



U.S. COAST GUARD EIGHTH DISTRICT



MARINE SAFETY INFORMATION BULLETIN FOR THE GULF OF MEXICO OCS

19 SEP 2005

Understanding many of you, like Coast Guard men and women, are dealing with the devastating aftermath of Hurricane Katrina both professionally and personally. Unfortunately we are faced with another cyclonic event named Rita most likely entering the Gulf of Mexico (GOM).

Given the uncertainty of Rita's projected path, we will seek evacuation reporting for all manned facilities and MODUs on the GOM OCS. Due to the current workload and response efforts associated with Katrina, PLEASE REPORT ONLY ONCE the location by area and block the number of Persons Onboard (POB) each of your manned facilities. The reported number should indicate the POB who will remain throughout the storm or please insert "0" if the facility or MODU has been completely evacuated. The completed form(s) should be submitted ONLY at the conclusion of your evacuation efforts. The form can be faxed or electronically transmitted to the contact points below located at our COOP facility in St Louis. MO. In the event fax or computer capability is unavailable, the information may be phoned in to one of the numbers provided. If you have questions or require amplifying information, use these same numbers. Negative

Negative replies are requested, meaning no evacuation efforts are anticipated and indicate POB remaining. Operators should submit reports indicating the status of 100% of their manned facilities and MODUs in the GOM.

e-mail: d8imtwatch@d8.uscg.mil

fax: 314-263-1253

phone: 314-539-3900 x2256

Please ensure your company and individual contact information on the form is correct for us to acknowledge receipt.

Sincerely,

R. W. BRANCH
Captain, U.S. Coast Guard
Chief, Marine Safety, Security and
Environmental Protection Division
By direction of the Commander
Eighth Coast Guard District

PROTECT OUR PORTS! CALL THE NATIONAL RESPONSE CENTER AT 1-800-424-8802

**COAST GUARD EIGHTH DISTRICT OCS
CYCLONIC WEATHER EVENT EVACUATION
REPORTING FORM**

COMPANY NAME _____
PERSON SUBMITTING REPORT _____
PHONE NUMBER _____
DATE AND TIME OF REPORT _____

<u>FACILITY NAME(S)</u>	<u>AREA & BLOCK(S)</u>	<u>POB</u>
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

Will there be further evacuations from above facility(s)? circle **Y** **N**

Comments:

THIS FORM, WHEN FILLED OUT, IS “SENSITIVE SECURITY INFORMATION”