



Cleaning Plant Scheduling Form

Company Name:			
Vessel or Tug Name:			
Crew Member Name(s):		TWIC	
		YES	NO
If Unknown Send list Prior to service			
Send Email To: Plant@cwofny.com			
Purchase Order Number:			
Contact Name:			
Telephone:			
Email Address:			
Requested Date of Service:			
Reason for Service:	Change of Cargo	Shipyard	Repairs
Level of Cleaning:	Gas Free Chemist Certificate	Safe for entry Other (add in comments)	
Last Three Cargos:	Clean Oil	Black Oil (API Gravity_____)	
1			
2			
3			
Specific areas requiring service:			
Compartment number(s):			
Spaces or other areas:			
Comment or special instructions:			

Please note that Clean Water of New York, Inc. will not contact, schedule or pay for Marine Chemist services. You or your representative must make all arrangements including payment. **SEND THIS SCHEDULING FORM TO Plant@cwofny.com**