Southeast Texas (SETX)
and
Southwest Louisiana (SWLA)
Area Contingency Plan

Initial Reporting Form

Annex 3

July 2021

Record of Changes

Change Number	Change Description	Section Number	Change Date	Name
1	Renamed Appendix 7 to Annex 3 and removed Reference to Vol 2	All	30 July 2021	Todd Peterson, CGD 8
2				
3				
4				
5				
6				
7				
8				
9				
10				

Table of Contents

1000 Initial Reporting Form 1

1000 Initial Reporting Form

Date/Time of Notification: _____ **PPE:** _____

Reporters Name: _____ **Address:** _____

Phone No: _____ **City:** _____

Company: _____ **State:** _____ **Zip Code:** _____

Title: _____ **River Mile:** _____

Latitude: _____ **Longitude:** _____

Incident Location: _____

_____

Incident Description: _____

_____

Source and/or Cause: _____

_____

Special Considerations: _____

_____

Vessel Name and Number: _____

Facility Name: _____

Date of Incident: _____ **Time of Incident:** _____

Material Discharged: _____ **Quantity:** _____

Is the material in the water? _____**(Y/N)** **Is the Source Secured:** _____**(Y/N)**

Incident Commander: _____

Incident Command Post Location: _____

Environmental Conditions: _____

Directions: _____

_____

Actions taken to Correct, Control or Mitigate Incident: _____

_____

Number of Injuries: _____ **Number of Fatalities:** _____

Were there evacuations? _____ **(Y/N)** **Number of Evacuated:** _____

Areas Affected: _____

Responsible Party Intentions: _____

_____