

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) Visit www.homeport.uscg.mil/jacksonville and select the facility information link under Response or visit:
<http://www.uscg.mil/d7/sectJacksonville/Planning/MtruForm.asp>
- 2) Call Sector Jacksonville Waterways Branch at (904) 564-7712
- 3) Complete and fax this form to the COTP Jacksonville at (904) 564-7519

- Individual submitting this report: _____
- Printed Name: _____
- 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, +200 GT ships and barges)
- _____ Body of Water
- _____ Aid to Navigation

VERSION DATE	V_12.0 MAY2015	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-1
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ANNEX D

COAST GUARD USE ONLY: _____

_____ Facility/Vessel authorized to commence regulated activities w/o restrictions

_____ Facility/Vessel authorized to commence regulated activities subject to the following restrictions: _____

_____ Facility/Vessel not authorized to conduct regulated activities: **Explanation:** _____

COTP or Designated Official

Date/Time

VERSION DATE	V_12.0 MAY2015	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-2
--------------	-------------------	---------------------------------	-----------------------	-------------------------	-------------------	----------------------------	------	-----

ANNEX D

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

VERSION DATE	V_12.0 MAY2015	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-3
-----------------	-------------------	---------------------------------	--------------------------	----------------------------	----------------------	----------------------------	------	-----

ANNEX D

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):

VERSION DATE	V_12.0 MAY2015	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-4
--------------	-------------------	---------------------------------	--------------------------	----------------------------	----------------------	----------------------------	------	-----

ANNEX D

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):

VERSION DATE	V_12.0 MAY2015	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-5
-----------------	-------------------	---------------------------------	--------------------------	----------------------------	----------------------	----------------------------	------	-----

ANNEX D

BODY OF WATER:

- Name of water body: (e.g. Trout River, Banana River, etc.) _____
- Location: _____ (i.e. Lat and Long (if known))
- Environmental Damage: _____ Channel Obstruction: _____ Other: _____

Description: _____

VERSION DATE	V_12.0 MAY2015	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-6
--------------	-------------------	---------------------------------	-----------------------	-------------------------	-------------------	----------------------------	------	-----

ANNEX D

AID TO NAVIGATION:

- Name of Aid (if known): _____
- Federally Maintained Aid: _____ Private Aid: _____
- If Privately Owned:
Name: _____
Contact #: _____
- Location of Aid: _____
- Type of Aid: **Buoy** _____ **Day Marker** _____ **Range** _____
- Light List #: _____
- Type of damage:
 - : _____ Destroyed
 - _____ Missing:
 - _____ Damage
 - : _____ Off-Station
 - _____ Not watching properly

Description of Damage:

VERSION DATE	V_12.0 MAY2015	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-7
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VERSION DATE	V_11.0 MAY2014	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-8
-----------------	-------------------	---------------------------------	--------------------------	----------------------------	----------------------	----------------------------	------	-----

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

- 1) Visit www.homeport.uscg.mil/jacksonville and select the damage assessment form or visit <http://www.uscg.mil/d7/sectJacksonville/Planning/MtruForm.asp>
- 2) Call Sector Jacksonville Waterways Branch at (904) 564-7712
- 3) Complete and fax this form to the COTP Jacksonville at (904) 564-7519

- Individual submitting this report: John Stevens
- Printed Name: John Stevens
- Company: ABC Shipping
- Phone #'s (work) (904) 555-1212 (Cell) _____ (Other) _____
 - E-mail: jstevens@abcshipping.net
 - Fax: _____
- Date and Time of Report: July 4, 2013

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

- Facility
- _____ Bridge
- _____ Vessel (Commercial, oceangoing, +200 GT ships and barges)
- _____ Body of Water
- _____ Aid to Navigation

VERSION DATE	V_12.0 MAY2015	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-1
-----------------	-------------------	---------------------------------	--------------------------	----------------------------	----------------------	----------------------------	------	-----

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EXAMPLE

VERSION DATE	V_12.0 MAY2015	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-2
--------------	-------------------	---------------------------------	-----------------------	-------------------------	-------------------	----------------------------	------	-----

ANNEX D

FACILITY:

- Name of Facility: ABC Shipping
- Location of Facility: 1234 Oak St. Jax, FL 32203
- Facility in full compliance with Facility Security Plan: **Yes:** _____ **No:** _____
(If no, explain below):
Approx 250' of Fencing is down. Video camera system damaged by water intrusion. Lighting tower on east side of facility damaged. Anticipate 72 hours until full compliance.
- 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.) July 10, 2013
- Description of damage (if any):
See above note for damages. Additional damage includes loss of power to 1/2 of facility. Shore services to vessels interrupted. No ability to provide phone/cable hookup for vessel use.
- Number of berths at facility: 6
- 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
M/V FREEDOM (Ro-Ro) M/V FAREAST (Container vessel)

VERSION DATE	V_12.0 MAY2015	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-3
--------------	-------------------	---------------------------------	-----------------------	-------------------------	-------------------	----------------------------	------	-----

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- 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)
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- Description of damage (if any):

VERSION DATE	V_12.0 MAY2015	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-4
--------------	-------------------	---------------------------------	-----------------------	-------------------------	-------------------	----------------------------	------	-----

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- 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):

VERSION DATE	V_12.0 MAY2015	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-5
--------------	-------------------	---------------------------------	-----------------------	-------------------------	-------------------	----------------------------	------	-----

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VERSION DATE	V_12.0 MAY2015	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-6
--------------	-------------------	---------------------------------	-----------------------	-------------------------	-------------------	----------------------------	------	-----

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Name: _____
Contact #: _____
- Location of Aid: _____
- Type of Aid: **Buoy** _____ **Day Marker** _____ **Range** _____
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 - : _____ Destroyed
 - _____ Missing:
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VERSION DATE	V_12.0 MAY2015	CLASSIFICATION: UNCLASSIFIED	CONTROLLING AUTHORITY	AREA PLANNING COMMITTEE	ISSUING AUTHORITY	CAPT T.G. ALLAN, JR.	PAGE	D-7
-----------------	-------------------	---------------------------------	--------------------------	----------------------------	----------------------	----------------------------	------	-----

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