

Attachment B
Shipping Line or Fleet Manager
Survey Form

Survey of Shipping Line or Fleet Manager Experience with the Use of Low Sulfur Distillate Fuel

The information below is designed to assist ARB staff in gathering information on the fleet managers' or shipping line managers' experience with using the marine distillate fuel required by the California Air Resources Board Ship Fuel Rule. If you are completing this survey in written format, please return the completed survey by **November 13, 2009** to:

California Air Resources Board
Stationary Source Division
P.O. Box 2815
Sacramento, CA 95812
Attn: Layla Gonzalez

The electronic version of the survey form can be found at www.arb.ca.gov/marine

Contact Information

Company Name: _____
Contact Name: _____ Title: _____
Phone Number: (____) _____ Email: _____ @ _____
Mailing Address: Street: _____
City: _____ State: _____
Country: _____ Zip: _____

Survey Questions

Number and type of vessels in fleet _____ Tanker _____ Container
_____ Cruise _____ Ro-Ro
_____ Auto _____ Bulk
_____ Other

Since the OGV Fuel Regulation began implementation in July 2009, what is the total number of times that vessels in your fleet have switched from heavy fuel to distillate fuel to comply with the requirements?

0* 1-10 10-20 More than 20 times

*If you checked the box marked zero (0) you do not need to complete the rest of the survey.

How would you describe your overall experience with the use of distillate fuel in your vessels' main engines, auxiliary engines, and auxiliary boilers since implementation of the ship fuel rule on July 1, 2009?

- Excellent - No problems to report
- Good – Some minor problems but were able to correct
- Challenging – Have had problems and haven't found a way to mitigate
- Other _____

If you marked good, challenging, or other, please briefly describe what problems you have encountered and any steps you have taken to mitigate them. _____

Have your vessels experienced problems using distillate fuels during:

- | | | |
|-------------|------------------------------|-----------------------------|
| Transiting | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Maneuvering | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Anchorage | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you checked yes in any of the four boxes, please describe: _____

Have problems occurred:

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| During the process to switch fuels | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| After fuel switching has occurred | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Both | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you checked yes in any of the three boxes, please describe: _____

Have problems occurred during switch from:

- | | | |
|-------------------|------------------------------|-----------------------------|
| Distillate to HFO | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| HFO to Distillate | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Both | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you checked yes in any of the three boxes, please describe: _____

Was there a tug escort for any of the vessels when problem(s) occurred?

Always

Never

In some cases

Was there a Pilot on board for any of the vessels when problem(s) occurred?

Always

Never

In some cases

If your vessels have had any problems, have any actions been taken to resolve the problems? *Example: replacement of parts, different fuel used, fuel switching procedures changed, etc.*

Yes

No

If yes, please describe: _____

Have you had to contact the classification society, engine, or equipment manufacturer about any of the problems?

Yes

No

If yes, who was contacted and what was the opinion on the source of the problem(s)?

Did you test any of your vessels' engines or boilers for sensitivity to low sulfur/low viscosity fuel prior to visiting California under the regulation?

Yes

No

If yes, please describe how you tested the engines and your general findings.

Have you made any equipment changes to your vessels to enable the use of distillate fuels?

Yes No

If yes, please describe the changes made. _____

Have you developed and documented on-board fuel switching procedures for the crew members?

Yes No

Have you had to modify the fuel switching procedures for any of the vessels based on actual in-use experiences with fuel switching per the OGV fuel regulation?

Yes No

If yes, please describe the modifications to the fuel switching procedures.

Have you developed and documented training procedures to familiarize both current and new crew members in the proper fuel switching procedures for your vessel?

Yes No

Have you made any operational changes as a result of switching to distillate fuels (i.e changing crew assignments, transiting at different speeds using different vessel routing)?

Yes No

If yes, please describe the changes you have made. _____

What Ports have you found marine distillate fuel to bunker for compliance with the regulation? _____

Have you encountered problems finding the low sulfur distillate fuel?

Yes No

If yes, please describe the problems you have had. _____

If you are chartering vessels, are there any additional requirements from the vessel owners in order to use distillate fuels?

Yes No

If yes, please describe: _____

Any other comments/observations you would like to report?
