CHAPTER 6 - POLLUTION INCIDENT DAILY RESOURCE REPORT CG-5136A GOVERNMENT SUMMARY SHEET

- **A.** This form summarizes all personnel, equipment, and other resources used during the removal activities of each incident. Each Coast Guard or EPA unit must complete their own documentation. All agencies being funded by a PRFA must complete these forms.
 - **1. Level I cases:** All parties involved must submit documentation to the FOSC at the completion of removal activities.
 - 2. Level II & III cases: All parties involved must submit documentation to the FOSC as often as practical until removal activities are completed (at least in 30 day cycles).

B. **HOW TO COMPLETE FORM:**

- 1. **Report Type (Interim/Final):** If the submission does not include all costs associated with the incident, check the interim report, otherwise, if the submission is the final submission of resource documentation, check the final report.
- **2. OPA/CERCLA/NRDA:** Check the one that applies to the incident.
- **3.** (**Incident Data**) **FPN/CERCLA Number:** The FPN or CERCLA case number assigned to the incident.
- **4. Date:** The date of the submission.
- **5. Period Covered**: The period (dates) for which resource documentation is being submitted
- **6. Agency Reporting:** The agency submitting documentation
- **7. Unit Reporting:** The CG Marine Safety Office or EPA Regional Office collecting resource documentation.
- **8. Description of Activities:** Brief description of removal activities performed, and the objective of each activity. If more space is required, attach additional pages.
- **9. Reports Attached:** This is a number reflecting how many of each form is completed and attached.
- **10. Key Parties:** Include information for key parties authorized by the FOSC who can provide information on resource documentation. This could include the FOSC's representative, persons authorized by the FOSC to supervise on-site operations, other government agency personnel, and persons preparing cost documentation (e.g., storekeeper, accounting clerk, etc.).

Chapter 3 3-146 Change 6

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD

POLLUTION INCIDENT DAILY RESOURCE REPORT

GOVERNMENT SUMMARY SHEET (RCN-16451-1)

CG-5136A (01-93)					(RCN-16451-1)
REPORT	TYPE			ACTI	VITY
INTERIM FINAL		OPA	CERCI		NRDA
	<u> </u>	NCIDENT D	<u>ATA</u>		
FPN/CERCLA#			DATE		
PERIOD COVERED			ТО		
AGENCY REPORTING			UNIT REPORTIN		
	DESCRIP	TION OF AC	CTIVITIES		
	(Attach ad	lditional pages	, if needed)		
-					
		REPORTS ATTACHE			
SHORT FORMS		ATTACIE	DAILY PER		ORMS
DAILY EQUIPMENT F	URMS			SONNEL F	ORMS
DOCUMEN	NTATION	KEY PAR	<u>KTIES</u>	CONTI	RACTOR
Name			Name _		
Agency					
Telephone			Telepho	ne	
REMARKS:					

C. <u>POLLUTION INCIDENT DAILY RESOURCE REPORT --</u> CG-5136B GOVERNMENT PERSONNEL

This form should be completed for government personnel costs incurred for each day of removal activity.

How to complete this form:

- **1. FPN/CERCLA Number:** The FPN or CERCLA case number assigned to the incident.
- **2. Date:** The date that costs are reported.
- **3. Parent Unit:** The parent unit of the party completing the form. The command for CG reports (i.e., MSO Hampton Roads, Station Portsmouth) or the regional office, division and field office for EPA (i.e., Region X, Emergency Response Division, Portland Field Office).
- **4. FOSC** or **Representative/Lead Trustee Signature:** Certification by the FOSC. The FOSC certifies that the personnel listed were authorized for the date being reported.

Government Personnel

Supply the following information for each person involved in removal activities.

- **5.** Name: First and last names of the government personnel involved in removal activities.
- **6. Pay Grade/Labor Category:** Pay grade or labor category of the personnel involved in removal activity (i.e., O4, E5, GS12).
- 7. **Duty:** Specific duty during removal activity (i.e., monitor, driver, FOSC).
- **8. Hours:** Actual hours spent performing removal duty.
- **9. Standard Rate:** The standard rate for the pay grade/labor category in accordance with OMB Circular A-87. Attach the agency's standard rate table or information presenting the computation and derivation of the rate (may be completed by agency's accounting office). For all Coast Guard equipment and personnel, use COMDTINST 7310.1E, outside government rates only.
- **10. Total Cost:** The standard rate multiplied by the hours (may be completed by the agency's accounting office).
- 11. Office Use: Used by NPFC Staff.
- **12. Total Personnel Costs For This Date:** The sum of the amounts entered in the total column (may be completed by agency's accounting office).
- **13. Remarks:** Any amplifying information considered important by the FOSC for this particular day.

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5136B (01-93)

POLLUTION INCIDENT DAILY RESOURCE REPORT

GOVT PERSONNEL Page ____ of ___ (RCN-16451-1)

FPN/CERCLA NUMBER											
PARENT UNIT		FOSC/REP/LEAD TRUSTEE SIGNATURE									
GOVERNMENT PERSONNEL											
NAME (LAST, FIRST)	PAY GRADE	DUTY	HOURS	STANDARD RATE	TOTAL	OFFICE USE					
		-	-		-	 					
		-									
	<u> </u>										
		 	<u> </u>			<u> </u>					
		 									
		<u> </u>									
		<u> </u>									
		-									
TOTAL PERSONNEL COSTS FOR T	HIS DAT	Е									
REMARKS:											

D. <u>POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-</u>5136C GOVERNMENT EQUIPMENT

This form should be completed for government equipment costs incurred for each day of removal activity.

How to complete form:

- 1. **FPN/CERCLA Number:** The FPN or CERCLA case number assigned to the incident.
- **2. Date:** The date costs are reported.
- **3. Parent Unit:** The Parent Unit of the party completing the form. The command for CG reports (i.e., MSO Hampton Roads, Station Portsmouth) or the regional office, division and field office for EPA (i.e., Region X, Emergency Response Division, Portland Field Office).
- **4. FOSC or Representative/Lead Trustee Signature:** Certification by the FOSC; the FOSC certifies that the equipment listed was authorized for the date reported.

Government Equipment

Supply the following information for each piece of equipment involved in removal activities.

- **5. Item Description:** Description of the equipment used for removal activities.
- **6. Rate Basis:** The basis used for charging equipment costs (e.g., hourly, daily, weekly).
- **7. # Units:** The number of units for which the equipment was utilized, defined in terms of the rate basis (i.e., number of hours, days, weeks).
- **8. Rate/Unit:** The rate charged per unit; attach the agency's standard rate table or a computation showing how the rate was derived (may be completed by agency's accounting office).
- **Rate Charges:** The rate per unit multiplied by the number of units (may be completed by agency's accounting office).
- 10. Non-Rate Charges: The total charges related to the equipment not charged on a per unit basis (i.e., mileage, fuel, setup/takedown charges) may be completed by agency's accounting office.
- **11. Total:** The sum of the Rate Charges and the Non-Rate Charges (may be completed by agency's accounting office).
- **12. Office Use:** Used by NPFC Staff.
- **13. Total Equipment Costs For This Date:** The sum of the amounts entered in the Total column (may be completed by agency's accounting office).
- **14. Remarks:** Any amplifying information considered important by the FOSC for this particular day.

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5136C (01-93)

POLLUTION INCIDENT DAILY RESOURCE REPORT

GOVT EQUIPMENT Page ____ of ___ (RCN-16451-1)

PARENT UNIT			FOSC/REP/LEAD TRUSTEE SIGNATURE								
					22100122	101,1110					
COVEDNMENT FOLIDMENT											
GOVERNMENT EQUIPMENT											
ITEM DESCRIPTION	RATE BASIS	# UNITS	RATE/ UNIT	RATE CHARGE	NON-RATE CHARGES	TOTAL	OFFICE USE				
TOTAL EQUIPMEN	T COSTS FO	R THIS I	DATE								

F. POLLUTION INCIDENT DAILY RESOURCE REPORT C CG-5136D GOVERNMENT PURCHASES/EXPENDABLES/TRAVEL ORDERS/ CONTRACTORS/OTHER AGENCIES

This form should be completed for government purchases and expendables incurred for each day of removal activity. Additionally, the form is used to identify travel orders issued, contractors authorized to perform removal activities, and (for FOSC use) other government agencies involved in removal activities.

How to complete form:

- 1. FPN/CERCLA Number: The FPN or CERCLA case number assigned to the incident.
- **2. Date:** Report the date costs were incurred.
- **3. Parent Unit:** The parent unit of the party completing the form, the command for CG reports (i.e., MSO Hampton Roads, Station Portsmouth); or the Regional Office, division and field office for EPA (i.e., Region X, Emergency Response Division, Portland Field Office).
- **4. FOSC or Representative/Lead Trustee Signature:** Certification by the FOSC/Lead Trustee. The FOSC certifies that purchases or other items listed were authorized for the date reported.

Purchases/Expendables

Indicate whether purchase orders were completed, how many purchase orders were completed, the number of purchase orders attached, if any. Also, indicate the total purchases/expendables for the date reported. If copies of purchase orders are not attached, complete the remainder of the Purchase/Expendables section.

- **5. Description of Item:** Description of item purchased.
- **6. Purchase Order Number:** Purchase Order Number issued for the item.
- **7. Cost:** The cost of the item purchased.
- **8. Office Use:** Used by NPFC Staff.
- 9. Total Purchases/Expendables For This Date: The sum of the items purchased.

Travel Orders

Indicate whether travel orders were issued, the number issued, and copies attached. If copies are not attached, complete the remainder of the travel orders section. Also indicate whether liquidated (i.e., paid) travel claims are attached and if so, how many are attached. If liquidated travel claims are not attached, submit copies when the claims have been liquidated.

- 10. Name: First and last name of traveler.
- 11. Travel Order No: The number assigned to the travel orders.
- **12. Issued By:** The agency issuing the travel order.
- **13. Estimated Cost**: This is the estimated cost on each individual travel order.
- **14. Office Use:** Used by NPFC Staff.

Contractors

Indicate whether contractors were authorized to perform services on the date reported. Only list contractors who are contracted and paid through your agency. If marked YES, complete the following for each authorized contractor.

- **15.** Name: Indicate name of company.
- **16. P.O./Contract Number:** List the contract number, purchase order number, and delivery order number for this contract.

Other Agencies Involved (For FOSC Use)

Indicate whether other government agencies were authorized to perform removal activities on the date reported. If marked Yes, complete the following information for each agency:

- 17. Name: Agency name.
- **18. Agreement Number:** The applicable Pollution Removal Funding Authorization number (FPN, DCN). Attach copies of authorizations used by the other agencies (if not previously submitted).
- **19. Office Use:** Used by NPFC Staff.

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5136D (01-93)

POLLUTION INCIDENT DAILY RESOURCE REPORT

GOVT PURCHASES/ EXPENDABLES/TRAVEL ORDERS/CONTRACTORS Page ____ of ____(RCN-16451-1)

FPN/CERCLA NUMBER		DATE _						
PARENT UNIT		FOSC/R	EP/LEAD TR	USTEE SIGN	ATURE			
Were any purchase orders completed? If yes, are they attached?	Y		NO G If yes NO G If yes	, how many:				
DESCRIPTION OF ITEM		PURCHASE ORDE	If no, ER NUMBER	complete information COST	OFFICE			
TOTAL COST FOR TH	IIS DAT	E:						
	TRA	VEL ORDER	S					
If yes, are copies attached?	YES G YES G YES G	NO G NO G NO G	If no, complete If yes, how r	s, how many:, , complete below information s, how many:, , submit when liquidated				
NAME (LAST, FIRST)	TR	AVEL ORDER NO.	If no, submit		OFFICE USE			
<u> </u>								
ESTIMATED TOTAL	TRAVE	L COST:						
4 1 10 4 10	CC	ONTRACTORS		TC 1'	. 1. 1			
Are contractor services authorized for this date? NAME	1	YES G P.O./CONTRACTO	NO G	If yes, list contrac	FFICE USE			
NAME		P.O./CONTRACTO	RIOMBER	Oi	FFICE USE			
OT		GENCIES INV FOSC or Lead Trustee Use						
Were agencies authorized to act?		NO G		encies and attach cop	y of authorization			
NAME		AGREE	MENT NUMBER		OFFICE USE			

G. POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136E GOVERNMENT SHORT FORM (May be used as a CG-5136 (B-D)).

How to complete form:

- FPN/CERCLA Number: The FPN or CERCLA case number assigned to the incident.
- **2. Date:** The date which costs are reported.
- 3. Parent Unit: The parent unit of the party completing the form. The command for Coast Guard reports (i.e., MSO Hampton Roads, Station Portsmouth) or the Regional Office, division and field office for EPA (i.e., Region X, Emergency Response Division, Portland Field Office).
- FOSC or Representative/Lead Trustee Signature: Certification by the FOSC. The FOSC certifies that the items listed were authorized for the date reported.

Government Personnel Supply the following information for each person involved in removal activities.

- **Name:** First and last names of government personnel involved in removal activity.
- 6. Pay Grade/Labor Category: Pay grade or labor category of the personnel involved in removal activity
- 7. **Duty:** Specific duty during removal activity (i.e., monitor, driver, FOSC).
- **8. Hours:** Hours spent performing removal duty.
- 9. Standard Rate: The standard rate for the pay grade/labor category in accordance with OMB A-87.
- **10. Total Cost:** The standard rate multiplied by the hours.
- 11. Office Use: Used by NPFC Staff.
- 12. Total Personnel Costs For This Date: The sum of the amounts entered in the Total column .
- 13. Remarks: Amplifying information considered important by the FOSC for this particular day.

Government Equipment Supply the following information for each piece of equipment used in removal activities.

- **14. Item Description:** Description of the equipment used for removal activities.
- 15. Rate Basis: The basis used for charging equipment costs (i.e., hourly, daily, weekly).
- 16. # Units: The number of units the equipment was used for defined in terms of the rate basis (i.e., number of hours, days, weeks).
- 17. Rate/Unit: The rate charged per unit, attach the agency's standard rate table or a computation showing how the rate was derived.
- 18. Rate Charges: The rate per unit multiplied by the number of units
- 19. Non-Rate Charges: The total charges related to the equipment, not charged on a per unit basis (i.e., mileage, fuel, setup/takedown charges).
- **20. Total:** The sum of the rate charges and the non-rate charges
- 21. Office Use: Used by NPFC Staff.
- 22. Total Equipment Costs For This Date: The sum of the amounts entered in the Total column.
- 23. Remarks: Any amplifying information considered important by the FOSC for this particular day.

<u>Purchases/Expendables</u> Indicate the number of purchase orders and copies attach to this form. Also, indicate the total purchases/expendables for the date reported. If copies of purchase orders are not attached, complete the remainder of the Purchase/Expendables section.

- **24. Description of Item:** Description of item purchased.
- 25. Purchase Order Number: Purchase Order Number issued for the item.
- **26.** Cost: The cost of the item purchased.
- **27. Office Use:** Used by NPFC Staff.
- 28. Total Purchases/Expendables For This Date: The sum of the items purchased.

<u>Travel Orders</u> Indicate whether travel orders were issued, and the number of travel orders attached. If copies are not attached, complete the remainder of the travel orders section. Also indicate the number of liquidated travel claims attached. If the claims are not attached, submit copies when the claims have been liquidated.

- 29. Name: First and last name of traveler.
- **30.** Travel Order No: The number assigned to the travel orders.
- **31. Issued By:** The agency issuing the travel order.
- **32. Estimated Cost**: This is the estimated cost on each individual travel order.
- **33. Office Use:** Used by NPFC Staff.

<u>Contractors</u> Indicate whether contractors were authorized to perform services on the date reported. Only list contractors who are contracted and paid through your agency. If marked YES, complete the following for each authorized contractor.

- **34.** Name: Indicate name of company.
- 35. P.O./Contract Number: List the contract, purchase order, and delivery order numbers for this contract.

Other Agencies Involved (For FOSC Use) Indicate whether other government agencies were authorized to perform removal activities on the date reported. If marked Yes, complete the following information for each agency:

- **36.** Name: Agency name.
- **37. Agreement Number:** The applicable Pollution Removal Funding Authorization number (FPN, DCN). Attach copies of authorizations with other agencies (if not previously submitted).

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5136E (01-93)

POLLUTION INCIDENT DAILY RESOURCE REPORT

GOVERNMENT SHORT FORM (RCN-16451-1)

FPN/CERCLA	A NU	JMBER				DATE _						
PARENT UN	IT _				OSC/REP/LEAD TRUSTEE SIGNATURE							
				DI	TDCO	NNEL						
	NAME T, FIRS	ST)	PAY	GRADE		DUTY	HOUR		NDARD RATE	TOTAL	OFFICE USE	
					Tot	al Cost	This Da	ate:				
				7.								
ITEM DESCRIPTIO	N	RATE BASIS	# UNITS		QUIP /UNIT	MENT RATE CH	IARGE	NON-RAT	E CHARGE	TOTAL	OFFICE USE	
TILM BESCKII IIO		RATE BASIS	" 614115	KATE		RATE CI	II IKOL	TION RAIL	L CHARGE	TOTAL	OTTICE OSE	
					То	tol Cost	Thic D	ento:				
Wer	re any p	purchase orders com If yes, are they at	pleted?	YE	SES/EXPENDABLES S.G. NO G. If yes, how many: If yes, how many: If yes, how many: If no, complete information below							
D	DESCR	IPTION OF ITEM			PURCHASE ORDER NUMBER					nation below	OFFICE	
					Tot	al Cost	Γhis Da	ate:				
						ORDER						
Were travel orders is If yes, are copies att				s G s G	NO G NO G		If If	yes, how ma	ny: below inform	- ation		
Are the liquidated tr			YE	s G	NO G		If	yes, how ma	ny: /hen liquidated	_		
NAM	IE (LA	ST, FIRST)		TRA	VEL OI	RDER NO.		UED BY	EST. COS		FFICE USE	
						17	T 4 1 7	1.0	,			
					ES	ıımated	10tai 1	ravei Co	st:			
Are contractor servi	ices aut	horized for this date	?	CO	NTRA YES (ACTOR S NO		If yes, 1	list contractors	hired		
_	NAME						OR NUMI	BER		OFFICE U	JSE	
	(OTHER FEI	DERAI	/STAT	re/L(OCAL A	GENO	CIES IN	VOLVED)		
W		encies authorized to				ead Trustee	Use)		and attach cop		ntion	
		NAME					EMENT N			OFFICI		
					1							

H. POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136E-1 CONTRACTOR PERSONNEL

This form should be completed for contractor personnel costs incurred for each day of removal activity.

How to complete form:

- 1. **FPN/CERCLA Number:** The FPN or CERCLA case number assigned to the incident.
- **2. Date:** Report the date costs were incurred.
- 3. Contractor: Name of contractor; indicate if supporting documentation is attached.

Contractor Personnel

Provide the following information for each individual.

- **4. CLIN:** The applicable contract line item number.
- **5.** Name: First and last names of contract personnel involved in removal activity.
- **6. Job Description:** What was the employee's job (i.e., supervisor, equipment operator, laborer). This may require an abbreviation to be entered.
- **7. Hours Employed:** The starting and ending times during which the personnel were performing removal activities.
- **8. Total Hours:** Hours spent performing removal duty.
- **9. Hourly Rate:** The hourly rate of pay for personnel.
- 10. Rate Charge: The number of hours multiplied by the hourly rate of pay.
- 11. **Per Diem:** Per diem costs incurred by the personnel. This assumes a flat rate per diem is authorized by the contract. Otherwise, per diem costs should be documented as other expenses on the CG-5136E-3 form.
- **12. Total Cost:** The sum of the Rate Charge and the Per Diem costs.
- **13. Total Personnel Costs For This Date:** The sum of the amount entered in the Total column.
- **14. Contractor's Certification:** Contractor's certification of the validity of the information presented.
- **15. FOSC/Trustee Signature:** Certification by the FOSC/Lead Trustee. The FOSC certifies that personnel listed were authorized for the date reported. **The FOSC does not certify contract rates or costs.**

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5136E-1 (01-93)

POLLUTION INCIDENT DAILY RESOURCE REPORT

GOVT PERSONNEL
Page ____ of ___
(RCN-16451-1)

	ERCLA NUMBER RACTOR: If information described below						Γ NO:		
	If information described belo National Pollution Funds Cer	ow is documented separately inter and the Contracting Off	, in a forn ficer, this	n or form form nee	nat previou ed not be c	usly reviewed an completed.	nd found accept	able by the	
		CONTRAC	CTOR	PERS	SONN	EL			
CLIN NAME JOB HOURS TOT HOURLY (LAST, FIRST) DESCRIPTION FRM TO HRS RATE									TOTAL COST

TOTAL PERSONNEL COSTS FOR THIS DATE

CONTRACTOR'S	ON SCENE COORDINATOR'S/LEAD TRUSTEE'S
CERTIFICATION:	REVIEW:
I certify that this report is a true and complete record of the materials, labor, equipment and subcontractors provided by the contractor on the date listed above for the project number cited above:	I certify that inspection and acceptance of the listed items has been made by me or under my supervision, except as noted herein or on supporting documents.
Contractor's Authorized Representative	FOSC/Lead Trustee

I. <u>POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136E-2</u> <u>CONTRACTOR EQUIPMENT</u>

This form should be completed for contractor equipment costs incurred for each day of removal activity.

How to complete form:

- 1. FPN/CERCLA Number: The FPN or CERCLA case number assigned to the incident.
- **2. Date:** Report the date costs were incurred.
- **3. Contractor:** Name of contractor; indicate if supporting documentation is attached.

Contractor Equipment

Provide the following information for each piece of equipment used in removal activities.

- **4. CLIN:** The applicable contract line item number.
- **5. Item Description:** Description of the equipment used for removal activities.
- **6.** Rate Basis: The basis used for charging equipment costs (i.e., hourly, daily, weekly).
- 7. Employed From/To: The period of time equipment was used.
- **8. Units:** The number of units the equipment was used for expressed in terms of the rate basis (i.e., numbers of hours, days, weeks).
- **9.** Rate/Unit: The rate charged per unit.
- **10. Rate Charges:** The rate per unit multiplied by the number of units.
- 11. Non Rate Charges: Total charges related to the equipment, not charged on a per unit basis (i.e., mileage, fuel, setup/takedown charges).
- **12. Total Cost:** The sum of the Rate Charge and the Non-Rate Charges.
- **13. Total Equipment Costs For This Date:** The sum of the amounts entered in the Total Costs column.
- **14. Contractor's Certification:** Contractor's certification of the validity of the information presented.
- **15. FOSC/Trustee Signature:** Certification by FOSC/Lead Trustee. The FOSC certifies the equipment listed was authorized for the date reported. **The FOSC does not certify contract rates or costs.**

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5136E-2 (01-93)

POLLUTION INCIDENT DAILY RESOURCE REPORT

CONTRACTOR EQUIPMENT
Page ____ of ____
(RCN-16451-1)

FPN	V/CERCLA NUMBER				DA'	TE				
CON	NTRACTOR:									
	If information described below is National Pollution Funds Center a	documented se and the Contra	eparately, i	in a form cer, this fo	or format previo	usly reviewed completed.	and found accept	table by the		
		CO	NTRA	CTOF	R EQUIPM	IENT				
CLIN	ITEM DESCRIPTION	RATE BASIS	EMPLO FRM		# UNITS	RATE/ UNIT	RATE CHARGES	NON-RATE CHARGES	TOTAL COST	
	 	+	-	-		<u> </u>		!		
							<u> </u>			
								<u> </u>		
	 	+	+			-	'	<u> </u>	-	
		+								
	<u> </u>			-		-		<u> </u>	-	
	<u> </u>					-	'	<u> </u> '	 	
		+						<u> </u>		
	TOTAL EQUIPMEN	NT COSTS	S FOR	THIS	DATE					
	NTRACTOR'S RTIFICATION:				I SCENE C VIEW:	COORDIN	JATOR'S/L	LEAD TRUST	ΓΕΕ'S	
I certify the material provide the pro-	fy that this report is a true and complete aterials, labor, equipment and subcontraded by the contractor on the date listed a oject number cited above for the project above:	ractors above for		I certi	tify that inspection	on and accepta	ince of the listed i ited herein or on s	items has been mad supporting documen	le by me or its.	
	actor's Authorized Representative			FOSC/Lead Trustee						

J. <u>POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136E-3</u> <u>CONTRACTOR/ SUBCONTRACTOR/MATERIALS/OTHER EXPENSES</u>

This form should be completed by the contractor for costs incurred by subcontractors, and for materials and other expenses for each day of removal activities.

How to complete form:

- 1. **FPN/CERCLA Number:** The FPN or CERCLA case number assigned to the incident.
- **2. Date:** Report the date costs were incurred.
- **3. Contractor:** Name of contractor. Indicate if supporting documentation is attached.

Subcontractors

Indicate whether subcontractors were hired. If marked Yes, complete the remainder of the subcontractors section and attach copies of the subcontractor's Daily Resource Reports. Subcontractors should complete CG-5136E (1-3) or CG-5136E-EZ forms as applicable.

- **4. CLIN:** The applicable contract line item number.
- **5. Subcontractor's Name:** Name of the subcontractor.
- **6. Cost:** Costs incurred by the subcontractor for this date.
- **7. Admin. Fee:** Fee charged for administering the subcontractor.
- **8. Total Cost:** The sum of subcontractor costs and administration costs.
- **9. Total Cost Of Subcontractors For This Date:** The sum of the amount entered in the Total Cost column.

Materials Used/Other Expenses

- 10. CLIN: The applicable contract line item number.
- 11. **Description:** Description of material or item used or purchased.
- **12.** Units: Units of material or items used (e.g., pads, rolls, feet, etc.).
- 13. Units Used: Units of material or items used or purchased.
- **14.** Unit Cost: Cost per unit.
- **15. Total Cost:** Units used multiplied by the Unit Cost.
- **16.** Total Cost Of Materials Used/Other Expenses For This Date: The sum of the amount entered in the Total Cost column.
- 17. Subcontractor's Name: Name of the subcontractor.
- **18.** Contractor's Certification: Contractor's certification of the validity of the information presented.
- **19. FOSC/Trustee Signature:** Certification by FOSC/Lead Trustee. The FOSC certifies that the items listed were authorized for the date reported. **The FOSC does not certify contract rates or costs.**

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5136E-3 (01-93)

POLLUTION INCIDENT DAILY RESOURCE REPORT

CONTRACTOR/ SUBCONTRACTOR MATERIALS/OTHER EXPENSES Page ____ of ____ (RCN-16451-1)

	FPN/CERCLA	NUMBER		DAT	Έ		_		
	CONTRACTO	PR:		PO/0	CONTRACTOR	NO:			
	If informa National l	ntion described below is documented sepa Pollution Funds Center and the Contraction	rately, in a ng Officer, t	form or fo this form r	rmat previously reviewe leed not be completed	ed and found acceptable b	by the		
	Wer	SU e any subcontractors hired? YES G	BCON NO G			each subcontractor Daily	Reports		
_	CLIN	SUBCONTRACTOR'S NAME			COST	ADMIN FEE	TOTAL COST		
_									
_									
_									
	TOTA	AL COST OF SUBCONTRA	ACTOR	S FOR	THIS DATE:_				
		MATERIAL	S USEI	D/OTH	IER EXPENSE	S			
_	CLIN	DESCRIPTION	UNI	ITS	UNITS USED	UNIT COST	TOTAL COST		
_									
_									
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	CONTRACTO CERTIFICATI			ON SC REVIE		NATOR'S/LEAD	TRUSTEE'S		
	the materials, labor, ec provided by the contra	t is a true and complete record of quipment and subcontractors ctor on the date listed above for ed above for the project number		I certify that inspection and acceptance of the listed items has been made by me or under my supervision, except as noted herein or on supporting documents.					
	Contractor's Authorize	ed Representative	F	FOSC/Lead	1 Trustee				

K. POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136E-4 **CONTRACTOR SHORT FORM.** This can be used in lieu of long forms CG-5136E-(1-3).

How to complete form:

- FPN/CERCLA Number: The FPN or CERCLA case number assigned to the incident.
- **Date:** Report the date costs were incurred. 2.
- **Contractor:** Name of contractor; indicate if supporting documentation is attached.

Contractor Personnel Provide the following information for each individual.

- **CLIN:** The applicable contract line item number.
- Name: First and last names of contractor personnel involved in removal activity.
- Job: What was the employees job (i.e., supervisor, equipment operator, laborer); this may require an abbreviation to
- 7. Hours Employed: The starting and ending times during which personnel were performing removal activities.
- 8. Total Hours: Hours spent performing removal duty.
- 9. **Hourly Rate:** The hourly rate of pay for the personnel.
- 10. Rate Charge: The number of hours multiplied by the hourly rate of pay.
- 11. Per Diem: Per diem costs incurred by the personnel. This assumes a flat rate per diem is authorized by the contract. Otherwise, per diem type costs should be documented as other expenses on the CG-5136E-3 form.
- Total Cost: The sum of the Rate Charge and the Per Diem costs. 12.
- **Total Personnel Costs For This Date:** The sum of the amount entered in the Total column.

Contractor Equipment Provide the following information for each piece of equipment used in removal activities.

- 14. CLIN: The applicable contract line item number.15. Item Description: Description of the equipment u **Item Description:** Description of the equipment used for removal activities.
- **Rate Basis:** The basis used for charging equipment costs (i.e., hourly, daily, weekly). 16.
- **17. Employed From/To:** The period of time the equipment was used.
- 18. Units: The number of units for which the equipment was utilized expressed in terms of the rate basis (i.e., numbers of hours, days, weeks).
- 19. Rate/Unit: The rate charged per unit.
- 20. Rate Charges: The rate per unit multiplied by the number of units.
- 21. Non Rate Charges: Total charges related to the equipment, not charged on a per unit basis (i.e., mileage, fuel, setup/takedown charges).
- **Total Cost:** The sum of the Rate Charge and the Non-Rate Charges.
- 23. Total Equipment Costs For This Date: The sum of the amounts entered in the Total Costs column.

Subcontractors Indicate whether subcontractors were hired. If marked Yes, complete the remainder of the subcontractors section and attach copies of the subcontractor's Daily Resource Reports. Subcontractors should complete CG-5136E (1-4) forms as applicable.

- **24. CLIN:** The applicable contract line item number.
- 25. Subcontractor's Name: Name of the subcontractor.
- **26.** Cost: Costs incurred by the subcontractor for this date.
- 27. **Admin. Fee:** Fee charged for the subcontractors administration.
- **Total Cost:** The sum of subcontractor costs and administration costs.
- Total Cost Of Subcontractors For This Date: The sum of the amount entered in the Total Cost column.

Materials Used/Other Expenses

- 30. CLIN: The applicable contract line item number.31. Description: Description of material or items used or purchased.
- **Unit Desc:** Type of units if not apparent in "description." 32.
- **33. Units Used:** Units of material or items used or purchased.
- 34. Unit Cost: Cost per unit.
- **35. Total Cost:** Units used multiplied by the Unit Cost.
- Total Cost Of Materials Used/Other Expenses For This Date: The sum of the amount entered in the Total Cost 36.
- 37. **Subcontractor's Name:** Name of the subcontractor.
- Contractor's Certification: Contractor's certification of the validity of the information presented.
- FOSC/Trustee Signature: Certification by FOSC/Lead Trustee; the FOSC certifies that the items listed were authorized for the date reported. The FOSC does not certify contract rates or costs.

DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5136E-4 (01-93)

POLLUTION INCIDENT DAILY RESOURCE REPORT

CONTRACTOR SHORT FORM (RCN-16451-1) Page _____ of ____ (RCN-16451-1)

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