

Waterways Management- Broadcast Notice to Mariner (BNM) Checklist

Please submit to SecNOLA-WPM@uscg.mil

- 1. Name, phone number and email address of project point of contact:**
- 2. Company name:**
- 3. Description of operation:**
- 4. Waterway and location of work (LAT/LONG or Mile Marker):**
- 5. RIGHT or LEFT Descending Bank (Only if on the River):**
- 6. Point of contact on scene (Name and contact info):**
- 7. Work Start and Stop dates: from _____ to _____**
- 8. Work hours of operation:**
- 9. Vessels/Equipment on scene (vessels involved in operation, assist vessels, etc. - provide the name, type, size of each):**
- 10. Slow bell/minimum wake requested?**
- 11. Are you restricting or obstructing traffic?**
- 12. If Yes, have you consulted with the appropriate Pilot Association? (provide name of the Pilot and which association)**
- 13. Does your operation interfere with an anchorage?**
- 14. Do your vessels have the power to navigate out of harm's way?**
- 15. If offshore, are you operating in or close to a Safety Fairway?**
- 16. VHF Radio Channel monitored:**
- 17. Any additional info:**