type="checkbox"/> Operate Bilge pump	<input type="checkbox"/> Operate for 15 min
<input type="checkbox"/> No Electronics	

Needs new depth Gauge

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

Trailer #: <u>6135</u>	Tag & Exp: <u>TR5916Q 7/25</u>
DOT Inspection: <u>8/24</u>	Insurance: <u>Fidelity</u>
Tire Pressure: _____	Wheels/Lugs: <input checked="" type="checkbox"/>
Brakes: <input checked="" type="checkbox"/>	Axle Hubs: <input checked="" type="checkbox"/>
Trailer Lights: <input checked="" type="checkbox"/>	Trailer Jack: <input checked="" type="checkbox"/>
Trailer Frame: <input checked="" type="checkbox"/>	Bunks: _____

Inspector Print: Josiah Strickland Signature: Josiah Strickland
 Facility Rep Print: _____ Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/19/25

LOCATION: MER yard

INSIDE CONTAINER

		Circle one		Comments
6- 26lb Anchors with chain	Verified:	YES	NO	<u>Misc. Storage</u>
4- Buoys with 2 shackels each	Verified:	YES	NO	
2 spools of line	Verified:	YES	NO	
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 10

Container accessible Verified: YES NO

Seal in place Verified: YES NO

Seal number _____

Container Temp Hi _____ Lo _____ Date: 2/19/25

Inspector: Josiah Strickland
Print: _____

Signature: Josiah Strickland

Facility Rep
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 2/20/25

Location: MER Yard

Unit #: 6712

BOOM REELS

	Circle		Comments
Grease Chain	YES	NO	<u>Battery low, put on charger</u>
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 Good Fair Poor
Condition of Boom Reel			Excellent Good Fair Poor

*** See Boom condition Report for updated Boom Condition

Trailer #: 6712

Tag & Exp: YHG242

DOT Inspection: 11/24

Insurance: _____

Tire Pressure: ✓

Wheels/Lugs: ✓

Brakes: ✓

Axle Hubs: ✓

Trailer Lights: ✓

Trailer Jack: ✓

Trailer Frame: _____

Hydraulics: ✓

Inspector:
Print: Joshua Strickland

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: 2/20/25

Location: MER Yard

Unit #: 6729

BOOM REELS

	Circle		Comments								
Grease Chain	<input checked="" type="radio"/> YES	NO	_____								
Grease Fittings	<input checked="" type="radio"/> YES	NO	_____								
Inspect sprocket	<input checked="" type="radio"/> YES	NO	_____								
Check Oil level in motor	<input checked="" type="radio"/> YES	NO	_____								
Reel clear of debris and grass	<input checked="" type="radio"/> YES	NO	_____								
Run motor	<input checked="" type="radio"/> YES	NO	_____								
Hand Brake operational	<input checked="" type="radio"/> YES	NO	_____								
Boom Reel cover secure	<input checked="" type="radio"/> YES	NO	_____								
*** 1000ft of 18" containment boom (Verify Quanti	<input checked="" type="radio"/> YES	NO	_____								
Condition of Boom Reel Cover			<table border="0" style="font-size: small;"> <tr> <td>Excellent</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;"><u>Good</u></td> <td>Fair</td> <td>Poor</td> </tr> <tr> <td>Excellent</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;"><u>Good</u></td> <td>Fair</td> <td>Poor</td> </tr> </table>	Excellent	<u>Good</u>	Fair	Poor	Excellent	<u>Good</u>	Fair	Poor
Excellent	<u>Good</u>	Fair	Poor								
Excellent	<u>Good</u>	Fair	Poor								
Condition of Boom Reel			<table border="0" style="font-size: small;"> <tr> <td>Excellent</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;"><u>Good</u></td> <td>Fair</td> <td>Poor</td> </tr> <tr> <td>Excellent</td> <td style="border: 1px solid black; border-radius: 50%; padding: 2px;"><u>Good</u></td> <td>Fair</td> <td>Poor</td> </tr> </table>	Excellent	<u>Good</u>	Fair	Poor	Excellent	<u>Good</u>	Fair	Poor
Excellent	<u>Good</u>	Fair	Poor								
Excellent	<u>Good</u>	Fair	Poor								

*** See Boom condition Report for updated Boom Condition

Trailer #: 6729

Tag & Exp: 7/25

DOT Inspection: 9/24

Insurance: _____

Tire Pressure: ✓

Wheels/Lugs: ✓

Brakes: ✓

Axle Hubs: ✓

Trailer Lights: ✓

Trailer Jack: ✓

Trailer Frame: ✓

Hydraulics: ✓

Inspector: Josiah Strickland

Signature: *Josiah Strickland*

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: 2/20/25

Unit #: 895

Location: Savannah, GA

Registration #: GA 9056 SC

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"/> Spark Plug wires
<input checked="" type="checkbox"/> Inspect Bilge	<input checked="" type="checkbox"/> Boat Clean
<input checked="" type="checkbox"/> Operate Bilge pump	<input checked="" type="checkbox"/> Operate for 15 min
<input checked="" type="checkbox"/> No Electronics	<input checked="" type="checkbox"/> Insurance

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

Trailer #: 6648

Tag & Exp: _____

DOT Inspection: Sept 25

Insurance: X

Tire Pressure: X

Wheels/Lugs: X

Brakes: X

Axle Hubs: X

Trailer Lights: X

Trailer Jack: X

Trailer Frame: X

Bunks: X

Inspector: Shawn Sim. Jr.
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: _____

Location: Imperial Sugar

Unit #: BR 5

BOOM REELS

Circle

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			<table border="0" style="margin: auto;"> <tr> <td style="padding: 0 10px;">Excellent</td> <td style="padding: 0 10px;">Good</td> <td style="padding: 0 10px;">Fair</td> <td style="padding: 0 10px;">Poor</td> </tr> </table>	Excellent	Good	Fair	Poor
Excellent	Good	Fair	Poor				
Condition of Boom Reel			<table border="0" style="margin: auto;"> <tr> <td style="padding: 0 10px;">Excellent</td> <td style="padding: 0 10px;">Good</td> <td style="padding: 0 10px;">Fair</td> <td style="padding: 0 10px;">Poor</td> </tr> </table>	Excellent	Good	Fair	Poor
Excellent	Good	Fair	Poor				

*** See Boom condition Report for updated Boom Condition

Inspector:

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: _____

LOCATION: _____

MER YARD: _____

TOWABLE BLADDER

		Circle one	Comments
BLADDER #1 Abasco Towable 1000gal			
Stored in place at MER Yard	Verified:	YES NO	_____
Deployed and tested	Verified:	YES NO	_____

BLADDER #2 Abaso Towable 1000gal			
Stored in place at MER Yard	Verified:	YES NO	_____
Deployed and tested	Verified:	YES NO	_____

BLADDER #3 Abaso Towable 1000gal			
Stored in place at MER Yard	Verified:	YES NO	_____
Deployed and tested	Verified:	YES NO	_____

Inspector:
Print: _____

Signature: _____

Facility Rep
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

