

Facility Name _____

Appendix A

72 HOUR STORM SPECIFIC VERIFICATION REPORT FORM

Email to SECNOLA Waterways Management at
SecNOLA-WPM@USCG.mil

Date: _____

Total Number of Vessels Currently Moored: _____ Mooring Configurations: *PLEASE ATTACH*

Emergency Contact Person: _____ Phone Number/ Fax: _____

Email Address _____ 24 Hour Number _____

Standby Tugboat Name: _____ Call Sign: _____ Official Number: _____

Operational status of machinery (i.e engines, generators, fire fighting pumps, bilge pumps, anchors, mooring machinery, etc.):

Tugboat Contact Information: _____

Standby Tugboat Name: _____ Call Sign: _____ Official Number: _____

Operational status of machinery (i.e engines, generators, fire fighting pumps, bilge pumps, anchors, mooring machinery, etc.):

Tugboat Contact Information: _____

Process and Timeframe for Evacuating Vessels Exceeding the Amount Listed in the AHOP:

Vessels shall maintain a radio watch on VHF Channel 67 and Channel 16 at ALL TIMES

E-mail this form to SecNOLA-WPM@USCG.mil