



WASHINGTON STATE
 Department of Ecology
 Spill Prevention, Preparedness, and Response Program
 Prevention Section
 P.O. Box 47600
 Olympia, WA 98504-7600, Office Phone: (360) 407-7455, Fax: (360) 407-7288 or toll free 1-800-664-9184

Event Report Form

VESSEL INFORMATION:

Name: _____ (Both names if tug and barge.) Vessel Location: _____
 IMO/Lloyd's No: _____ (Official number if no IMO/Lloyd's) Latitude/Longitude: _____
 Type of Event/Casualty: _____ Date/Time of Event: _____

WEATHER CONDITIONS:

<u>Weather</u>	<u>Visibility</u>	<u>Wind</u>	
<input type="checkbox"/> Clear	<input type="checkbox"/> 0 - 1/2 mile	N	
<input type="checkbox"/> Partly Cloudy	<input type="checkbox"/> 1/2 - 1 mile	NW	NE
<input type="checkbox"/> Cloudy	<input type="checkbox"/> 1 - 5 miles	W	E
<input type="checkbox"/> Fog	<input type="checkbox"/> 5+ miles	SW	SE
<input type="checkbox"/> Rain		S	
<input type="checkbox"/> Snow		Variable	
<input type="checkbox"/> Storm		Wind Speed _____ kts	
<input type="checkbox"/> Other: _____			

TIDAL CONDITIONS:

<u>Tide</u>	<u>Current</u>
<input type="checkbox"/> Extreme High	<input type="checkbox"/> Max Ebb
<input type="checkbox"/> Extreme Low	<input type="checkbox"/> Ebb
<input type="checkbox"/> High	<input type="checkbox"/> Min Ebb
<input type="checkbox"/> Low	<input type="checkbox"/> Slack
<input type="checkbox"/> Stand	<input type="checkbox"/> Min Flood
	<input type="checkbox"/> Flood
	<input type="checkbox"/> Max Flood
	<input type="checkbox"/> River
	Current Speed _____ kts

VESSEL ACTIVITY IN PROGRESS AT TIME OF EVENT:

<input type="checkbox"/> Bunkering	<input type="checkbox"/> C.O.W./Tank Cleaning	<input type="checkbox"/> Docking
<input type="checkbox"/> Loading Cargo (PETROLEUM)	<input type="checkbox"/> Discharging Cargo (PETROLEUM)	<input type="checkbox"/> Undocking
<input type="checkbox"/> Lightering To: _____	<input type="checkbox"/> Lightering From: _____	<input type="checkbox"/> Underway
<input type="checkbox"/> Internal Transfer	<input type="checkbox"/> Bilge Pumping	<input type="checkbox"/> Awaiting Berth
<input type="checkbox"/> Ballasting/De-Ballasting	<input type="checkbox"/> Underway Maintenance/Operations	<input type="checkbox"/> Other
<input type="checkbox"/> Loading Lube/Hydraulic Oil	<input type="checkbox"/> In Port Maintenance/Operations	<input type="checkbox"/> Unknown

IDENTITY OF ANY FACILITIES AND/OR OTHER VESSELS INVOLVED:

OIL SPILL INFORMATION (if applicable):

Type of Oil: Gasoline Diesel Amount Spilled: _____ (SPECIFY UNITS: GALLONS, LITERS)
 Hydraulic Bunker
 Crude Lube Amount Recovered: _____ (ESTIMATE QUANTITY-SPECIFY UNITS: GALLONS, LITERS)
 Asphalt/Creosote Other Oil Product:
 Kerosene

AGENCIES TO WHICH SPILLS MUST BE REPORTED:

<input type="checkbox"/> USCG/National Response Center 800-424-8802 OR 202-267-2675	<input type="checkbox"/> Oregon Emergency Management (Columbia River) 800-452-0311 OR 503-378-6377
<input type="checkbox"/> Washington Emergency Management Division 800-258-5990 OR 253-912-4904	<input type="checkbox"/> WSMC (Puget Sound) or MFSA (Columbia River) 206-448-7557 503-220-2055

CAUSES AND CONTRIBUTING FACTORS - NARRATIVE & DISCUSSION (For additional comments, use page 3 supplement.)

Brief analysis of any known causes and contributing factors for each event that considers, at a minimum, human error, equipment or technology failure, and maintenance or inspection deficiencies.

PREVENTION MEASURES (For additional comments, use page 4 supplement.)

Description of measures taken to prevent a recurrence of each event, including changes to the operating or maintenance procedures, personnel policies, vessel crew and organization, or the vessel's technology. (For additional comments, use page 3 supplement.)

Name of Person Reporting: _____
Company: _____ Date: _____

*NOTE: The information provided in this report will be entered into the Department of Ecology Spill Prevention, Preparedness, and Response Program **Marine Information System (MIS)** where it will be analyzed for causes and contributing factors relating to vessel casualties.*

CAUSES AND CONTRIBUTING FACTORS - NARRATIVE & DISCUSSION (supplement)

Brief analysis of any known causes and contributing factors for each event that considers, at a minimum, human error, equipment or technology failure, and maintenance or inspection deficiencies.

PREVENTION MEASURES (supplement)

Description of measures taken to prevent a recurrence of each event, including changes to the operating or maintenance procedures, personnel policies, vessel crew and organization, or the vessel's technology.

Name of Person Reporting: _____

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