



INITIAL SPILL REPORT & "1 CALL REPORTING"

Documentation of drill, spill, *SALVAGE/FF information.

DRILL OR ACTUAL (CIRCLE ONE)

NRC CONTROL #: _____

DATE & TIME: _____ DUTY OFFICER: _____

*NAME OF CALLER: _____ *POSITION/TITLE: _____

*PHONE: _____ * FAX: _____

QI: NAME/PHONE: _____ FAX: _____

CASUALTY DESCRIPTION

*VESSEL OR ASSET NAME: _____

OWNER/OPERATOR: _____

*LOCATION (ADDRESS, BLOCK OR LAT/LONG): _____

*NATURE OF INCIDENT: _____

DATE/TIME INCIDENT OCCURRED: _____

*CARGO TYPE: _____ *AMOUNT ONBOARD: _____ AMOUNT SPILLED: _____

HAS SPILL BEEN STOPPED? _____

WHAT IS APPROXIMATE SPILL RATE? _____

WHAT IS APPARENT SIZE & DIRECTION OF THE SLICK? _____

ADDITIONAL INFORMATION: _____

***WHAT SPECIFIC ASSISTANCE OR SERVICES DO YOU REQUIRE (SPILL RESPONSE, FIREFIGHTING, SALVAGE, EMERGENCY LIGHTERING?):**

"ARE YOU GRANTING NRC AUTHORIZATION TO PROCEED?" YES NO
I will be sending you an Authorization to Proceed form. Please sign, date and return fax to NRC at 631-224-9086.
In the meantime I will initiate a response based on your verbal authorization. Is that acceptable? Yes / No

NOTIFICATION TIMES

_____ PRESIDENT _____ VP OPS & MARINE _____ VP SUPPORT _____ REGIONAL MGR

_____ SUPPORT DIRECTOR _____ LOGISTICS _____ FINANCE _____ AWAY TEAM

_____ GROUP PAGE _____ RMG REP (954-764-8700)

(SEE REVERSE FOR ADDITIONAL INFORMATION)

