

CHAPTER 5 - INCIDENT REPORT AND TRANSMITTAL

- A. The Incident Report serves two purposes: (1) it provides necessary case-related information on the pollution incident, and (2) it serves as a transmittal form to forward the FOSC's Financial Summary Report to the NPFC. The FOSC should prepare and submit this report and appropriate enclosures within 120 days after completion of removal activities.

SUMMARY

Instructions on completing Page 1

1. **Date:** Insert the date report is completed.
2. **From:** Insert the unit's name.
3. **To:** Director, National Pollution Funds Center.
4. **Subj:** Insert the FPN/CPN.

Incident Information

5. **FPN/CPN:** Insert the Federal Project Number or CERCLA Project Number.
6. **MISLE Information:** Enter the "MC" and "MV" numbers.
7. **Date of Incident:** Insert the date the incident occurred, was reported, or discovered.
8. **Date OPA/CERCLA Action Started:** Insert the date unit commenced operations.
9. **Date OPA/CERCLA Actions Completed:** Insert the date unit concluded removal operations.
10. **Location of Incident:** Provide the location of the incident, for example, insert the Saint Lawrence River, off Alexandria Bay, New York.
11. **Material Involved:** Insert the type of oil(s) or hazardous substance(s) discharged or that posed a substantial threat of discharge.
12. **Quantity Discharged:** Insert the amount of oil or hazardous substance discharged (best estimate).
13. **Was There A Substantial Threat:** Check the appropriate block.
14. **Water or Resource Affected:** Enter body of water affected by the discharge.
15. **Primary Unit Contact and phone number:** Insert the name of person designated with the responsibility to complete documentation.

Fund Information

16. **Total Authorized Ceiling:** Insert the dollar amount of the final removal ceiling for this incident.
17. **Total Coast Guard Costs:** Insert the total dollar amount of all Coast Guard costs.
18. **Total Contractor Costs:** Insert the total dollar amount of all contractor costs.
19. **Total OGA Costs:** Insert the total dollar amount of all other government agencies' costs.

Source Designation

20. **Has Source Been Identified:** Check the appropriate block.
21. **Has Source Been Designated:** Check the appropriate block.

Signature Block

22. **Submitted By:** Signature of person completing report.
23. **Approved By:** Signature of Federal On-Scene Coordinator or his designated representative.

Enclosures

24. **Complete as appropriate:** List all other applicable enclosures attached to the report.

Date: _____

From: _____

To: Director, National Pollution Funds Center

Subj: Forwarding of Financial Summary Report for FPN/CPN: _____

Incident Information:

Federal Project No. / CERCLA Case No.: _____

MISLE Info: MC _____ ; MV _____

Date of Incident: _____ Date OPA/CERCLA Actions started: _____

Date OPA/CERCLA Actions completed: _____

Location of Incident: _____

Material Involved: _____ Quantity Discharged: _____

Was there a Substantial Threat? Yes No

Water or Resource Affected: _____

(Primary Unit Contact) _____ (Telephone No) _____

Fund Information

Total Authorized Ceiling: \$ _____

Total Coast Guard Costs: \$ _____

Total Contractor Costs: \$ _____

Total OGA Costs: \$ _____

Source Designation Information

Has source been identified? Yes No If Yes, attach "Page 2 Source Information"

Has source been designated? Yes No

FOSC's Approval

Submitted By: _____

Approved By: _____

(FOSC's Signature or Designated Rep)

Enclosures:

- Incident Report (Page 2)
- _____
- _____
- _____
- _____
- _____
- _____
- _____

B. HOW TO COMPLETE PAGE 2 - SOURCE INFORMATION

1. **Identification - Vessel.** Complete this section when the source of the discharge is a vessel.
Vessel Name: Insert the name of the vessel involved in an incident.
Flag/Nationality: Insert the legal flag of the vessel involved.
Official Number/Call Sign/State Number: Insert the official number, call sign, or the state number of a vessel involved in an incident.
Gross Tons: Insert the gross tonnage of a vessel (if applicable).
Home Port: Insert the official home port of the vessel.
Type Of Vessel: Insert the type of vessel (e.g., fishing vessel, tank vessel, freight vessel, or pleasure craft).
Master's Name: Insert the name of the master of the vessel, or on smaller vessels, the name of the person operating the vessel (if applicable).
Designated As A Source: If the vessel has been designated as a source with notification given to the appropriate responsible parties, check yes.
U.S. Agent: For commercial vessels, having an agent in port, insert the name of the agency.
Address: Insert the address of the local agent.
Contact: Insert the name of the contact at the U.S. agency office.
2. **Identification - Facility.** Complete this section when the source of the discharge is a facility.
Facility Name: Insert the complete legal name for the facility (e.g., ABC Facility at Bayway, N.J.).
Facility Address: Insert the mailing street address of the facility .
Type Of Facility: Insert the type of facility (i.e., tank storage, tank truck, gas station, or private home).
Designated As Source: Check the appropriate block.
3. **Responsible Parties.** (Owner, Operator, Insurance Company, and Other Parties may have entries in each of the categories listed below)
Company Name: Insert the name of the company that owns, operates, or insures the facility or vessel. If the owner is a private individual, insert their name.
Company Address: Insert the address of record for the owner, operator, or insurer; try to obtain street address.
Contact Name: Insert the name of the person at the company with whom you have made contact.
Contact Phone Number: Insert the contact person's phone number.
Notified Of Designation: If the owner, operator, or insurer was notified that the designation of his facility or vessel is a source, check yes.
Date Notified: Insert the date of the letter providing notification.
Accepted Designation: If the owner, operator, or insurer formally accepted designation as a source, check yes. If the owner either rejected designation, or simply did not reply to designation, check no.
Rejected Designation: If the owner, operator, or insurer formally rejected designation as a source, check yes. If the owner either accepted designation or simply did not reply to designation, check no.
Advertised: If the owner, operator, or insurer advertised in accordance with instructions given to him in the designation letter, check yes. If the owner did not advertise, or if the advertisement was not in accordance with the instructions given, check no. Provide a copy of advertisement.

Identification - Vessels

Vessel Name _____	Flag / Nationality _____
Official Number/ Call Sign / State Number _____	Gross Tons _____
Home Port _____	Type of Vessel _____
Masters Name _____	Designated as Source? <input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Agent _____	
Address _____	
Contact _____	
Phone _____	

Identification - Facility

Facility Name: _____
Facility Address: _____
Type of Facility: _____ Designated as Source? <input type="checkbox"/> Yes <input type="checkbox"/> No

Responsible Parties

Owner	Insurance Company
Company Name _____	Company Name _____
Company Address _____	Company Address _____
Contact Name _____	Contact Name _____
Contact Phone _____	Contact Phone _____
Notified of Designation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notified of Designation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Notified _____	Date Notified _____
Accepted Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accepted Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rejected Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rejected Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____
Operator	Other
Company Name _____	Company Name _____
Company Address _____	Company Address _____
Contact Name _____	Contact Name _____
Contact Phone _____	Contact Phone _____
Notified of Designation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Notified of Designation: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Notified _____	Date Notified _____
Accepted Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Accepted Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Rejected Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Rejected Designation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No	Advertised? <input type="checkbox"/> Yes <input type="checkbox"/> No

Attach Copies of all designation letters and any other related correspondence

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C. HOW TO COMPLETE PAGE 3 - CONTRACTORS

1. Complete one page for each contractor involved in the pollution incident. Attach copy of certified contractor's invoice.
 - a. **Company:** List the name of the company that was hired to assist and operate in removal activities under the direction of the FOSC.
 - b. **Address:** List the formal address of the company.
 - c. **Contact:** Provide the name of the person with whom the FOSC or staff dealt with on-scene.
 - d. **Telephone:** Provide the contact person's telephone number.
 - e. **Authorized Ceiling Amount:** Provide the total ceiling amount the FOSC authorized for the contractor's activity.
 - f. **Contract Number:** This is the purchase order number (DCN) assigned for the specific job under a BOA Contract (i.e. 24/94/84/4/H/XN/024). It is not the BOA contract number.
 - g. **Primary Function:** Provide a brief description of the activities this contractor provided. For example: "conducted general cleanup operations." An example of one that might be somewhat different would be "provided disposal services in accordance with RCRA." This section does not need to be completed for subcontractors, only for primary contractors.

List Contractors that
assisted in Removal Operations
under the direction of the PreDesignated Federal On-Scene Coordinator.
Duplicate and enumerate for multiple contractors.

Company:	_____
Address:	_____ _____
Contact:	
Telephone:	_____
Authorized Ceiling Amount:	_____
Contract No:	_____
	Attach copy of Certified Contractor's Invoice(s)
Primary Function	_____ _____ _____ _____

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D. HOW TO COMPLETE PAGE 4 - OTHER GOVERNMENT AGENCIES

1. Complete one page for each agency involved in the pollution incident. Attach copies of all Pollution Removal Funding Authorizations.
 - a. **Agency:** Provide the name of the agencies involved. For example, U.S. Coast Guard; U.S. Environmental Protection Agency; Commonwealth of Massachusetts, Department of Environmental Protection, etc.
 - b. **Unit:** Provide the particular part or subunit that was involved in the operations. For example, Station Alexandria, Region III Emergency Response Team, Bayonne State Response Unit, etc.
 - c. **Address:** Provide the address of the unit responding.
 - d. **Contact:** Provide the name of the person with whom the FOSC or his staff dealt with at that agency.
 - e. **Telephone:** Provide the telephone number of the contact.
 - f. **Authorized Ceiling Amount:** Insert the total ceiling authorized to this agency for its activities in removal.
 - g. **Comments:** Provide explanatory comments, as necessary, so that the case team and subsequent parties involved understand the relationship of this agency to the removal effort.

List Government Agencies that
assisted in Removal Operations
under the direction of the PreDesignated Federal On-Scene-Coordinator.
Duplicate and enumerate for multiple government agencies.

Agency	_____
Unit:	_____
Address:	_____ _____ _____
Contact:	_____
Telephone:	_____
Authorized Ceiling Amount:	_____
	Attach copy of Certified Cost Documentation (PRFAs, etc.)
Comments:	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

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