

ANNEX N

POST-STORM DAMAGE SURVEY

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

Fax completed form to COTP Jacksonville @ (904) 564-7519

Note: MTSA regulated activities prohibited until this form is returned by COTP indicating authorization to proceed. For vessel to facility operations, both the vessel and applicable facility must be in receipt of this form indicating COTP authorization to conduct MTSA regulated activities.

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

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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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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: _____

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AID TO NAVIGATION:

- Name of Aid (if known): _____
- Location of Aid: _____
- Type of Aid: **Buoy** _____ **Day Marker** _____ **Range** _____
- Type of damage:
 - : _____ Destroyed
 - _____ Missing:
 - _____ Damage
 - : _____ Off-Station
 - _____ Not watching properly

Description of Damage:

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