



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) 407-6042 or toll free 1-800-664-9184

# RATE A DELIVERERS - BOOM REPORTING FORM

Rate A deliverers (>500 gpm transfer rate) must complete and submit Ecology's *Boom Reporting Form* when it is not safe and/or effective to pre-boom, or when conditions develop during a pre-boomed transfer that requires removal of the boom. The completed form must be submitted prior to the transfer or immediately if conditions change requiring boom removal.

**Submit completed form by fax to 1-800-664-9184 or 360-407-6042 or by e-mail to [OilTransferNotifications@ecy.wa.gov](mailto:OilTransferNotifications@ecy.wa.gov)**  
**For more information about pre-booming requirements call the office phone number listed above.**

## Part I: Delivering Owner or Operator Information

Delivering company name: \_\_\_\_\_

Delivering facility name (if different from above) or vessel name: \_\_\_\_\_

Transfer location - address and city: \_\_\_\_\_

Person making report: \_\_\_\_\_ Phone number: ( \_\_\_\_\_ ) \_\_\_\_\_ --- \_\_\_\_\_

**Advance Notice of Transfer (ANT) number:** \_\_\_\_\_

## Part II: Receiving Party Information

Facility or vessel name: \_\_\_\_\_

## Part III: Environmental and Safety Conditions Summary

Indicate and describe the environmental and/or safety condition(s) that exceeds the thresholds found in the company's approved Safe and Effective Threshold Determination Report.

|                                 |   |
|---------------------------------|---|
| Significant wave height (feet): | Sustained winds (knots) of 5 minutes duration or more and wind direction: |
|                                 |   |
| Current velocity (knots):       | Personnel safety (describe condition):                                    |
|                                 |   |

Other factors involved that exceed S&E thresholds or safety conditions - describe events and/or conditions:

## Part IV: Certification of Accuracy

I submit that the information contained in this form is true and complete to the best of my knowledge.

\_\_\_\_\_  
 Signature of delivering facility or vessel PIC                      Date                      Title (if applicable)