

# Survey of Ship Operator's Experience Using Distillate Fuels

This is a voluntary survey form. However, we hope that you will take the time to complete this short survey. The information below is designed to assist ARB staff in gathering information on ship operators' experience with using the 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 to:

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

If you would like the contact information and the vessel identification reported to this survey kept confidential please check here.

## **Contact Information**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_@\_\_\_\_\_

Mailing Address: Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Vessel type:  Tanker  Container  Cruise  Ro-Ro  Auto  Bulk  
 Other \_\_\_\_\_

Vessel name: \_\_\_\_\_ IMO# \_\_\_\_\_

## **General Information on Operational Experiences with Fuel Switching per the California OGV Fuel Regulation**

Since the OGV Fuel Regulation began implementation in July 2009, how many times has your vessel switched from heavy fuel to distillate fuel to comply with the requirements?  0\*  1-3  4-8  More than 8 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 main engine, auxiliary engines, and auxiliary boilers since implementation of the ship fuel rule on July 1, 2009?

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

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

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

Yes       No If yes, please describe the your findings: \_\_\_\_\_

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

Yes       No If yes, please describe the changes made: \_\_\_\_\_

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

Yes       No

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

Yes       No If yes, please describe the modifications to the procedures: \_\_\_\_\_

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*This portion of the survey focuses on incidents where there were problems with vessel operation but did not result in a reportable incident to the U.S. Coast Guard. If you have not had any significant operational problems, then you can stop here. If you have had some significant operational issues that were not already reported to the United States Coast Guard, we would like to find out more about each incident. Please respond to the questions below for each incident.*

## Report of Operational Difficulties

### General Information

Please provide a description of the problem (what happened, time or at what type of operation, vessel location etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vessel speed \_\_\_\_\_ EngineLoad/RPM when problem occurred \_\_\_\_\_

Problem occurred during:

Transiting  Maneuvering  Anchorage  Other \_\_\_\_\_

Did the problem occur:

During the process to switch fuels  After fuel switching had occurred  Both

Problem occurred during switch to:  Distillate to HFO  HFO to Distillate

Was there a tug escort when problem occurred?  Yes  No

Was there a Pilot on board when the problem occurred?  Yes  No

What do you think was the cause of the difficulties? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have any actions been taken to resolve the problem? *Example: replacement of parts, different fuel used, fuel switching procedures changed, etc.*

Yes  No If yes, please describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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Did you contact the classification society, engine, or equipment manufacturer about the problem?  Yes  No If yes, who was contacted and what was the opinion on the source of the problem? \_\_\_\_\_

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**Technical Information on the Engine/Equipment and Fuel Used during the Operational Difficulty** – Please fill out applicable survey questions for this section.

## Equipment/engine with noted problems

Equipment/Engine Type	Make	Model	Date of Build	Date of Last Service	Comments
Main Engine(s)					
Auxiliary Engine(s)					
Auxiliary Boiler(s)					
Fuel Supply Pump					
Booster Pump					
Fuel Injection Pump					
Fuel Injectors					
Other:					

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## Fuel Specifications for Fuels In-Use During the Operational Difficulty

Fuel Type (HFO/MGO/MDO)	Fuel Sulfur Content	Viscosity (cSt @ 40C)	Where purchased	Estimate of the percentage of listed fuel used to supply the engine/equipment when the problem occurred	Please indicate any additives used

If more than one fuel in the tank, please provide information for each.

*If possible, please supply a copy of the bunker delivery note, or other information from testing ordered by ship operator.*

What lubricant (cylinder lube-oil) was used?

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What was the feed rate of the lubricant?

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What is the current fuel pump index and the index of a new engine (if known)?

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Please provide any information on estimated fuel temperature or viscosity at engine inlet during the incident (if known).

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Any other comments/observations you would like to report:

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