

	1. Incident Name	2. Date Prepared	3. Time Prepared
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Unsecured		
_____		
_____		
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	LAST 24 HOURS	TOTAL
Volume Spilled		
Recovered Liquids		
Evaporation		
Dispersion		
Burned		
Floating, Contained		
Floating, Uncontained		
Onshore		

4. Operational Period (Date/Time)			
	Number Assigned at Incident	Number Available	Number Out-of- Service
TYPE			
Heavy Equipment			
Pressure Washers			
Vacuum Trucks			
Bioremediation Units			
Containment Boom (ft.)			
Sorbent/Snare Boom (ft.)			
Stationary Skimmers			
Vessels			

TYPE	RECOVERED	STORED	DISPOSED OF
Oil (bbl)			
Oily Liquids (bbl)			
Liquids (bbl)			
Oily Solids (tons)			
Solids (tons)			

	Number Assigned at Incident	Number Available	Number Out-of- Service
TYPE			
Oil Spill Resp. Vessels			
Fishing Vessels			
Other Vessels			
Landing Craft			
Barges			
Tugs			
Helicopters			
Fixed Wing			
Stationary Skimmers			
Containment Boom (ft.)			
Sorbents (ft.)			
Others			

Degree of Oiling	Miles Affected	Miles Cleaned	Miles Remaining To Be Cleaned
Light			
Medium			
Heavy			
Total			

Organization 1	Number of People	Organization	Number of People
Federal			
State			
RP			
Others			
Total Response Personnel from All Organizations			

TYPE	Captured	Cleaned	Released	DOA	Died in Facility
					Euthanized Other Cause
Birds					
Mammals					
Reptiles					
Fish					
Other					
Total					

TYPE	LAST 24 HOURS	TOTAL
Responder Injury		
Public Injury		
Other		

