

SERT Rapid Salvage Survey Form (Page 1 of 2)

Instructions: Initial contact with the SERT Duty Officer should be made by phone at (202)327-3985. The Duty Officer will provide initial assessment of the casualty and guide requests for additional information. If requested, fill this sheet out as completely as possible with the information available. However, items marked with an asterisk (*) are the most critical for initial action, and should also be as accurate as possible. Once completed, e-mail the form as an attachment to: sert.duty@uscg.mil. This PDF fillable form is available on the Marine Safety Center SERT web page, which can be found by searching "USCG SERT" on Google, CG Portal or Homeport.

Basic Vessel Information:

Vessel name*: _____ Official Number: _____
 Classification Society: _____

Length (B.P.)*: _____ Beam*: _____ Depth*: _____
 Full load draft*: _____ Service speed: _____ (if known)

Vessel type*: Bulk carrier LPG/LNG carrier OBO carrier Product carrier
 Crude carrier Container ship RO/RO ship Break-bulk ship
 Barge carrier Barge with rake Barge w/o rake
 Other: _____

Vessel Response Plan (VRP):

Does the vessel have a VRP? _____ Has the VRP been activated? _____
 Who is the designated SMFF provider on the VRP? _____ (if known)

Type of Casualty: (check all that apply)

Grounding Sinking Capsizing Collision/Allision
 Flooding Fire/explosion Oil/HAZMAT spill Structural Damage
 Other: _____

Date/Time of Casualty*: _____ **Position*:** Latitude _____
 Longitude _____

Vessel drafts*: (as accurate as possible)

Pre-Casualty Drafts*			Post-Casualty Drafts*	
Date/Time Taken: _____			Date/Time Taken: _____	
Port	Starboard		Port	Starboard
		Forward		
		Midships		
		Aft		

Bottom Type*: (for grounding or sinking, check all that apply)

Mud/silt Sand Gravel Rock Coral

Water Depth Information*: (for grounding or sinking)

Tides (if applicable): Time/height at time of casualty (if known): _____
 Time/height at next high tide: _____
 Time/height at next low tide: _____
 River height or lake level trend (if applicable): _____

Vessel Damage*: (if applicable)

Flooding: _____

 Structural Damage: _____

Vessel Cargo:

Cargo type and quantity: _____

Cargo damage, loss, hazards: _____

Pollution:

Reported pollution, oil spill: _____

Fuel oil type and quantity: _____

Initial SERT Assistance Required: *(check all that apply)*

- Ground reaction, force to free, refloating analysis
- Stability analysis
- Salvage/refloating plan review
- Other: _____
- Structural analysis
- Lifting/rigging plan review
- Any/all of the above (as required)
- Damage, oil outflow analysis

Documentation Available: *(if known, check all that apply)*

- General Arrangement Plan
- Capacity Plan, Deadweight Scale
- Structural Drawings (Midship Section Plan, Shell Expansion Plan, Deck Plans)
- Other: _____
- Trim & Stability Book

Onboard Loading Computer: *(if known)*

- CARGOMAX (HECSALV)
- Other: _____
- GLM (GHS)
- None/unknown
- NAPA

Additional Information: *(if applicable)*

Primary Contact Information*:

Name: _____ Organization: _____
Phone (mobile): _____ E-mail: _____

Secondary Point of Contact: *(if applicable)*

Name: _____ Organization: _____
Phone (mobile): _____ E-mail: _____

SERT Contact Information (24/7):

SERT Duty Officer Cell Phone: (202)327-3985
SERT Duty Officer E-mail: sert.duty@uscg.mil

*Please scan or save completed form, then e-mail as attachment to: sert.duty@uscg.mil