

Moran Environmental Recovery LLC Inspection Sheet

Vessel Name: Savannah Patriot Vessel Make: Custom

Inspection Date: 9/2/25 Unit #: 865

Location: Savannah, GA Registration #: GA 0296 NW

Last Months Recorded Hours 1016/1037
 Current Months Recorded Hours 1016, 1037

Pont Mar light doesn't work - LMD

| Check items (X) | Check items (X) |
|--|--|
| <input checked="" type="checkbox"/> Visual-Hull Inspection | <input checked="" type="checkbox"/> Check fuel level (full) <u>1/2</u> |
| <input type="checkbox"/> Check Batteries | <input type="checkbox"/> Check oil level |
| <input 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"/> <u>N/A</u> Operate for 15 min |
| <input type="checkbox"/> No Electronics | <input type="checkbox"/> <u>N/A</u> Insurance |

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

| | |
|---------------------------------------|---------------------|
| Trailer #: <u>6113</u> | Tag & Exp: _____ |
| DOT Inspection: <u>out of service</u> | Insurance: _____ |
| Tire Pressure: _____ | Wheels/Lugs: _____ |
| Brakes: _____ | Axle Hubs: _____ |
| Trailer Lights: _____ | Trailer Jack: _____ |
| Trailer Frame: _____ | Bunks: _____ |

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

Vessel Name: 17' Work Boat Vessel Make: Custom
 Inspection Date: 9/2/25 Unit #: 866
 Location: Savannah, GA Registration #: GA 0302 UT

Last Months Recorded Hours 171
 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 | |

*** 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>TR 5916 Q Jul 26</u> |
| DOT Inspection: <u>Aug 25</u> | Insurance: <u>X</u> |
| Tire Pressure: <u>X</u> | Wheels/Lugs: <u>X</u> |
| Brakes: <u>X</u> | Axle Hubs: <u>X</u> |
| Trailer Lights: <u>X</u> | Trailer Jack: <u>X</u> |
| Trailer Frame: <u>X</u> | Bunks: <u>X</u> |

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

Vessel Name: Marco Skimmer

Vessel Make: 30' Kvichak Skimmer

Inspection Date: 9/2/25

Unit #: 895

Location: Savannah, GA

Last Months Recorded Hours
Current Months Recorded Hours

P S
13.7 13.7

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: Shank 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

Vessel Name: Munson Vessel Make: Custom
 Inspection Date: 9/2/25 Unit #: 871
 Location: MER Year 2 Registration #: GA 0499 SN

Last Months Recorded Hours
 Current Months Recorded Hours Port 106.5 Star 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"/> 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 #: <u>6147</u> | Tag & Exp: <u>Aug 25 FS3 67325</u> |
| DOT Inspection: <u>Aug 25</u> | Insurance: <u>X</u> |
| Tire Pressure: <u>X</u> | Wheels/Lugs: <u>X</u> |
| Brakes: <u>X</u> | Axle Hubs: <u>X</u> |
| Trailer Lights: <u>X</u> | Trailer Jack: <u>X</u> |
| Trailer Frame: <u>X</u> | Bunks: <u>X</u> |

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

Vessel Name: Al Allen Vessel Make: Lobelle

Inspection Date: 9/12/25 Unit #: 862

Location: Colonial Fawcett Registration #: GA 6658 YE

Last Months Recorded Hours 222
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 #: 6094 Tag & Exp: _____
DOT Inspection: _____ 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: Shaw Smith Signature: [Signature]
Facility Rep: Roy BAEOT Signature: [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: 9/2/25

Unit #: 835

Location: SNF

Last Months Recorded Hours 277
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

Spark Plug wires

Inspect Bilge

Boat Clean

Operate Bilge pump

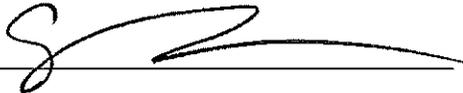
Operate for 15 min

No Electronics

*** 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: 9/2/95

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 | <u>1</u> | | | | |
| Container accessible | | Verified: | <input checked="" type="radio"/> YES <input type="radio"/> NO | | _____ |
| Seal in place | | Verified: | <input checked="" type="radio"/> YES <input type="radio"/> NO | | _____ |
| Seal number | | | | | _____ |
| Container Temp | Hi _____ | Lo _____ | | Date: | <u>02 08 99</u> |

Inspector: Shawn Smith
Print: _____

Signature: [Signature]

Facility Rep: Gelina Reyes
Print: _____

Signature: [Signature]

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 9/12/05

LOCATION: Colonial Terminal Plant 2

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 3

Container accessible Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number 020897 020801

Container Temp Hi _____ Lo _____ Date: _____

Inspector: Steve Smith

Signature: [Signature]

Facility Rep: Ray Kobuski

Signature: [Signature]

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 9/12/25

LOCATION: Cobrial 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 4

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: ROY RABOT
Print: _____

Signature: [Signature]

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 9/12/25

LOCATION: Colonial Foundation

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 5

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: Roy BABOT
Print: _____

Signature: [Signature]

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 9/12/28

LOCATION: Colonial OT 20

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 6

Container accessible Verified: YES NO _____

Seal in place Verified: YES NO _____

Seal number _____

Container Temp Hi _____ Lo 020873 Date: 020872

Inspector: Shawn Smith

Signature: _____

Facility Rep: Just Schell

Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 9/2/25

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 | | <u>Absorbent boom</u> |
| 2000' 18" containment boom (verification of) | Verified: | YES | NO | | <u>Absorbent pads</u> |
| 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 YES NO

Seal in place YES NO

Seal number _____

Container Temp Hi _____ Lo _____ Date: _____

Inspector: Shawn Smize
Print: _____

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: 9/2/25

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 1033098 16053034

Container Temp Hi _____ Lo _____ Date: _____

Inspector: Shawn Smith
Print: _____

Signature: [Signature]

Facility Rep: Owen Bryant
Print: _____

Signature: [Signature]

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 9/2/25

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: 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: 9/2/25

LOCATION: MER Year 2

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 | <u>Misc. equipment</u> |
| 2000' 18" containment boom (verification of) | Verified: | YES | NO | <u>props</u> |
| 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: _____

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: 9/22/25
Trailer # 6187

LOCATION: MER

Trailer Serial # _____ 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 checked="" 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 checked="" type="radio"/> NO | _____ |
| 1-EyeWash | Verified: | <input checked="" type="radio"/> YES | <input checked="" type="radio"/> NO | _____ |

*** See Boom Condition Report for updated Boom Condition

Comments on above Inventory: _____

OUTSIDE OF TRAILER

| | Tag# | Circle | | Comments |
|--|------|--|-------------------------------------|---|
| 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 checked="" 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 checked="" type="radio"/> NO | _____ |
| Condition of Trailer | | <input checked="" type="radio"/> Excellent | <input type="radio"/> Good | <input type="radio"/> Fair <input type="radio"/> Poor |

Comments on above items _____

Inspector:
Print: Lance Durance

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: 9/22/2025

LOCATION: MER YARD

Trailer #: 6188

SKIMMER TRAILER

Tag#: TT35W74
Removed: YES NO

Trailer Backdoor hinge is broken. Trailer is out of service

SK-1 SKIMMERS

Elastic Drum Skimmer Hydraulic TDSH13699178
- Condition Circle: Excellent Good Poor Fair
- Last Run Test Date: _____
Comment: _____

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

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

SK-4 Desmi DOP 160 Screw Pump
Circle: Excellent Good Poor Fair
Date: _____
Comment: _____

PM-1 PUMPS

PM-1 3in Hydraulic Submersible Pump Serial # 11197
- Condition Circle: Excellent Good Poor Fair
- Last Run Test Date: _____
Comment: _____

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

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

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

PP-1 POWER PACKS

PP-1 Elastic Power Pack Serial # H1198258
- Condition Circle: Excellent Good Poor Fair
- Last Run Test Date: _____
Comment: _____

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

PP-3 Crucial Diesel Compress Mod#L70190126P17E Ser#214468
-Condition Circle: Excellent Good Poor Fair
-Last Run Test Date: _____
Comment: _____

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

Inspector: Lance Durvance
Print: _____

Signature: 

Inspector: _____
Print: _____

Signature: _____

Moran Environmental Recovery LLC Inspection Sheet

*Out of Service
Back door hinge Broken*

DATE: 9/22/23
Same as skimmer trailer

LOCATION: MER

| Trailer # 6188 | Trailer Serial # | Date Placed in Service: | Circle one | Comments |
|--|------------------|-------------------------|------------|----------------|
| 4- 28lb 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 Quali | Verified: | YES | NO | <i>Skimmer</i> |
| 4 Bundles absorbent pads | Verified: | YES | NO | <i>Trailer</i> |
| 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 | Comments |
|--|------|--------|----------|
| Washed/Clean | | YES NO | |
| Lights operational | | YES NO | |
| Trailer lounge greased | | YES NO | |
| Trailer number visible | | YES NO | |
| Trailer moved and brakes working | | YES NO | |
| Tire pressure ok | | YES NO | |
| Tire tread ok | | YES NO | |
| Hubs, lugs, and rims ok (need to be grea | | YES NO | |
| Doors and hinges operating properly | | YES NO | |
| Locks on doors (trailer secured) | | YES NO | |

Circle 1735 W74

Condition of Trailer: Excellent Good Fair Poor

Comments on above Items _____

Inspector: Lance Durrence

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: 9/22/25

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 | <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 type="radio"/> YES | <input checked="" type="radio"/> NO | _____ |
| 1- Pair pliers | Verified: | <input type="radio"/> 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: | <input type="radio"/> YES | <input checked="" type="radio"/> NO | _____ |
| 1-EyeWash | Verified: | <input type="radio"/> YES | <input checked="" type="radio"/> NO | _____ |

*** See Boom Condition Report for updated Boom Condition

Comments on above Inventory: _____

OUTSIDE OF TRAILER

| | Tag# | Circle | | Comments |
|--|------|--|-------------------------------------|---|
| Tag in place and current | | <u>TT 35</u> | <u>73</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 type="radio"/> 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) | | <input type="radio"/> YES | <input checked="" type="radio"/> NO | _____ |
| Condition of Trailer | | <input checked="" type="radio"/> Excellent | <input type="radio"/> Good | <input type="radio"/> Fair <input type="radio"/> Poor |

Comments on above items _____

Inspector: Lance Lawrence 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: 9/22/23

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 type="radio"/> YES | <input checked="" type="radio"/> NO | _____ |
| 1- Pair pliers | Verified: | <input type="radio"/> 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: | <input type="radio"/> 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>TJ 25M57</u> | | _____ |
| Washed/Clean | | <input checked="" type="radio"/> YES | <input type="radio"/> NO | _____ |
| Lights operational | | <input checked="" type="radio"/> YES | <input type="radio"/> NO | _____ |
| Trailer tongue 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 type="radio"/> YES | <input checked="" type="radio"/> NO | _____ |
| Condition of Trailer | | <input checked="" type="radio"/> Excellent <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor | | _____ |

Comments on above items _____

Inspector:
Print: Lance Nurrelino

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: 9/2/25

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 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 | _____ |
| 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 | |
|--|------|---|--------------|
| Tag in place and current | Tag# | <u>TT 251MS6</u> | <u>09126</u> |
| Washed/Clean | | <input checked="" type="radio"/> YES <input type="radio"/> NO | _____ |
| Lights operational | | <input checked="" type="radio"/> YES <input type="radio"/> NO | _____ |
| Trailer tongue 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 <input type="radio"/> Fair <input type="radio"/> 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: 9/22/25

LOCATION: MER YARD

JON BOATS AND MOTORS

BOATS

| Unit | Boat | Mod | SN | Circle | Excelent | Good | Fair | Poor |
|-------------|---------------|---------|--------------|-------------------------|-------------|------|------|------|
| Unit 853 | 14' Boat | G3 1436 | GEN6849JG900 | Circle: <u>Excelent</u> | <u>Good</u> | Fair | Poor | |
| G3 1438 | GEN61758G708 | | | Circle: <u>Excelent</u> | Good | Fair | Poor | |
| Express | JBC21426B595 | | | Circle: Excelent | <u>Good</u> | Fair | Poor | |
| G3 1444 | GEN 36264H506 | | | Circle: <u>Excelent</u> | Good | Fair | Poor | |
| Lowe L1436L | LWCJ2227F506 | | | Circle: Excelent | <u>Good</u> | Fair | Poor | |

MOTORS

| Motor | Mod | SN | Circle | Excelent | Good | Fair | Poor |
|------------|----------------|------------------|---------------------------------|--|------|------|------|
| Yamaha 9.9 | Mod#F9.95MHA | SN# GAUKS1024920 | Circle: <u>Excelent</u> | Good | Fair | Poor | |
| | | | Last Run Date: <u>9/22/2025</u> | Comments: _____ | | | |
| Yamaha 9.9 | Mod # F9.95MHA | SN# GAUKS1028386 | Circle: Excelent | Good | Fair | Poor | |
| | | | Last Run Date: <u>9/22/2025</u> | Comments: <u>Gas not Run</u> | | | |
| Yamaha 9.9 | Mod# F9.9MHB | SN# GAUKS1030921 | Circle: Excelent | Good | Fair | Poor | |
| | | | Last Run Date: _____ | Comments: <u>Not on mer yard at shop</u> | | | |
| Yamaha 15 | Mod# F15SMHA | SN# 6AGKS1063676 | Circle: <u>Excelent</u> | Good | Fair | Poor | |
| | | | Last Run Date: <u>9/22/2025</u> | Comments: <u>Gas not Run</u> | | | |
| Yamaha 15 | Mod# F15SEHA | SN# 6AGKS1062763 | Circle: <u>Excelent</u> | Good | Fair | Poor | |
| | | | Last Run Date: <u>9/22/2025</u> | Comments: <u>NOT ON MER YARD</u> | | | |

Inspector: Casen Ierlicux
Print: _____

Signature: [Signature]

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 9/2/25

Location: MEH Yard
~~Ocean Terminal~~

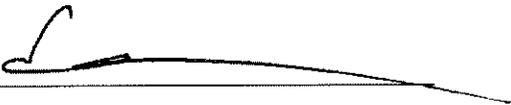
Unit #: BR-1

BOOM REELS

| | Circle | | |
|---|--------|----|---------------------------------|
| Grease Chain | YES | NO | _____ |
| Grease Filings | 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:
Print: Shaw Smith

Signature: 

Facility Rep
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection

Check if Verification only

Person Notified: _____

Moran Environmental Recovery LLC Inspection Sheet

DATE: 4/2/23

Location: Phillips 66

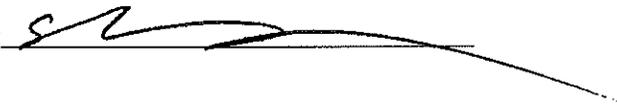
Unit #: BR 4

BOOM REELS

| | Circle | | Comments |
|---|--------|----|--------------------------------|
| | YES | NO | |
| 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:
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: 9/2/25

Location: MER Yard
Imperial Sugar

Unit #: BR-6 6712

BOOM REELS

| | Circle | NO | Comments |
|---|--------|----|---------------------------------|
| Grease Chain | YES | | _____ |
| Grease Fittings | YES | | _____ |
| Inspect sprocket | YES | | _____ |
| Check Oil level in motor | YES | | _____ |
| Reel clear of debris and grass | YES | | _____ |
| Run motor | YES | | _____ |
| Hand Brake operational | YES | | _____ |
| Boom Reel cover secure | YES | | _____ |
| *** 1000ft of 18" containment boom (Verify Quanti | YES | | _____ |
| 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: _____

Facility Rep Print: _____ Signature: _____

Notify Facility 24 hrs prior to inspection

Person Notified: _____

Check if Verification only

Moran Environmental Recovery LLC Inspection Sheet

DATE: 9/27/23

LOCATION: MER YARD

TOWABLE BLADDER

| | | Circle one | Comments |
|-----------------------------------|-----------|---|----------|
| BLADDER #1 Abasco Towable 1000gal | Verified: | <input checked="" type="radio"/> YES <input type="radio"/> NO | _____ |
| Stored in place at MER Yard | Verified: | <input type="radio"/> YES <input checked="" type="radio"/> NO | _____ |
| Deployed and tested | | | _____ |
| | | | _____ |
| BLADDER #2 Abaso Towable 1000gal | Verified: | <input checked="" type="radio"/> YES <input type="radio"/> NO | _____ |
| Stored in place at MER Yard | Verified: | <input type="radio"/> YES <input checked="" type="radio"/> NO | _____ |
| Deployed and tested | | | _____ |
| | | | _____ |
| BLADDER #3 Abaso Towable 1000gal | Verified: | <input checked="" type="radio"/> YES <input type="radio"/> NO | _____ |
| Stored in place at MER Yard | Verified: | <input type="radio"/> YES <input checked="" type="radio"/> NO | _____ |
| Deployed and tested | | | _____ |

Inspector: Leanne Durand
Print: _____

Signature: [Signature]

Facility Rep
Print: _____

Signature: _____

Notify Facility 24 hrs prior to inspection
Person Notified: _____

Check if Verification only