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| **This feedback is required in order for us to improve our service to your vessel. The source of information will be maintained confidential. Ratings as “SATISFACTORY” or below should be accompanied by comments. Any suggestions for improvement will be appreciated. Additional sheets may be attached if necessary. If not completed online, please send back completed form to the Petroleum Ports Authority by email or in a sealed envelope. This form is available on PPA website** [**https://ppa.adnoc.ae**](https://ppa.adnoc.ae) | | | | | | | | | | | | | | | | | | | | |
| **Part A** (To be completed by Terminal representative) | | | | | | | | | | | | | | | | | | | | |
| Terminal | | | |  | Berth No. |  | Cargo Type | |  | |  | | | | | | | | | |
|  | **Rating: 1= Excellent 2=Good 3=Satisfactory 4=Need improvement 5= Poor** | | | | | | | | | | | | | | | | | | |
| Please rate the following by a tick [✓] as appropriate | | | | | | | | | | | | 1 | | 2 | | 3 | | 4 | 5 | |
| **Personnel Safety Standards** | | | | | | | | | | | | | | | | | | | | |
| 1. | | | Availability & Communication | | | | | | | | |  | |  | |  | |  |  | |
| *Comments:* | | | | | | | | | | | |  | |
| 2. | | | Courtesy | | | | | | | | |  | |  | |  | |  |  | |
| *Comments:* | | | | | | | | | | | |  | |
| 3. | | | Safety awareness | | | | | | | | |  | |  | |  | |  |  | |
| *Comments:* | | | | | | | | | | | |  | |
| 4. | | | PPE / Uniform worn by port staff | | | | | | | | |  | |  | |  | |  |  | |
| *Comments:* | | | | | | | | | | | |  | |
| **Performance Standards** | | | | | | | | | | | | | | | | | | | | |
| 5. | | | Ship/Shore Safety Checklist | | | | | | | | |  | |  | |  | |  |  | |
| *Comments:* | | | | | | | | | | | |  | |
| 6. | | | Pre-transfer conference & paperwork | | | | | | | | |  | |  | |  | |  |  | |
| *Comments:* | | | | | | | | | | | |  | |
| 7. | | | Pilot Professionalism | | | | | | | | |  | |  | |  | |  |  | |
| *Comments:* | | | | | | | | | | | |  | |
| 8. | | | Efficiency of Mooring boats /gang | | | | | | | | |  | |  | |  | |  |  | |
| *Comments:* | | | | | | | | | | | |  | |
| 9. | | | Others | | | | | | | | |  |  | |  | |  | |  | |
| *Comments:* | | | | | | | | | | | |  | |
| Name / Signature | | | | | | | |  | | Date: | | | | | | | | | | |
| **Part B** (For PPA use only if rating is 4) | | | | | | | | | | | | | | | | | | | | |
|  | | Causes: | | | | | | | | | | | | | | | | | | |
|  | | Action to be taken: | | | | | | | | | | | | | | | | | | |
| Name /Signature: | | | | | | | |  | | Date : | | | | | | | | | | |