

_OPS DIRECTOR

_GROUP PAGE

___LOGISTICS

___RMG REP (954-764-8700)

INITIAL SPILL REPORT & "1 CALL REPORTING"

DRILL OR ACTUAL	C (CIRCLE ONE) NRC CONTROL #:
	DUTY OFFICER:
*NAME OF CALLER:	*POSITION/TITLE:
*PHONE:	* FAX:
QI: NAME/PHONE:	FAX:
	CASUALTY DESCRIPTION
*VESSEL OR ASSET NAME:	
OWNER/OPERATOR:	
*LOCATION (ADDRESS, BLOCK	X OR LAT/LONG):
*NATURE OF INCIDENT:	
DATE/TIME INCIDENT OCCURI	RED:
*CARGO TYPE:	**AMOUNT ONBOARD:AMOUNT SPILLED:
HAS SPILL BEEN STOPPED?	
WHAT IS APPROXIMATE SPILL	RATE?
WHAT IS APPARENT SIZE & DI	RECTION OF THE SLICK?
ADDITIONAL INFORMATION:_	
*WHAT SPECIFIC ASSISTANCE EMERGENCY LIGHTERING?):	E OR SERVICES DO YOU REQUIRE (SPILL RESPONSE, FIREFIGHTING, SALVAGE,
· ·	
I will be sending you an Autho or email iocdo@nrcc.com.	C AUTHORIZATION TO PROCEED?" YES NO rization to Proceed form. Please sign, date and return fax to NRC at 631-224-9086 a response based on your verbal authorization. Is that acceptable? Yes / No
	NOTIFICATION TIMES
PRESIDENT	VP OPS & MARINEREGIONAL MGR

___FINANCE

____AWAY TEAM

SUPPLEMENTAL INFORMATION		
CURRENT CONDITION OF VESSEL/RIG/FACILITY?		
# POB? INJURIES?		
IS THERE HAZMAT INVOLVED? YES NO MATERIALS:		
CAN AN MSDS BE PROVIDED ASAP? YES NO		
*CURRENT WEATHER CONDITIONS (IF KNOWN): WINDSEASSKIES		
TEMPADDITIONAL:		
WHAT ASSISTANCE IS CURRENTLY ON SITE OR ENROUTE? ETA?		
OTHER VESSEL INVOLVED? ITS STATUS? OWNERS?		
WILL YOU REQUIRE COMMUNICATIONS COORDINATION ON SITE (MCCU)? YES NO		
*VESSELS COMMUNICATION INFO: PHONE:*FAX:*VHF:		
*NAME OF VESSEL MASTER:		
*VESSEL'S LOCAL AGENT:*PHONE:		
DITIONAL INFORMATION:		

NRC FORM # IS - 400NO Rev. 3