

Annex C Event Log Checklist

Checklist and Record				Event and Log	
Time	Report of gas incident			Time	
	Name of reporter				
	Location		Employee	Y/N	
	Contact tel. no.		Contractor		
	Pipe marker no.		Any injury		
	Observations	Fire / Smell /Noise / Explosion			
	How serious				
Time	Alert the following parties of the reported gas incident				
	MOL/VOPAK Duty Manager		Direct line / radio		
	HKLTL Terminal Operations Manager No. xxxxxxxx				
	BPPS CCR No xxxxxxxx LPS CCR No. xxxxxxxx				
	Police/FSD		Direct 999		
Time	Dispatch Jetty Lead				
	Send Jetty Lead		Name		
	Raise the appropriate emergency warning light and siren				
Time	Assess situation with information available				
	Pipeline leak	gas leak alarm	Leak location	Leak size	
	detection system	Y / N			