

# DWH OIL INCIDENT VESSEL ASSESSMENT REPORTING FORM

Date and Time of Report \_\_\_\_\_

1. Name of vessel: \_\_\_\_\_

2. IMO or Official No. \_\_\_\_\_

3. Type of vessel: \_\_\_\_\_

4. Cargo: \_\_\_\_\_

5. Tonnage: \_\_\_\_\_

6. Draft: \_\_\_\_\_

7. Origin: \_\_\_\_\_

8. Destination (Facility): \_\_\_\_\_

9. Vessel contact number:  
(If available) \_\_\_\_\_

10. Agent contact number: \_\_\_\_\_

11. Was any oil or sheen sighted during the vessel's transit into port?

If so, where did your vessel sight this oil slick, sheen, or residue?

12. Did your vessel transit through any of the slick or sheen at any time?

13. Was there or is there now any evidence of oil on your vessel's hull/structure?

a. Estimate how much and what percentage of the vessel's hull/structure is oiled?

b. Estimate distance from hull that silver sheen extends?

c. Less or greater than 5 meters out? Less or greater than 15 meters aft?

If so, estimate how much and what percentage of the vessel's hull is covered by oil?

14. What procedure was taken to determine if oil was present on your vessel's hull?

**Please email form to [icpmobilemtsru@uscg.mil](mailto:icpmobilemtsru@uscg.mil) or contact Mobile MTSRU at 251-445-8983**