

# 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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# ANNEX N

## FACILITY:

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

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- 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):

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- 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:

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

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# ANNEX N

## 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):

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- 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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# ANNEX N

## 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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