

ANNEX D

POST-STORM DAMAGE SURVEY REPORT

ANNEX D is a post-incident survey form to be completed by managers of commercial port infrastructure, including regulated facilities and bridges to document any damage that may prevent the facility or infrastructure from operating. This also provides the infrastructure managers the ability to communicate important information such as critical cargoes anticipated to arrive, resources required for recovery, critical inventory levels, or alternative procedures that may be requested to initiate operations.

To report damage you may complete and forward this form to the Incident Command via:

- 1) To download .pdf form please visit:
<http://www.uscg.mil/d7/sectJacksonville/Planning/MtruForm.asp>
- 2) Call Sector Jacksonville IMT Watch at (904) 714-7500 ext. 7667

- Individual submitting this report: _____
- Company: _____
- Phone #'s (work) _____ (Cell) _____ (Other) _____
 - E-mail: _____
 - Fax: _____
- Date and Time of Report: _____

This report concerns a: (Check one and select appropriate page)

- _____ Facility
- _____ Bridge
- _____ Vessel (Commercial, oceangoing, +500 GT ships and barges)

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FACILITY

- Name of Facility: _____
- Location of Facility: _____
- Facility in full compliance with Facility Security Plan: **Yes:** _____ **No:** _____
(If no, explain below):

- Name of Facility Security Officer: _____ 24-hr Phone # _____
- Current Operational Capability of Facility:
Full: _____ Partial*: _____ Not Operational*: _____ **(check one)**
*(Estimate a date of return to full operational status.) _____

- Description of damage (if any):

- Number of berths at facility: _____
- Facility handles CDC: Yes: _____ No: _____
 - If Yes, List any CDC on board the facility or any vessel moored at the facility:

- Name of Vessels of at least 500 gross tons moored at the Facility

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VESSEL

(Note: This form does not take the place of Coast Guard Form 2692 (Report of Marine Casualty, Injury, Death))

- Name of Vessel: _____
- Official # or IMO #: _____
- Type of Vessel: _____ Gross Tonnage: _____
- Name of Master: _____ 24-hour Phone # _____
- Location of Vessel: _____
- Vessel in full compliance with Vessel Security Plan (if required):
Yes: _____ No: _____ Not Required: _____

(If no, explain below):

- Name of Vessel Security Officer: _____ 24-hr Phone # _____
- Current Operational Capability of Vessel:
Full: _____ Partial*: _____ Not Operational*: _____ **(check one)**
*(Estimate a date of return to full operational status.) _____

- Description of damage (if any):

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BRIDGE

- Name of Bridge: _____
- Location: _____
- Type of Bridge: Fixed _____ Draw: _____ Bascule: _____
- Bridge Use: Vehicle: _____ Rail: _____
- Bridge Owner/Manager: _____
- 24-hour Phone # _____
- Current Operation
- Fully Available*: _____ Partially Available*: _____ Not Available *: _____

Check One

*(Estimate a date of return to full operational status.) _____

- Description of damage (if any):
