

U.S. Department of the Interior
Minerals Management Service

APPENDIX C

OMB Control Number: 1010-XXXX
OMB Approval Expires XXXXXXXX XX, XXXX

Report of OCS Incident 15 Day

1. This form is to be used for reporting incidents that fall into the 15-day reporting category as defined in 30 CFR 250.189(b). This includes:
 - Incidents not reported under 30 CFR 250.188 or 30 CFR 250.189(a) that result in lost workdays to one person.
 - All fires not reported under 30 CFR 250.188 or 30 CFR 250.189(a), excluding those completely contained in the living quarters.
 - Gas leaks as defined in 30 CFR 250.105.
 - All non-weather related incidents when personnel muster for evacuation.
2. Additional procedures for reporting incidents under this section can be found in § 250.190.
3. Provide information for all questions. You may indicate "N/A" for not applicable or "none" as appropriate.
4. This report must be submitted within 15 days of the incident.

1. Date (mm/dd/yyyy): Time (Local):	2. Area/Block/Lease (Surface Location):	3. Facility Name:	4. Rig Name (If different than item #3):
5. Pipeline Segment No. (If known; if not known, locate pipeline by departing and arriving facility):	6. Operating Company:	7. Person in Charge at Time of Incident (Name, company, address, telephone):	
8. Type of Incident: ___ Fire ___ Gas Leak ___ Muster for Evacuation ___ Injury Involving Lost ___ Workday	9. If Incident Involved a Muster for Evacuation, Was the Facility Subsequently Evacuated? ___ Y ___ N	11. Property Damage Amount (Total dollar amount resulting from the incident):	12. Person making report (Name, company, telephone):
13. Briefly, describe how the incident occurred (Include the nature of injuries and property damage):			

Signature of person submitting form

Date form is submitted

PAPERWORK REDUCTION ACT OF 1995 (PRA) STATEMENT: The PRA (44 U.S.C. 3501 et. seq.) requires us to inform you that we collect this information to obtain knowledge of equipment, procedures, and circumstances involved in OCS incidents. MMS uses the information to identify OCS incident causes and trends in order to improve safety on the OCS through regulation, performance standards, research, cooperative initiatives with industry, and publication of incident information. Responses are mandatory (43 U.S.C. 1334). Proprietary data are covered under 30 CFR 250.19b. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 85 minutes per response, including time for reviewing instructions, gathering data, and completing and reviewing the form. Direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Minerals Management Service, Mail Stop 4230, 1849 C Street, N.W., Washington, D.C. 20240.

MMS Form MMS-143 (Month Year)