LOUISIANA DEPARTMENT OF NATURAL RESOURCES

EFFECTIVE DATE: MARCH 11, 2008; REVISED: APRIL 4, 2014

SUBJECT: WATER VESSEL OPERATOR SAFETY PROGRAM

AUTHORIZATION: R.S. 39:1543 and LAC Title 37

AUTHORITY

The Office of Risk Management has developed for statewide implementation a comprehensive Loss Prevention Program as required by La. R.S. 39:1543. The Water Vessel Operator Safety Program is part of this overall program and is required by LAC Title 37.

GOAL

The State of Louisiana, through the Office of Risk Management, devised a self-insurance program for its water vessels. The Water Vessel Operator Safety Program is designed to increase accountability and safety awareness among operators and passengers of water vessels, control use of these vessels and reduce the state's exposure to loss and expense.

DNR'S COMMITMENT AND PROGRAM COMPONENTS

DNR hereby declares its commitment to fulfill its responsibilities as an agency owning/operating water vessels and to implement a Water Vessel Operator Safety Program in compliance with the loss prevention and safety guidelines established by the Office of Risk Management.

This policy provides for the identification, authorization and performance/safety training of DNR employees whose jobs require operation or travel in a water vessel.

This policy also identifies reporting requirements related to the operation of water vessels and the roles of the individuals responsible for implementing and monitoring DNR's Water Vessel Operator Safety Program.

WHO MAY OPERATE WATER VESSELS FOR DNR

Only authorized DNR employees may operate a DNR owned/leased/hired water vessel. An operator may only operate the type(s) of water vessel for which he/she is properly authorized and trained.

Employees not authorized to operate a water vessel may take over operation of the vessel in an immediate emergency such as a boating accident or injury to the authorized operator.

An employee in training may operate a water vessel, but then only while accompanied by and under the direct supervision of an authorized water vessel operator.

HIGH RISK OPERATORS

Employees designated as high risk operators shall not be authorized to operate a DNR owned/leased/hired water vessel. Employees so designated shall be notified in writing that they are not authorized to operate such vessels for a minimum of twelve months from the date of discovery, and that they are required to retake the initial BoatU.S. (or other NASBLA-approved) course within ninety days of discovery. Additionally, the high risk operator's immediate supervisor and Safety Coordinator shall be notified in writing that the employee shall not be given authority to operate a water vessel on DNR business.

A high risk operator is an employee:

A. Having three or more convictions, guilty pleas and/or nolo contendere pleas for moving violations within a twelve month period; or

B. Having a single conviction, guilty plea or nolo contendere plea for operating a vehicle/water vessel while intoxicated/under the influence, hit and run driving, vehicular negligent injury, vehicular homicide, careless operation, reckless operation or similar violation within the previous twelve month period.

The Safety Coordinator, in collaboration with the Secretary and Director of Human Resources, shall determine when an employee should be designated a high risk operator. This shall be determined upon hiring, during annual reviews or upon receipt of information identifying the aforementioned convictions or pleas.

AUTHORIZATION

Before an employee can be authorized to operate a DNR water vessel, the following requirements must be satisfied:

A. The employee must have a supervisor-identified business need to operate a water vessel to perform his/her DNR job responsibilities;

B. The employee must have on file a fully completed Form DA 2066-Vessel Authorization/Operator History (attached);

C. The employee must sign an Acknowledgment of Responsibility (attached) to document understanding of his/her responsibilities as an authorized water vessel operator.

D. The employee's water operating (WOR) and official driving (ODR) records for the past twelve months must be reviewed to ensure the employee is not a high risk operator;

E. The employee must attend and satisfactorily complete the Louisiana Better Boating classroom safety training and refresher courses; and

F. The employee must demonstrate proficiency and satisfy performance standards in operating a water vessel.

On-the-job training and evaluation of the employee's ability to safely and effectively operate a water vessel will be provided during the employee's first ninety days of employment, upon determining an existing employee's business need to operate a water vessel or upon assessment of the need for additional training. The employee's supervisor or designee will conduct this training/evaluation and is responsible for completing the Qualifying Certification form (attached) which is to be filed with the Safety Coordinator.

Authorization to operate a water vessel will be effective for a period of one year upon satisfaction of the foregoing requirements.

AUTHORIZATION RENEWAL REQUIREMENT

DNR will conduct an annual review of all authorized water vessel operators' water operating and official driving records. If an employee's status has changed to that of a high risk operator, renewal of his/her authorization to operate a water vessel shall be denied. Similarly, if an employee cannot safely operate a water vessel due to a medical condition or medication, renewal of his/her authorization shall be denied.

Authorized water vessel operators must retake and satisfactorily complete the Louisiana Better Boating safety training every three years.

REPORTABLE EVENTS

The following events or circumstances are to be reported by the operator immediately upon occurrence or knowledge through the supervisory chain of command:

A. All water vessel accidents, regardless of fault, injury or property damage, occurring in a DNR owned/leased/hired water vessel;

B. All citations and/or arrests for any violation of law while operating a DNR owned/leased/hired water vessel;

C. All arrests, pleas and convictions for driving while intoxicated/under the influence, whether on or off-duty and irrespective of whether such occurs while operating a DNR or personally owned vehicle or water vessel;

D. All pleas and convictions for moving violations, hit-and-run driving, vehicular homicide, vehicular negligent injury, careless operation, reckless operation or similar violations;

E. Diagnosis of any physical, mental or other medical condition which impairs the ability to safely operate a water vessel;*

F. Use of medications which cause drowsiness or impair the ability to safely operate a water vessel;* and

G. All conditions which cause the water vessel to be unsafe to operate, including the absence or non-functioning of required safety equipment.

*This information will be reported to the Human Resources Division and handled with appropriate concern for confidentiality and in compliance with prevailing privacy laws.

ACCIDENT INVESTIGATION AND REPORTING

All water vessel accidents, regardless of fault, injury or property damage, occurring in a DNR owned/leased/hired water vessel must be reported. Incidents or occurrences which result in damage by or to a water vessel or its equipment, injury or loss of life to any person, capsizing, foundering, flooding, fire, explosion and disappearance of a water vessel other than by theft also must be reported.

All such accidents and incidents shall be reported by the operator as soon as possible through the supervisory chain of command, but in no event later than the day of occurrence. As required by La. R.S. 34:851.10, all accidents involving a water vessel resulting in death or bodily injury must be reported to the Louisiana Department of Wildlife and Fisheries within forty-eight hours, and accidents resulting in property damage in excess of $500.00 must be reported within five days.

For all water vessel accidents, a LDWF Operator Boating Incident Report (DWF-BIR-010-OP) shall be completed and timely submitted through the supervisory chain of command and, if required, to LDWF. The operator's supervisor shall review and ensure the completeness of the report and assist the operator, if necessary, in completing the report.

POST-ACCIDENT DRUG TESTING

Any operator involved in an accident while operating a DNR owned/leased/hired water vessel shall be required to submit to drug and alcohol testing if:

A. The accident results in a fatality or serious bodily injury; or

B. The accident involves circumstances giving rise to a reasonable suspicion that the accident may have involved the operator's drug or alcohol use and the operator's action or inaction may have been a causative factor.

Only the Secretary or authorized designee shall require an employee to submit to post-accident testing. Generally, this decision will be based upon the recommendation of supervisory personnel who have objectively and thoroughly reviewed the circumstances of the accident. The operator's supervisor is responsible for fully documenting the facts upon which the recommendation for testing is made.

RESTRICTIONS ON USE OF VESSELS

Only DNR owned/leased/hired water vessels shall be used to conduct DNR business activities.

DNR owned/leased/hired water vessels shall be used only to conduct official DNR business activities. Use of such vessels for personal reasons is strictly prohibited.

Persons not employed by nor under contract with DNR shall not operate and generally will not be transported in DNR owned/leased/hired water vessels. However, on occasion, it may become necessary to transport stakeholders, news media personnel or others in a water vessel for DNR business purposes. Prior approval of the Secretary or authorized designee is required to do so and these individuals are required to execute a Hold Harmless Agreement (attached) which is to be filed with the Safety Coordinator.

VESSEL INSPECTIONS AND REPAIRS

A monthly inspection shall be performed on all water vessels, regardless of size, and corrective action for all identified deficiencies shall be performed and documented. Items to be inspected shall include, but are not limited to:

- Fire extinguishers
- Audible signaling device
- Damage to a vessel
- Lighting
- Personal floatation devices
- Flares

- Communication devices
- Trailers

CORRECTIVE/DISCIPLINARY ACTION

For safety and accountability, the disciplinary process authorized by the Civil Service Rules will be used to address non-compliance with the requirements of this policy. Disciplinary action will be imposed only after a full and complete investigation. In addition to corrective action, an employee may be required to undergo additional training in operating a water vessel.

In the event an employee cannot achieve or maintain proficiency in operating a water vessel or is designated a high risk operator, termination of the employment relationship may be the course of action taken unless an alternative position is available that does not require operation of a water vessel.

CLAIMS REPORTING

The State of Louisiana, through the Office of Risk Management, may provide insurance coverage for bodily injury and/or property damage caused by operation of a DNR owned/leased/hired water vessel. For this reason, property and/or general liability claims must be timely submitted in writing to ORM. A completed copy of the Operator Boating Incident Report, Authorization/Operating History Form (DA 2066) and Water Operator Record (WOR) shall be submitted with the claim to ORM as soon as possible.

All claims, demands, notices, citations, summons, lawsuits or other legal documents filed against DNR by a third party shall immediately be forwarded to ORM's Claims Unit for handling.

ROLES AND RESPONSIBILITIES

SECRETARY

- Requires and implements the DNR's Water Vessel Operator Safety Program
- Stresses the importance of water vessel safety to all employees
- Ensures that only state owned/leased/hired water vessels are used to conduct DNR business
- Ensures that state owned/leased/hired water vessels are used only to conduct official DNR business activities.

SUPERVISORS

- Identifies and authorizes the employees required to operate water vessels to perform customary job duties
- Allows only authorized employees to operate DNR owned/leased/hired water vessels
- Provides time for each authorized water vessel operator to attend the "BoatUS" (or other NASBLA-approved) safety training course and refresher courses
- Ensures that all vessels, equipment, supplies and required safety devices are functional and in good operating condition
- Ensures that all water vessel policies and procedures are followed
- Ensures the accuracy and timely submission of required reports
- Assists in conducting accident investigations
- Recommends that an employee's authorization to operate a water vessel be withdrawn for negligence, reckless operation, safety violations, citations or due to medical reasons
- Recommends disciplinary action for operators violating this policy

EMPLOYEES-OPERATORS

- Secures supervisory authorization prior to operating a water vessel
- Satisfactorily completes the Louisiana Better Boating classroom safety training and refresher courses
- Operates only the class of water vessel for which he/she is authorized
- Allows only authorized individuals to be transported in a water vessel
- Safely operates the water vessel in accordance with law, regulation and departmental policy
- Ensures that the vessel, equipment, supplies and required safety devices are functional and in good operating condition

- Ensures that accidents, incidents, property damage, violations and unsafe conditions are timely and properly reported

DNR SAFETY COORDINATOR

Responsible for planning, organizing, directing and monitoring DNR's Water Vessel Operator Safety Program to ensure that:

- Policies and procedures are established and implemented
- Training courses are conducted and documented
- Official Driving Records (ODRs) from the Office of Motor Vehicles and Water Operator Records (WORs) from the Department of Wildlife and Fisheries are reviewed and maintained
- Authorization/Operator History (DA 2066) forms are annually signed by the Agency Head or designee
- "BoatUS" (or other approved National Association of State Boating Law Administrators) safety training and required refresher courses are timely taken by authorized operators
- Accidents are reported, investigated and properly documented
- Employees satisfy all requirements before being authorized to operate a water vessel

QUESTIONS

Questions regarding the interpretation, application or requirements of this policy should be directed to the DNR Boater Safety Coordinator, Robert Williamson, at (225) 342-7946.

STEPHEN CHUSTZ
SECRETARY

4/4/14
DATE

VESSEL AUTHORIZATION/OPERATOR HISTORY FORM

The following information will be retained on file by all Agencies on their Operators authorized to operate a State vessel:

Name:_____ **Employed by:**_____

Address:_____ **(Department, Board, Commission)**

_____ **Zip**_____ **Assigned to:**_____

SSN:_____ **(Agency, District, Office)**

Operator License No.:_____ **Job Title:**_____

Expiration Date:_____ **Immediate Supervisor's Name:**_____

Date of Birth:_____ **Operator's Phone Number:**_____

Issue Date:_____**Is the Primary purpose to operate vessels? Yes___No___**

Is a Current Operator Record attached:____ **Has it been verified as accurate?**____

Will this Operator be authorized to operate his or her privately owned vessel in the course and scope of employment? Yes____No____

****

	TYPE 1	TYPE 2	TYPE 3	TYPE 4	TYPE 5	TYPE 6
TYPES OF VESSELE:	No motor, Pirogue skiff Raff bateau	Motorboat Class A-1-2-3	Airboat Push	Tug	Ferry Marsh Buggy	Other
State Vessels Authorized to Operate:						

Date Trained:_____ **Source of Training:** _____

Number of days per week required to operate a vessel: _____
Required to handle hazardous cargo: Yes____ No____
Trained to haul/Handle: Yes____ No____

****

I have reviewed this individual's genuine need to operate a State vessel. In conducting this review I have considered his/her operating experience, class/type equipment to be operated, and a one year operating record. The attached Operator Record has been verified as accurate and updated as necessary. I authorize this individual to operate the vessels listed above in accordance with the provisions of this program. This authorization expires in one year from this date.

_____ _____

Agency Head Signature **Date of Authorization**
(or specifically designated individual)

DA 2066 (6/06/01)

LOUISIANA DEPARTMENT OF NATURAL RESOURCES

ACKNOWLEDGMENT OF RESPONSIBILITY

Employee Name: _____ Title: _____

Division/Section: _____ Supervisor: _____

Safety Boating Card Issue Date: _____

Safety Boating Card I.D. Number: _____

Date of Last Training: _____

Source of Training: _____

The authorized boating course approved by LDWF is designed to further enhance the knowledge of a vessel operator. It is not designed as a basic seamanship course and will not provide the necessary hands-on skills needed by the novice operator.

The emphasis of the course is safety as it applies to equipment, navigation, duties, rules of the road, aboard vessel conduct, and hull design. The primary goal is to have the vessel operator realize and understand the responsibilities as an operator of a water vessel.

My signature hereon acknowledges my understanding and intention of complying with the safety rules provided by this course.

Employee Signature: _____ Date: _____

LOUISIANA DEPARTMENT OF NATURAL RESOURCES

Employee Boating History Form

I HEREBY CERTIFY that the following is a true and complete list of boating violations for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date of Conviction	Offense	Location	Type of Vessel Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral as a result of a boating violation during the past 12 months.

_____
Operator Signature

_____
Operator Printed Name

_____
Date of Certification

WATER VESSEL OPERATOR SAFETY PROGRAM

Qualifying Certification

I HEREBY CERTIFY THAT _____, _____,
(Employee) (Classification)

a) Is authorized to operate a water vessel for DNR business purposes;

b) Has satisfactorily completed the Louisiana Better Boating classroom safety training course;

c) Has completed Form DA 2066-Vessel Authorization/Operator History form;

d) Has completed the Acknowledgement of Responsibility form; and

e) Has demonstrated proficiency in safely and effectively operating a water vessel.

SUPERVISOR:

_____ _____
Signature **Date**

_____
Print Name

_____
Title

LOUISIANA DEPARTMENT OF NATURAL RESOURCES

HOLD HARMLESS AGREEMENT

By signing this document, I agree to the following:

As consideration for being transported in a state owned/leased/hired vehicle or water vessel, I voluntarily and knowingly assume any risk associated therewith and waive my right to assert any claim against the State of Louisiana, or any of its departments, agencies, boards and commissions, as well as its officers, agents, servants, employees and volunteers, for injury(s) or damage to my person or property resulting from my presence in said vehicle/vessel. I further release and hold harmless the State of Louisiana, its departments, agencies, boards and commissions, as well as its officers, agents, servants, employees and volunteers, from any and all claims, demands, actions, causes of action, damages, losses, expenses and liability arising from injury or death or damage to my person or property as a result of my being transported in a state owned/leased/hired vehicle or water vessel.

Signature: _____

Printed Name: _____

Date: _____

LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES
LAW ENFORCEMENT DIVISION
P.O. BOX 98000
BATON ROUGE, LA 70898-9000

VESSEL REGISTRATION #_____

Rev. 09/10

OPERATOR BOATING INCIDENT REPORT

Pursuant to Louisiana Revised Statute 34:851.10, the operator/owner of a vessel used for recreational purposes is required to file a report in writing whenever an incident results in: loss of life or disappearance from a vessel; an injury which requires medical treatment beyond first aid; or property damage in excess of $500 or complete loss of the vessel. Reports must be submitted within 5 days. Reports must be submitted to the Louisiana Department of Wildlife & Fisheries. This form is provided to assist the operator in filing the required written report.

COMPLETE ALL BLOCKS (Indicate those not applicable by "NA")

NAME AND ADDRESS OF OPERATOR		NAME AND ADDRESS OF OWNER ☐ same as operator	
LAST:	STREET 1:	LAST:	STREET 1:
FIRST:	STREET 2:	FIRST:	STREET 2:
MI	CITY	MI	CITY
PHONE NO:	STATE/ZIP:	PHONE NO:	STATE/ZIP:

OPERATOR AGE AND DATE OF BIRTH yrs. / /

RENTED BOAT? ☐ YES ☐ NO

NUMBER OF PERSONS ON BOARD

OPERATOR'S EXPERIENCE

	HOURS: Under 20	20-100	100-500	Over 500	None
THIS TYPE OF BOAT	☐	☐	☐	☐	☐
OTHER BOAT OPERATING EXP	☐	☐	☐	☐	☐

FORMAL INSTRUCTION IN BOATING SAFETY
☐ None ☐ USCG Auxiliary
☐ State ☐ American Red Cross
☐ U.S. Power Squadrons ☐ Other

BOAT REGIST. NO.	BOAT NAME	MANUFACTURER	BOAT MODEL	MFR. HULL IDENTIFICATION NO.

TYPE OF BOAT
☐ Open Motorboat
☐ Cabin Motorboat
☐ Auxiliary Sail
☐ Sail (only)
☐ Rowboat
☐ Canoe
☐ Personal Water Craft
☐ Airboat
☐ Houseboat
☐ Pontoon Boat
☐ Other

HULL MATERIAL
☐ Wood
☐ Aluminum
☐ Steel
☐ Fiberglass
☐ Rubber / Vinyl
☐ Other

ENGINE
☐ Outboard
☐ Inboard
☐ Inboard-outdrive
☐ Jet-drive
☐ Air thrust
☐ Other

TYPE OF FUEL
☐ Gasoline ☐ Other
☐ Diesel

PROPULSION
No. of engines _____
ENGINE 1
Mfg. _____
Horsepower _____
Serial No._____
ENGINE 2
Mfg. _____
Horsepower _____
Serial No. _____

CONSTRUCTION
Length ft Width ft
Year Built Depth ft

STEERING
☐Remote ☐Other
☐Hand tiller

HAS BOAT HAD A SAFETY EXAMINATION?
☐ Yes ☐ No
For Current Year? ☐ Yes ☐ No
Which Kind?
☐ USPS / USCG Auxiliary Inspection
☐ State/local Examination
☐ Other

INCIDENT DATA

DATE OF INCIDENT	DAY OF WEEK	TIME OF INCIDENT	NAME OF BODY OF WATER	LOCATION *(give precisely)* Lat: Long:

STATE	NEAREST CITY OR TOWN	PARISH	PARISH CODE
LOUISIANA			

WEATHER *(check all applicable)*
☐ Clear ☐ Rain
☐ Cloudy ☐ Snow
☐ Fog ☐ Hazy

WATER CONDITIONS
☐ Calm (less than 6")
☐ Choppy (waves 6" to 2')
☐ Rough (waves 2' to 6')
☐ Very Rough (greater than 6')
☐ Strong Current

TEMPERATURE
Air _____ deg F
Water _____ deg F

DEPTH
_____ ft

WIND
☐ None
☐ Light (0-6 mph)
☐ Moderate (7-14 mph)
☐ Strong (15-25 mph)
☐ Storm (over 25 mph)

VISIBILITY
☐ Good
☐ Fair
☐ Poor

TIME OF DAY
☐ Day
☐ Night

PERSONAL FLOTATION DEVICES (PFD'S)

Was the boat adequately equipped with USCG APPROVED personal floatation devices? ☐ Yes ☐ No
Were they accessible? ☐ Yes ☐ No
Were they serviceable? ☐ Yes ☐ No
What Type and How Many?
☐ Type I (#)_____
☐ Type II (#)_____
☐ Type III (#)_____

Were PFDs properly:
Used? ☐ Yes ☐ No
Adjusted? ☐ Yes ☐ No
Sized? ☐ Yes ☐ No

Was the vessel carrying NON-APPROVED life saving devices?
☐ Yes ☐ No
Were they accessible? ☐ Yes ☐ No
Were they used? ☐ Yes ☐ No
If yes, indicate kind:

IGNITION AND THROTTLE

Ignition key position
☐ On ☐ Off
Engine equipped with Kill Switch?
☐Yes ☐No
Kill switch used?
☐ Yes ☐ No
Throttle position
☐ Forward ☐ Neutral
☐ Reverse ☐ Unknown

FIRE EXTINGUISHERS

WERE THEY USED?
(If yes, list Type(s) and number used.)
☐ Yes ☐ No ☐ N/A
Types:

----CONTINUED----

VESSEL REGISTRATION # _____

OPERATOR BOATING INCIDENT REPORT

INCIDENT DATA CONTINUED

OPERATION AT TIME OF INCIDENT
(Check all applicable)

- ☐ Commercial Activity
- ☐ Cruising
- ☐ Maneuvering
- ☐ Approaching Dock
- ☐ Leaving Dock
- ☐ Water Skiing
- ☐ Racing
- ☐ Towing
- ☐ Other
- ☐ Drifting
- ☐ At Anchor
- ☐ Tied to Dock
- ☐ Fueling
- ☐ Fishing
- ☐ Hunting
- ☐ Skin Diving/ Swimming
- ☐ Being Towed

TYPE OF INCIDENT
(Number by order of occurrence)

- _____Grounding
- _____Capsizing
- _____Flooding
- _____Sinking
- _____Fire or Explosion (fuel)
- _____Fire or Explosion(other than fuel)
- _____Skier Mishap
- _____Struck submerged object
- _____Collision with Vessel
- _____Collision with Fixed Object
- _____Collision with Floating Object
- _____Falls overboard
- _____Falls in Boat
- _____Hit By Boat or Propeller
- _____Other _____
- _____Unknown

WHAT IN YOUR OPINION CONTRIBUTED TO THE INCIDENT?
(Number by order of importance; primary-1, secondary-2, tertiary-3)

- _____Weather
- _____Excessive Speed
- _____No Proper Lookout
- _____Restricted Vision
- _____Overloading
- _____Improper Loading
- _____Hazardous Waters
- _____Alcohol use
- _____Sharp Turn
- _____Rules of the Road Specify #(s)_____
- _____Improper Anchoring
- _____Force of Wake/Wave
- _____Starting in Gear
- _____Ignition Spilled Fuel/Vapor
- _____Missing/Inadequate ATONS
- _____Unknown
- _____Drug use
- _____Fault of Hull
- _____Fault of Machinery
- _____Fault of Equipment
- _____Operator Inexperience
- _____Operator Inattention
- _____Passenger/Skier Behavior
- _____Congested Waters
- _____Dam/Lock
- _____Standing/Sitting on Gunwales, bows,& transom
- _____Failure to Vent
- _____Off Throttle Steering Loss
- _____Careless/Reckless Operation
- _____Improper/No Running Lights
- _____Other _____

INSURANCE / PROPERTY DAMAGE

IS VESSEL INSURED? ☐ Yes ☐ No Insurance Agency _____ Policy Number _____

ESTIMATED AMOUNT OF DAMAGE	DESCRIPTION OF DAMAGE TO THIS VESSEL
This Boat $ _____ Other Property $ _____	

DESCRIPTION OF OTHER PROPERTY DAMAGED	NAME/ADDRESS OF OWNER PHONE # ( )

PASSENGERS

NAME / TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME / TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME / TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME / TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME / TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?
NAME / TELEPHONE NO.	ADDRESS	DATE OF BIRTH	☐ NO INJURY ☐ INJURED ☐ DECEASED SWIMMER ☐ Y ☐ N	MEDICAL TREATMENT ADMINISTERED? ☐ YES ☐ NO	WAS PFD WORN? ☐ Yes ☐ No What Type?

----CONTINUED NEXT PAGE---

VESSEL REGISTRATION # _____

OPERATOR BOATING INCIDENT REPORT

OTHER VESSEL

Name of Operator	Address	Boat Number
Telephone Number ( )		Boat Name
Name of Owner	Address	

OTHER WITNESSES

Name	Address	Telephone Number ( )
Name	Address	Telephone Number ( )
Name	Address	Telephone Number ( )

PERSON COMPLETING REPORT

SIGNATURE	ADDRESS	Telephone Number ( )
QUALIFICATION (Check One) ☐ Operator ☐ Owner ☐ Other _____		Date Completed

ATTACH ADDITIONAL IF NECESSARY

-----CONTINUED NEXT PAGE----

VESSEL REGISTRATION # _____

OPERATOR BOATING INCIDENT REPORT

DIAGRAM OF INCIDENT

Indicate North w/ arrow

NAMEOF PERSON COMPLETING REPORT	SIGNATURE	DATE COMPLETED

COMMENTS:

VESSEL REGISTRATION # _____

OPERATOR BOATING INCIDENT REPORT

DETAILED DESCRIPTION OF INCIDENT

NAMEOF PERSON COMPLETING REPORT	SIGNATURE	DATE COMPLETED

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

REPORT OF MARINE CASUALTY

OMB No. 1625-0001
Expires: 01/31/2016

SECTION I. GENERAL INFORMATION

1. Name of Vessel or Facility	2. Official No.	3. Nationality	4. Call Sign	5. USCG Certificate of Inspection issued at:

6. Type *(Towing, Freight, Fish, Drill, etc.)*	7. Length	8. Gross Tons	9. Year Built	10. Propulsion *(Steam, diesel, gas, turbine...)*

11. Hull Material *(Steel, Wood...)*	12. Draft *(Ft. - in.)* FWD	AFT.	13. If Vessel Classed, By Whom: *(ABS, LLOYDS, DNV, BV, etc.)*	14. Date *(of occurrence)*	15. TIME *(Local)*

16. Location *(See Instruction No. 10A)*

17. Estimated Loss of Damage TO:
VESSEL _____
CARGO _____
OTHER _____

18. Name, Address & Telephone No. of Operating Co.

19. Name of Master or Person in Charge	USCG License	20. Name of Pilot	USCG License	State License
	☐ YES ☐ NO		☐ YES ☐ NO	☐ YES ☐ NO

19a. Home or Work Street Address *(City, State, Zip Code)*	19b. Home or Work Telephone No.	20a. Home or Work Street Address *(City, State, Zip Code)*	20b. Home or Work Telephone No.

21. Casualty Elements *(Check as many as needed and explain in Block 44.)*

NO. OF PERSONS ON BOARD _____
☐ DEATH - HOW MANY? _____
☐ MISSING - HOW MANY? _____
☐ INJURED - HOW MANY? _____
☐ HAZARDOUS MATERIAL RELEASED OR INVOLVED *(Identify Substance and amount in Block 44.)*
☐ OIL SPILL - ESTIMATE AMOUNT: _____
☐ CARGO CONTAINER LOST/DAMAGED
☐ COLLISION *(Identify other vessel or object in Block 44.)*
☐ GROUNDING ☐ WAKE DAMAGE

☐ FLOODING; SWAMPING WITHOUT SINKING
☐ CAPSIZING *(with or without sinking)*
☐ FOUNDERING OR SINKING
☐ HEAVY WEATHER DAMAGE
☐ FIRE
☐ EXPLOSION
☐ COMMERCIAL DIVING CASUALTY
☐ ICE DAMAGE
☐ DAMAGE TO AIDS TO NAVIGATION
☐ STEERING FAILURE
☐ MACHINERY OR EQUIPMENT FAILURE
☐ ELECTRICAL FAILURE
☐ STRUCTURAL FAILURE

☐ FIREFIGHTING OR EMERGENCY EQUIPMENT FAILED OR INADEQUATE *(Describe in Block 44.)*
☐ LIFESAVING EQUIPMENT FAILED OR INADEQUATE *(Describe in Block 44.)*
☐ BLOW OUT *(Petroleum exporation/production)*
☐ ALCOHOL INVOLVEMENT *(Describe in Block 44.)*
☐ DRUG INVOLVEMENT *(Describe in Block 44.)*
☐ OTHER *(Specify)* _____

22. Conditions

A. Sea or River Conditions *(wave height, river stage, etc.)*

B. WEATHER
☐ CLEAR
☐ RAIN
☐ SNOW
☐ FOG
☐ OTHER *(Specify)* _____

C. TIME
☐ DAYLIGHT
☐ TWILIGHT
☐ NIGHT

D. VISIBILITY
☐ GOOD
☐ FAIR
☐ POOR

E. DISTANCE *(miles of visibility)* _____
F. AIR TEMPERATURE (F) _____
G. WIND SPEED & DIRECTION _____ _____
H. CURRENT SPEED & DIRECTION _____ _____

23. Navigation Information
☐ MOORED, DOCKED OR FIXED
☐ ANCHORED ☐ UNDERWAY OR DRIFTING
SPEED AND COURSE _____ _____

24. Last Port Where Bound _____

24a. Time and Date of Departure

25.	25a.				25b.	25c.			25d. *(Describe in Block 44.)*
FOR TOWING ONLY	NUMBER OF VESSELS TOWED	Empty	Loaded	Total	TOTAL H.P. OF TOWING UNITS	MAXIMUM SIZE OF TOW WITH TOW-BOAT(S)	Length	Width	☐ PUSHING AHEAD ☐ TOWING ASTERN ☐ TOWING ALONGSIDE ☐ MORE THAN ONE TOW-BOAT ON TOW

SECTION II. BARGE INFORMATION

26. Name	26a. Official Number	26b. Type	26c. Length	26d. Gross Tons	26e. USCG Certificate of Inspection Issued at:

26f. Year Built	26g. ☐ SINGLE SKIN ☐ DOUBLE	26h. Draft FWD	AFT	26i. Operating Company

26j. Damage Amount
BARGE _____
CARGO _____
OTHER _____

26k. Describe Damage to Barge

SECTION III. PERSONNEL ACCIDENT INFORMATION

27. Person Involved	27a. Name *(Last, First, Middle Name)*	27c. Status
☐ MALE or ☐ FEMALE ☐ DEAD ☐ INJURED ☐ MISSING	27b. Address *(City, State, Zip Code)*	☐ Crew ☐ Passenger ☐ Other

28. Birth Date	29. Telephone No.	30. Job Position	31. *(Check here if off duty)* ☐

32. Employer - *(if different from Block 18., fill in Name, Address, Telephone No.)*

33. Person's Time	YEAR(S)	MONTH(S)	34. Industry of Employer *(Towing, Fishing, Shipping, Crew Supply, Drilling, etc.)*
A. IN THIS INDUSTRY -	_____	_____	
B. WITH THIS COMPANY -	_____	_____	35. Was the Injured Person Incapacitated 72 Hours or More?
C. IN PRESENT JOB OR POSITION -	_____	_____	
D. ON PRESENT VESSEL/FACILITY -	_____	_____	36. Date of Death
E. HOURS ON DUTY WHEN ACCIDENT OCCURRED -	_____		

37. Activity of Person at Time of Accident

38. Specific Location of Accident on Vessel/Facility

39. Type of Accident *(Fall, Caught between, etc.)*	40. Resulting Injury *(Cut, Bruise, Fracture, Burn, etc.)*
41. Part of Body Injured	42. Equipment Involved in Accident

43. Specific Object, Part of the Equipment in block 42., or Substance *(Chemical, Solvent, etc.)* that directly produced the Injury.

SECTION IV. DESCRIPTION OF CASUALTY

44. Describe how accident occured, damage, information on alcohol/drug involvement and recommendations for corrective safety measures. *(See instructions and attach additional sheets if necessary).*

45. Witness to Casualty *(Name, Address, Telephone No.)*

46. Witness to Casualty *(Name, Address, Telephone No.)*

SECTION V. PERSON MAKING THIS REPORT

47. Name (PRINT) *(Last, First, Middle)*	47b. Address *(City, State, Zip Code)*	47c. Title
		47d. Telephone No.
47a. Signature		47e. Date

FOR COAST GUARD USE ONLY | REPORTING OFFICE:

MISLE Incident Investigation Activity Data Entry: MISLE Incident Investigation Activity Number (if applicable)

☐ NONE ☐ PRELIMINARY ☐ DATA COLLECTION ☐ INFORMAL ☐ FORMAL

Serious Marine Incident ☐ Yes ☐ No Major Marine Casualty ☐ Yes ☐ No	INVESTIGATOR *(Name)*	DATE	APPROVED BY *(Name)*	DATE

INSTRUCTIONS

FOR COMPLETION OF FORM CG-2692

REPORT OF MARINE CASUALTY

AND FORM CG-2692A, BARGE ADDENDUM

WHEN TO USE THIS FORM

1. This form satisfies the requirements for written reports of accidents found in the Code of Federal Regulations for vessels, Outer Continental Shelf (OCS) facilities, mobile offshore drilling units (MODUs), and diving. The kinds of accidents that must be reported are described in the following instructions.

VESSELS

2. A vessel accident must be reported if it occurs upon the navigable waters of the U.S., its territories or possessions; or whenever an accident involves a U.S. vessel; wherever the accident may occur. (Public vessels and recreational vessels are excepted from these reporting requirements.) The accident must also involve one of the following (ref. 46 CFR 4.05-1):

A. All accidental groundings and any intentional grounding which also meets any of the other reporting criteria or creates a hazard to navigation, the environment, or the safety of the vessel;

B. Loss of main propulsion or primary steering, or an associated component or control system, the loss of which causes a reduction of the maneuvering capabilities of the vessel. Loss means that systems, component parts, subsystems, or control systems do not perform the specified or required function;

C. An occurrence materially and adversely affecting the vessel's seaworthiness or fitness for service or route including but not limited to fire, flooding, failure or damage to fixed fire extinguishing systems, lifesaving equipment or bilge pumping systems;

D. Loss of life;

E. An injury that requires professional medical treatment (beyond first aid) and, if a crewmember on a commercial vessel, that renders the individual unfit to perform routine duties;

F. An occurrence not meeting any of the above criteria but resulting in damage to property in excess of $25,000. Damage cost includes the cost of labor and material to restore the property to the condition which existed prior to the casualty, but it does not include the cost of salvage, cleaning, gas freeing, drydocking or demurrage.

MOBILE OFFSHORE DRILLING UNITS

3. MODUs are vessels and are required to report an accident that results in any of the events listed by Instruction 2-A through 2-F for vessels. (Ref. 46 CFR 4.05-1, 46 CFR 109.411)

OCS FACILITIES

4. All OCS facilities (except mobile offshore drilling units) engaged in mineral exploration, development or production activities on the Outer Continental Shelf of the U.S. are required by 33 CFR 146.30 to report accidents resulting in:

A. Death;

B. Injury to 5 or more persons in a single incident;

C. Injury causing any person to be incapacitated for more than 72 hours;

D. Damage affecting the usefullness of primary lifesaving or firefighting equipment;

E. Damage to the facility in excess of $25,000 resulting from a collision by a vessel;

F. Damage to a floating OCS facility in excess of $25,000.

5. Foreign vessels engaged in mineral exploration, development or production on the U. S. Outer Continental Shelf, other than vessels already required to report by Instructions 2 and 3 above, are required by 33 CFR 146.303 to report casualties that result in any of the following:

A. Death;

B. Injury to 5 or more persons in a single incident;

C. Injury causing any person to be incapacitated for more than 72 hours.

DIVING

6. Diving casualties include injury or death that occurs while using underwater breathing apparatus while diving from a vessel or OCS facility.

A. COMMERCIAL DIVING. A dive is considered commercial if it is for commercial purposes from a vessel required to have a Coast Guard certificate of inspection, from an OCS facility or in its related safety zone or in a related activity, at a deepwater port or in its safety zone. Casualties that occur during commercial dives are covered by 46 CFR 197.486 if they result in:

1. Loss of life;
2. Injury causing incapacitation over 72 hours;
3. Injury requiring hospitalization over 24 hours.

In addition to the information requested on this form, also provide the name of the diving supervisor and, if applicable, a detailed report on gas embolism or decompression sickness as required by 46 CFR 197.410(a)(9).

Exempt from the commercial category are dives for:

1. Marine science research by educational institutions;
2. Research in diving equipment and technology;
3. Search and Rescue controlled by a government agency.

B. ALL OTHER DIVING. Diving accidents not covered by Instruction (6-A) but involving vessels subject to Instruction (2), VESSELS, must be reported if they result in death or injury causing incapacitation over 72 hours. (Ref. 46 CFR 4.03-1(c)).

HAZARDOUS MATERIALS

7. When an accident involves hazardous materials, public and environmental health and safety require immediate action. As soon as any person in charge of a vessel or facility has knowledge of a release or discharge of oil or a hazardous substance, that person is required to immediately notify the U.S. Department of Homeland Security's National Response Center (telephone toll-free 800-424-8802 - in the Washington, D.C. area call 202-426-2675). Anyone else knowing of a pollution incident is encouraged to use the toll-free telephone number to report it. If etiologic (disease causing) agents are involved, call the U.S. Public Health Service's Center for Disease Control in Atlanta, GA. (telephone 404-633-5313). (Ref. 42 USC 9603; 33 CFR 153; 49 CFR 171.15)

COMPLETION OF THIS FORM

8. In accordance with 46 CFR 4.05-1, the vessel owner, agent, master, operator, or person in charge shall complete this form. This form should be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of accident that has occurred. If a question is not applicable, the abbreviation "NA" should be entered in that space. If an answer is unknown and cannot be obtained, the abbreviation "UNK" should be entered in that space. If "NONE" is the correct response, then enter it in that space.

9. Once completed, deliver, e-mail or fax this form within five days of the casualty to the Coast Guard Sector, Marine Safety Unit, or Activity nearest the location of the casualty or, if at sea, nearest the arrival port.

10. When a casualty meets the requirements of a serious marine incident as defined in 46 CFR 4.03, the owner, agent, master, operator, or person in charge, is required to submit a CG-2692B in accordance with 46 CFR 4.06-60.

11. Amplifying information for completing the form:

A. Block 16 - "LOCATION" - Latitude and longitude to the nearest tenth of a minute should always be entered except in those rivers and waterways where a mile marker system is commonly used. In these cases, the mile number to the nearest tenth of a mile should be entered. If the latitude and longitude, or mile number, are unknown, reference to a known landmark or object (buoy, light, etc.) with distance and bearing to the object is permissible. Always identify the body of water or waterway referred to.

B. Tug or towboat with tow – Tugs or towboats with tows under their control should complete all applicable portions of the CG-2692. SECTION II should be completed if a barge causes or sustains damage or meets any other reporting criteria. If additional barges require reporting, the "Barge Addendum," CG-2692A, may be used to provide the information for the additional barges.

C. Moored/Anchored Barge - If a barge suffers a casualty while moored or anchored, or breaks away from its moorage, and causes or sustains reportable damages or meets any other reporting criteria, enter the location of its moorage in Block (1) of the CG-2692 and complete the form except for Blocks (2) through (13). The details will be entered in SECTION II for one barge and on the "Barge Addendum," CG-2692A, for additional barges.

D. SECTION III - Personnel Accident Information - SECTION III must be completed for a death or injury. In addition, applicable portions of SECTIONS I, II and IV must be completed. If more than one death or injury occurs in a single incident, complete one CG-2692 for one of the persons injured or killed, and attach additional CG-2692's, filling out Blocks (1) and (2) and SECTION III for each additional person.

E. BLOCK 44 - Describe the sequence of events which led up to this casualty. Include your opinion of the primary cause and any contributing causes of the casualty. Briefly describe damage to your vessel, its cargo, and other vessels/property. Include any recommendations you may have for preventing similar casualties. ALCOHOL AND DRUG INFORMATION. Provide the following information with regard to each person determined to be directly involved in the casualty: name, position aboard the vessel, whether or not the person was under the influence of alcohol or drugs at the time of the casualty, and the method used to make this determination. If toxicological testing is conducted the results should be included; if results are not available in a timely manner, provide the results of the toxicological test as soon as practical and indicate that this is the case in Block 44 of the casualty form.

NOTICE: The information collected on this form is routinely available for public inspection. It is needed by the Coast Guard to carry out its responsibility to investigate marine casualties, to identify hazardous conditions or situations and to conduct statistical analysis. The information is used to determine whether new or revised safety initiatives are necessary for the protection of life or property in the marine environment.

Reportable marine casualty information is needed for Coast Guard investigations of vessel casualties involving death, vessel damage, property loss and data, as mandated by Congress (see 46 USC 6301).

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.

The Coast Guard estimates that the average burden for this report is 1 hour. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (G-MOA), U.S. Coast Guard, Washington, DC 20593-0001 or Office of Management and Budget, Paperwork Reduction Project (1625-0001), Washington, DC 20503.

Privacy Act Notice
(CG-2692, CG-2692A, CG2692B)

Authority: 46 U.S.C. §6301 and Title 46, Code of Federal Regulations (CFR), Part 4 authorizes the collection of this information. Specifically, 46 CFR 4.05-10 mandates that vessel owners, agents, masters, operators, or persons in charge file a written report of any marine casualty required to be reported under § 4.05-1. The written report must be provided on Form CG-2692 (Report of Marine Accident, Injury or Death) supplemented as necessary by appended Forms CG-2692A (Barge Addendum) and CG-2692B (Report of Required Chemical Drug and Alcohol Testing Following a Serious Marine Incident).

Purpose: The Coast Guard uses this information in gathering facts to determine causes surrounding reportable marine casualties. This information assists in promoting the safety of life, property, and the protection of the marine environment through preventing the reoccurrence of accidents.

Routine Uses: Reportable marine casualty information is needed for Coast Guard investigations of vessel casualties involving death, vessel damage, property loss and data reports as mandated by Congress (See 46 U.S.C. 6301). Information gathered is also used to determine whether new or revised safety initiatives are necessary. Additionally, chemical testing information is needed to improve Coast Guard detection and reduction of drug use by mariners. The information contained on forms CG-2692, CG-2692A, and CG-2692B may be disclosed under the Freedom of Information Act (FOIA) via a written FOIA request.

Disclosure: Furnishing this information is mandatory per 46 CFR Part 4.05-10; failure to furnish the requested information for occurrences that are reportable marine casualties may result in civil penalty sanctions as outlined in 33 CFR Part 1. Coast Guard credentialed mariners may be subject to administrative adjudication per 46 CFR Part 5 for reporting failures. Some of the casualty information collected on this form may be made available for public inspection; however, information collected is protected from use in civil litigation per 46 U.S.C. §6308. Personal privacy information will not be disclosed routinely. Social Security numbers are not mandated on this form.