

APPENDIX B

U.S. Department of the Interior
Minerals Management Service

OMB Control Number: 1010-XXXX
OMB Approval Expires xxxxxxxx xx, xxxx

Report of OCS Incident Immediate and 12 Hour

Section 1.

<p><i>Identify which report is being submitted (Select one):</i></p> <p>IMMEDIATE REPORTING CATEGORY: 12-HOUR REPORTING CATEGORY:</p> <p><input type="checkbox"/> Follow-up Report (<i>Submit within 5 days</i>) <input type="checkbox"/> Initial Report (<i>Submit within 12 hours</i>)</p> <p><input type="checkbox"/> Final Report (<i>Submit within 60 days</i>) <input type="checkbox"/> Follow-up Report (<i>Submit within 5 days</i>)</p>	<p><i>List any attached documents being submitted with this form:</i></p> <p>CG-2692 <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>Others: _____</p> <p>_____</p>
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Section 2.

<p>1. Date (mm/dd/yyyy): Time (Local):</p> <p>(Same as included in CG-2692, item # 14, 15)</p>	<p>2. Area/Block/Lease (Surface Location):</p>	<p>3. Distance from shore: _____ miles</p>	<p>4. Water Depth at location: _____ feet</p>
<p>5. Name of Vessel or Facility (Same as included in CG-2692, item #1):</p>	<p>6. Type of Facility named in item #5 (Select one):</p> <p><input type="checkbox"/> Fixed <input type="checkbox"/> Floating</p> <p><input type="checkbox"/> MODU <input type="checkbox"/> Vessel</p>	<p>7. Rig Name (If different than item #5):</p>	<p>8. Pipeline Segment No. (if known; if not known, locate pipeline by departing and arriving facility):</p>
<p>9. Operating Company (Same as identified in CG-2692, item #18):</p>	<p>10. Affiliation of Person in Charge (As identified in CG-2692, item #19):</p> <p><input type="checkbox"/> Employed by Operator</p> <p><input type="checkbox"/> Employed by Contractor</p>	<p>11. Name of Company for Person in Charge (If contractor checked in item #10):</p>	<p>12. If incident involved a helicopter, provide the name of the Helicopter Company:</p> <p>_____</p>

Section 3.

<p>13. Does a contracting company operate the facility on behalf of the operator?</p> <p><input type="checkbox"/> Y <input type="checkbox"/> N</p>	<p>14. If Yes in item #13, identify the contracting company (Name, city, state, telephone):</p>	<p>15. Name of other contractor companies involved in the incident (Name, city, state and type of contractor):</p>	
<p>16. Overall operation at time of incident (Select any that apply):</p> <p><input type="checkbox"/> Production <input type="checkbox"/> Drilling</p> <p><input type="checkbox"/> Workover <input type="checkbox"/> Completion</p> <p><input type="checkbox"/> Pipeline <input type="checkbox"/> Vessel</p> <p><input type="checkbox"/> Other _____</p>	<p>17. Specific operation at time of incident (Welding, crane operations, painting, etc):</p>	<p>18. Did incident involve a release of H₂S? <input type="checkbox"/> Y <input type="checkbox"/> N</p> <p>If Yes, what was the 15-minute time-weighted average atmospheric concentration of H₂S? _____ ppm</p>	<p>19. If incident involved injuries, how many of these involved a Lost Workday? _____</p> <p>If incident involved a fatality, was the fatality a result of natural causes? <input type="checkbox"/> Y <input type="checkbox"/> N</p>
<p>20. Duration of Incident:</p> <p>_____ Seconds</p> <p>_____ Minutes</p> <p>_____ Hours</p> <p>_____ Days</p>	<p>21. If a facility was involved, was it evacuated?</p> <p><input type="checkbox"/> Completely</p> <p><input type="checkbox"/> Partially</p> <p><input type="checkbox"/> Not at all</p>	<p>22. Spilled Product (Select one):</p> <p><input type="checkbox"/> None <input type="checkbox"/> Oil</p> <p><input type="checkbox"/> Diesel <input type="checkbox"/> Condensate</p> <p><input type="checkbox"/> Hydraulic fluid</p> <p><input type="checkbox"/> Other _____</p>	<p>23. Volume Spilled (Indicate total volume/hydrocarbon volume):</p> <p>_____/ _____ None</p> <p>_____/ _____ Gals</p> <p>_____/ _____ Bbls</p> <p>_____/ _____ Other _____</p>
<p>24. Slick Size (Indicate slick size and circle yards or miles as appropriate):</p> <p>_____ yards / miles by _____</p> <p>_____ yards / miles</p>	<p>25. Source of spill product released:</p>	<p>26. Slick Appearance (Select one):</p> <p><input type="checkbox"/> Barely visible</p> <p><input type="checkbox"/> Brown sheen <input type="checkbox"/> Rainbow Sheen <input type="checkbox"/> Silvery Sheen</p> <p><input type="checkbox"/> Yellowish Brown <input type="checkbox"/> Light Brown <input type="checkbox"/> Dark Brown</p> <p><input type="checkbox"/> Light Black <input type="checkbox"/> Dark Black</p>	