AD NO.: 03af-01

Initial Issue Date: 09-14-2023

Revision Date: 07-30-2024



**REPUBLIC OF THE PHILIPPINES**

**DEPARTMENT OF TRANSPORTATION**

**MARITIME INDUSTRY AUTHORITY**

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| **INVENTORY OF TRAINING EQUIPMENT AND FACILITIES** |

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| **Training Course:** | Basic Training for Liquefied Gas Tanker Cargo Operations | |
| **Name of Maritime Training Institution:** | |  | |

| *Note: Sharing of Facilities and Equipment may be allowed provided that Names of the Branches that will be utilizing the same must be reflected* | | **Self-Assessment** | **Tabletop Evaluation** | | **Inspection** | | **Remarks** |
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| **To be accomplished by applicant MTI** | **To be accomplished by designated Tabletop Evaluator** | | **To be accomplished by designated Evaluation and Inspection Team (EIT)** | |
| **Items** | **Quantity Required** | **Actual number at hand** | **Complied** | **Not Complied** | **Complied** | **Not Complied** |
| **Equipment:**  *All equipment must be labeled with the MTI’s name.* | | | | | | | |
| * Liquid Cargo Handling Simulator/Ballast Water Handling Simulator with load indicator capable to simulate cargo operations of LPG/C and LNG: * 1:4 (Full Mission) * 1:2 (workstation)   OR  Computer sets with programs capable to simulate cargo operations of LPG/C and LNG:   * 1:2 (workstation) | 12 + 1  (12 workstations and 1  instructor’s  station)  *The*  *minimum number of workstations shall not be less than 6 units.*  *The intake limitation maybe be adjusted accordingly following the prescribed workstation to trainee ratio.* |  |  |  |  |  |  |
| * Span gas capable of measuring the following gases: * Oxygen (O2) * Hydrogen Sulfide (H2S) * Carbon Monoxide (CO) * Hydrocarbon (LEL) (*HC*, methane, combustible gases) | 2 sets |  |  |  |  |  |  |
| * Absorption tubes (with associated pump) or any instruments capable of measuring the following gases: * Benzene * Hydrogen Sulfide (H2S) | 2 sets |  |  |  |  |  |  |
| * Portable multigas detector capable of measuring the following gases: * Oxygen (O2) * Hydrogen Sulfide (H2S) * Carbon Monoxide (CO) * Hydrocarbon (LEL) (HC, methane, combustible gases) | 2 units |  |  |  |  |  |  |
| * Personal multigas detector capable of measuring the following gases: * Oxygen (O2) * Hydrogen Sulfide (H2S) * Carbon Monoxide (CO) * Hydrocarbon (LEL) (HC, methane, combustible gases) | 2 units |  |  |  |  |  |  |
| * Tank evacuation equipment: * Tripod * Hoisting block or appropriate blocks/pulley with rope * Rescue hoist * Safety harness * Safety torch * Neil Robertson Stretcher * First aid kit, rescue line, blanket/protective clothing | 1 set |  |  |  |  |  |  |
| * Emergency Escape Breathing Device (EEBD) | 1 unit |  |  |  |  |  |  |
| * Drip tray for cargo manifold with about 2m x 2m | 1 pc |  |  |  |  |  |  |
| * Cargo Manifold (LPG/LNG) / Vapor and liquid pipeline with cut off valve or gate valve | As stated |  |  |  |  |  |  |
| * Fireman’s outfit: * Fireman suit * Fireman helmet * Fireman rubber boots * Fire gloves | 25 sets |  |  |  |  |  |  |
| * Self-Contained Breathing Apparatus | 6 units |  |  |  |  |  |  |
| * Firefighting Equipment and Installations: * fixed dry chemical system * portable fire extinguisher (dry powder) * portable fire extinguisher (foam type) * fixed fire-fighting foam system | 1 unit  1 pc  1 pc  1 unit |  |  |  |  |  |  |
| * Chemical Suit | 1 unit |  |  |  |  |  |  |
| * Personal Protective Equipment (PPE): * Gloves * Cover-all * Safety helmet * Safety goggle * Safety shoes | 12 sets |  |  |  |  |  |  |
| The following first aid equipment permanently marked **“FOR EMERGENCY PURPOSES ONLY”** shall be available and placed in an accessible area:   * First aid kit * stretcher * Resuscitation kit with oxygen * Suction unit | 1 set |  |  |  |  |  |  |

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| **Accomplished by** | **:** |  |  | **Date** | **:** |  |
|  |  | Name and Signature of  MTI’s Authorized Representative |  |  |  |  |

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| **Table Top Evaluator’s Comments:** | | | | | | |
|  |  |  | **Date of Evaluation** |  |  |  |
|  | **Table Top Evaluator’s Name & Signature** |  |  |  |  |  |
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| **Inspector’s Comments:** | | | | | | |
|  |  |  | **Date of Inspection** |  |  |  |
|  | **Inspector’s Name & Signature** |  |  |  |  |  |
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