

27. Describe remedial action taken:	28. Was clean-up activated? ___ Y ___ N If Yes, what was the estimated response time? (From time of spill until equipment reached the site): _____	29. Type of clean-up equipment used: ___ Skimmer ___ Containment Boom ___ Absorption Equipment ___ Dispersants ___ Other _____	30. Estimated recovery (Indicate volume of hydrocarbon only): _____ gals _____ bbls
31. Property Damage (Describe all property damaged and the nature of that damage for each OCS facility and vessel involved in the incident):		32. Property Damage Amount (List the dollar amount of damage for each OCS facility and vessel involved in the incident):	

Section 4.

Additional Information for Fires and Explosions			
33. What precautions or actions were taken to isolate known sources of ignition prior to the incident?	34. Source(s) of Ignition: Source(s) of Fuel: _____	35. Type of Fuel (Select one or more): ___ Gas ___ Oil ___ Diesel ___ Condensate ___ Hydraulic ___ Other (specify): _____	36. Type of Firefighting Equipment utilized: ___ None ___ Handheld ___ Wheeled Unit ___ Fixed Chemical ___ Water Spray ___ Other (specify): _____
Additional Information for Collisions			
37. If incident involved an OCS facility, is it manned 24 hours per day? ___ Y ___ N Was it manned at the time of the collision? ___ Y ___ N	38. Were the Navigational Aids working properly? ___ Y ___ N Were they in use at the time of the collision? ___ Y ___ N	39. Was the collision within .5 miles of: ___ Vessel traffic fairway ___ Lightering operation area? ___ Y ___ N	40. If Yes in item #34, did the proximity to one of these areas possibly contribute to the incident? ___ Y ___ N
Additional Information for Loss of Well Control			
41. Well Name: _____ Well Number (API No.): _____ Lease Number (Bottom hole location, if different than item #2): _____	42. Primary operation ongoing at time of Loss of Well Control (Select one): ___ Drilling ___ Completion ___ Workover ___ Production Were simultaneous operations in progress at the time of the Loss of Well Control? ___ Y ___ N	43. Fluid Type in hole: ___ Condensate ___ Gas and condensate ___ Oil Base Mud ___ Water Base Mud ___ Diesel ___ Seawater ___ Cement ___ Completion Fluid ___ Other _____ Fluid Weight: _____ ppg	
44. BOP Stack Configuration (List components):	45. BOP Size: _____ inches BOP Pressure Rating: _____ psi	46. Date of last BOP test prior to incident: _____ Pressure of last BOP test prior to incident: _____ psi	
47. Well Control Equipment initially activated (Select one): ___ Annular BOP ___ Pipe ___ SCSSV ___ SSV ___ Blind ___ Blind Shear ___ Other _____	48. If incident occurred during drilling: Type of Diverter Installed: ___ Single Spool ___ Dual Spool ___ None Diverter System Valve Size: _____ inches Line Size: _____ inches Was well diverted? ___ Y ___ N	49. If incident occurred during workover, completion, or production: Type of SSSV: Was the tree: ___ On ___ Off Was surface safety equipment in service? ___ Y ___ N	50. If incident occurred during or after cementing: What was the proper waiting on cement time? _____ hours Was it achieved? ___ Y ___ N Was casing reciprocated? ___ Y ___ N Was casing centralized? ___ Y ___ N