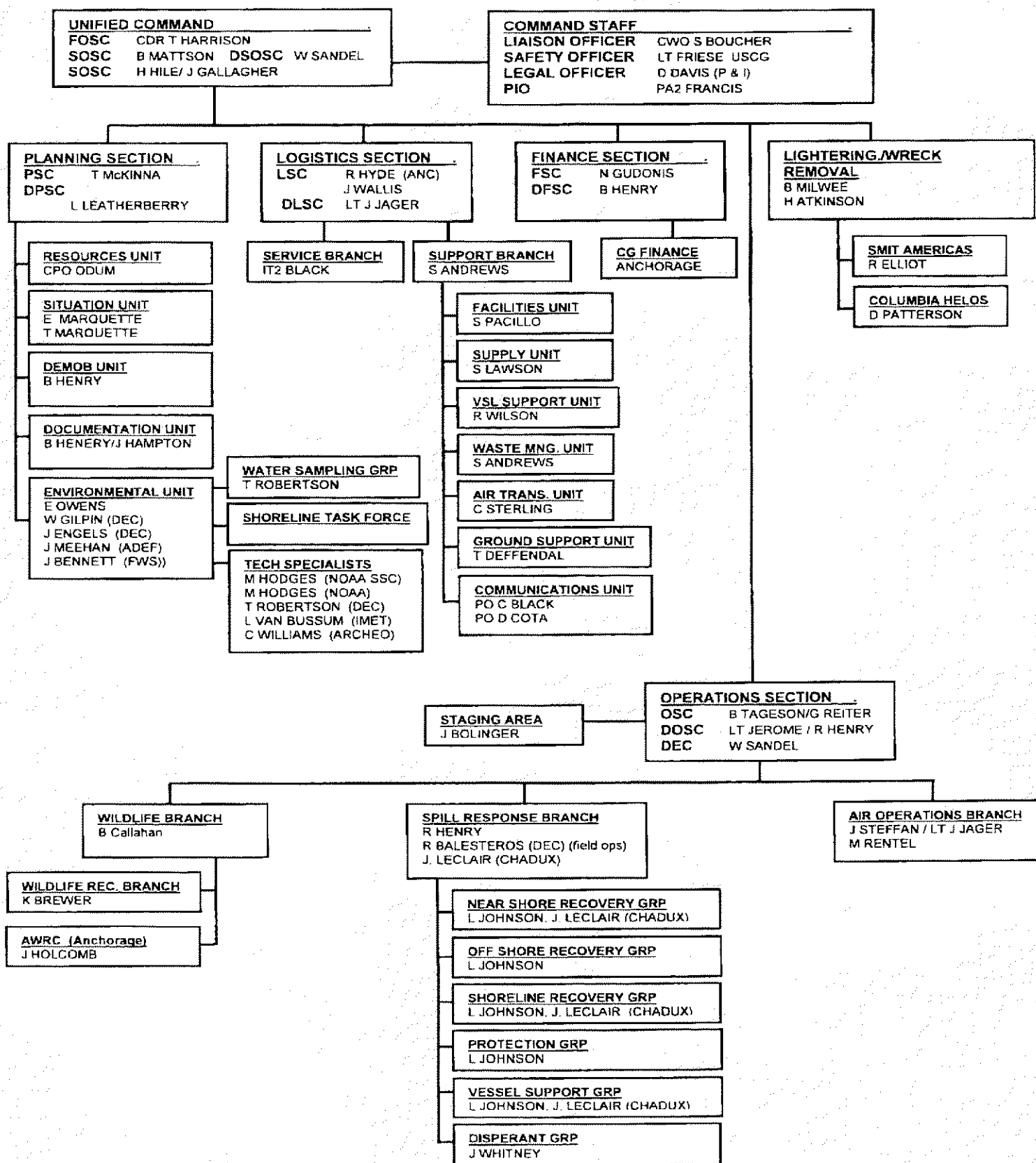


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             |                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|--------------------------------------|
| <b>1. Incident Name</b><br>MV SELENDANG AYU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>2. Operational Period to be covered by IAP (Date / Time)</b><br>From: 12/31/2004-06:00 To 1/3/2005-06:00 | <b>IAP COVER SHEET</b>               |
| <b>3. Approved by:</b><br><div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 30%;">           FOSC <u>CDR T. Harrison</u><br/>           SOSC MA <u>B. Mattson</u><br/>           RPIC <u>H. Hille</u> </div> <div style="width: 60%; text-align: right;"> <div style="margin-bottom: 10px;"> <br/>           12-30-04 FOSC (no)         </div> <div style="margin-bottom: 10px;"> <br/>           1759         </div> <div> <br/>           1810 12/30/04         </div> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                             |                                      |
| <h2 style="margin: 0;">INCIDENT ACTION PLAN</h2> <p style="margin: 10px 0;">The items checked below are included in this Incident Action Plan:</p> <div style="margin-top: 20px;"> <input checked="" type="checkbox"/> ICS 202-OS (Response Objectives)         </div> <hr/> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> ICS 203-OS (Organization List) - OR - ICS 207-OS (Organization Chart)         </div> <hr/> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> ICS 204-OSs (Assignment Lists)<br/>         One Copy each of any ICS 204-OS attachments:         <div style="margin-left: 20px;"> <input checked="" type="checkbox"/> Map<br/> <input type="checkbox"/> Weather forecast<br/> <input type="checkbox"/> Tides<br/> <input type="checkbox"/> Safety Brief         </div> </div> <hr/> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> ICS 205-OS (Communications List)         </div> <hr/> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> ICS 206-OS (Medical Plan)         </div> <hr/> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> ICS 220-OS (Air Operations Summary)         </div> <hr/> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> ICS 232-OS (Resources at Risk Summary)         </div> <hr/> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> ICS 209-OS (Incident Status Summary)         </div> <hr/> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Oiled Wildlife Protocol         </div> <hr/> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Cultural Resource Policy/Crew Recovery Policy/         </div> <hr/> <div style="margin-top: 10px;"> <input checked="" type="checkbox"/> Addendum to Site Safety Plan/ Egress &amp; Evacuation Plan         </div> |                                                                                                             |                                      |
| <b>4. Prepared by:</b><br>Tim McKinna - Planning Section Chief                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                             |                                      |
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| IAP COVER SHEET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                             |                                      |



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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------|---------------|--------------------------------------|--|
| <b>1. Incident Name</b><br>MV SELENDANG AYU                                                                                                                                                                                                                                                                       |                                 | <b>2. Operational Period (Date / Time)</b><br>From: 12/31/2004-06:00 To 1/3/2005-06:00 |               | <b>ASSIGNMENT LIST</b><br>ICS 204-OS |  |
| <b>3. Branch</b><br>Spill Response Branch                                                                                                                                                                                                                                                                         |                                 | <b>4. Division/Group</b><br>Dispersant Group                                           |               |                                      |  |
| <b>5. Operations Personnel</b>                                                                                                                                                                                                                                                                                    |                                 |                                                                                        |               |                                      |  |
|                                                                                                                                                                                                                                                                                                                   | Name                            | Affiliation                                                                            | Contact # (s) |                                      |  |
| Planning Section Chief:                                                                                                                                                                                                                                                                                           | T. McKinna                      | RP                                                                                     | 359 - 9167    |                                      |  |
| Branch Director:                                                                                                                                                                                                                                                                                                  | R. Henry                        | RP                                                                                     | 359 - 9172    |                                      |  |
| Division/Group Supervisor:                                                                                                                                                                                                                                                                                        | John Whitney                    | NOAA                                                                                   | 359 - 8862    |                                      |  |
| <b>6. Resources Assigned This Period</b> <span style="float: right;">"X" indicates 204a attachment with special instructions</span>                                                                                                                                                                               |                                 |                                                                                        |               |                                      |  |
| Strike Team / Task Force / Resource Identifier                                                                                                                                                                                                                                                                    | Leader                          | Contact Info. #                                                                        | # of Persons  | Notes / Remarks                      |  |
| Air Logistics H-212                                                                                                                                                                                                                                                                                               |                                 |                                                                                        |               |                                      |  |
| Dispersant Application Bucket                                                                                                                                                                                                                                                                                     | S Catalato                      |                                                                                        | 1             |                                      |  |
| Corexit 9500 Dispersant                                                                                                                                                                                                                                                                                           |                                 |                                                                                        |               | 16 drums (55 gal)                    |  |
| Strike Team Monitors                                                                                                                                                                                                                                                                                              | PO G RIA<br>PO D BOTA           |                                                                                        | 2             |                                      |  |
| Fluorometer                                                                                                                                                                                                                                                                                                       |                                 |                                                                                        |               |                                      |  |
|                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                        |               |                                      |  |
|                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                        |               |                                      |  |
| <b>7. Assignments</b>                                                                                                                                                                                                                                                                                             |                                 |                                                                                        |               |                                      |  |
| 1. Dispersant Group work assignment will be effective upon arrival of dispersant resources.<br>2. Upon the direction of the Unified Command deploy Corexit 9500 Dispersant over discharged oil pursuant to the RRT approval conditions dated 12/23/04.<br>3. Remain in a state of readiness until further notice. |                                 |                                                                                        |               |                                      |  |
| <b>8. Special Instructions for Division / Group</b>                                                                                                                                                                                                                                                               |                                 |                                                                                        |               |                                      |  |
| 1. All overflights are dependant on safe weather conditions<br>2. Read flight operations prior to departure<br>3. PPE must be worn by all personnel on overflights: Exposures suits must be worn on contractor air assets, Mustang suits must be worn on Coast Guard air assets.                                  |                                 |                                                                                        |               |                                      |  |
| <b>9. Communications (radio and / or phone contact numbers needed for this assignment)</b>                                                                                                                                                                                                                        |                                 |                                                                                        |               |                                      |  |
| Name / Function                                                                                                                                                                                                                                                                                                   | Radio: Freq. / System / Channel | Cell Phone                                                                             | Pager         |                                      |  |
| Command Post                                                                                                                                                                                                                                                                                                      |                                 | 581 - 7156                                                                             |               |                                      |  |
| Safety Officer                                                                                                                                                                                                                                                                                                    |                                 | 359 - 8865                                                                             |               |                                      |  |
|                                                                                                                                                                                                                                                                                                                   |                                 | 866-773-2304                                                                           |               |                                      |  |
| <b>Emergency Communications</b>                                                                                                                                                                                                                                                                                   |                                 |                                                                                        |               |                                      |  |
| Medical                                                                                                                                                                                                                                                                                                           | Evacuation                      | Other                                                                                  |               |                                      |  |
| <b>10. Prepared By (Resources Unit Leader)</b>                                                                                                                                                                                                                                                                    |                                 | <b>11. Approved By (Planning Section Chief)</b>                                        |               | <b>Date / Time</b>                   |  |
| T Marquette                                                                                                                                                                                                                                                                                                       |                                 | T. McKinna                                                                             |               | 12/30/04                             |  |
| ASSIGNMENT LIST                                                                                                                                                                                                                                                                                                   |                                 | June 2000                                                                              |               | 015 ICS 204-OS                       |  |

| <b>1. Incident Name</b><br>MV SELENDANG AYU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | <b>2. Operational Period (Date / Time)</b><br>From: 12/31/2004-06:00 To 1/3/2005-06:00 |              | <b>ASSIGNMENT LIST</b><br>ICS 204-OS                          |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
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| <b>3. Branch</b><br>Wildlife Branch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | <b>4. Division/Group</b><br>Wildlife Recovery Group                                    |              |                                                               |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| <b>5. Operations Personnel</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%; text-align: right;">Name</td> <td style="width: 30%; text-align: center;">Affiliation</td> <td style="width: 40%; text-align: right;">Contact # (s)</td> </tr> <tr> <td>Planning Section Chief: T. McKinna</td> <td style="text-align: center;">RP</td> <td style="text-align: right;">359 - 9167</td> </tr> <tr> <td>Branch Director: B. Callahan</td> <td></td> <td style="text-align: right;">359 - 9166</td> </tr> <tr> <td colspan="3">Division/Group Supervisor: _____</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                        |              |                                                               |                          | Name                                           | Affiliation                     | Contact # (s)   | Planning Section Chief: T. McKinna | RP              | 359 - 9167 | Branch Director: B. Callahan |  | 359 - 9166       | Division/Group Supervisor: _____ |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Affiliation                     | Contact # (s)                                                                          |              |                                                               |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| Planning Section Chief: T. McKinna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | RP                              | 359 - 9167                                                                             |              |                                                               |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| Branch Director: B. Callahan                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | 359 - 9166                                                                             |              |                                                               |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| Division/Group Supervisor: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                        |              |                                                               |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| <b>6. Resources Assigned This Period</b> <div style="text-align: right; font-size: small;">"X" indicates 204a attachment with special instructions</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">Strike Team / Task Force / Resource Identifier</th> <th style="width: 15%;">Leader</th> <th style="width: 15%;">Contact Info. #</th> <th style="width: 10%;"># of Persons</th> <th style="width: 30%;">Notes / Remarks</th> <th style="width: 10%;"></th> </tr> </thead> <tbody> <tr> <td>M/V EXITO</td> <td></td> <td>877 - 654 - 6999</td> <td style="text-align: center;">9</td> <td>3 crew, 6 response</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>F/V NORSEMAN</td> <td></td> <td>359 - 9791</td> <td style="text-align: center;">11</td> <td>3 crew, 8 response</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Wildlife Trailer (2)</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Skiffs (5)</td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> |                                 |                                                                                        |              |                                                               |                          | Strike Team / Task Force / Resource Identifier | Leader                          | Contact Info. # | # of Persons                       | Notes / Remarks |            | M/V EXITO                    |  | 877 - 654 - 6999 | 9                                | 3 crew, 6 response | <input type="checkbox"/> | F/V NORSEMAN |             | 359 - 9791   | 11 | 3 crew, 8 response | <input type="checkbox"/> | Wildlife Trailer (2) |  |  |  |  | <input type="checkbox"/> | Skiffs (5) |  |  |  |  | <input type="checkbox"/> |  |  |  |  |  | <input type="checkbox"/> |  |  |  |  |  | <input type="checkbox"/> |  |  |  |  |  | <input type="checkbox"/> |
| Strike Team / Task Force / Resource Identifier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Leader                          | Contact Info. #                                                                        | # of Persons | Notes / Remarks                                               |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| M/V EXITO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | 877 - 654 - 6999                                                                       | 9            | 3 crew, 6 response                                            | <input type="checkbox"/> |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| F/V NORSEMAN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | 359 - 9791                                                                             | 11           | 3 crew, 8 response                                            | <input type="checkbox"/> |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| Wildlife Trailer (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                        |              |                                                               | <input type="checkbox"/> |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| Skiffs (5)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                        |              |                                                               | <input type="checkbox"/> |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
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| <b>7. Assignments</b> <ol style="list-style-type: none"> <li>1. Survey all divisions for oiled wildlife.</li> <li>2. Upon the direction of the Wildlife Branch Director or Operations Section Chief relocate to an alternate location, and report upon arrival.</li> <li>3. Prioritize reports of oiled wildlife.</li> <li>4. Recover wildlife where identified.</li> <li>5. All vessels are to report into the Operations Section Chief at 0800, 1300, and 2000.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                        |              |                                                               |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| <b>8. Special Instructions for Division / Group</b> <ol style="list-style-type: none"> <li>1. Review small boat safety operations prior to conducting operations</li> <li>2. The master of vessel will determine safe deployment conditions.</li> <li>3. For medical emergencies notify Command Post immediately. EMTs located on M/V CAPE FLATTERY</li> <li>4. All personnel will wear proper PPE: Mustang Suits required on small boats, Life Jackets required on platform decks.</li> <li>5. Beach operations must be preapproved by the Safety Officer.</li> <li>6. There will be no shoreline operations during times when ice is visible on the adjacent upland zone.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                        |              |                                                               |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| <b>9. Communications (radio and / or phone contact numbers needed for this assignment)</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 35%; text-align: right;">Name / Function</td> <td style="width: 30%; text-align: center;">Radio: Freq. / System / Channel</td> <td style="width: 20%; text-align: right;">Cell Phone</td> <td style="width: 15%; text-align: right;">Pager</td> </tr> <tr> <td>Command Post</td> <td></td> <td style="text-align: right;">581 - 7156</td> <td></td> </tr> <tr> <td>Safety Officer</td> <td></td> <td style="text-align: right;">359 - 8865</td> <td></td> </tr> <tr> <td>M/V EXITO</td> <td style="text-align: center;">HF 4125 KHz</td> <td style="text-align: right;">866-773-2304</td> <td></td> </tr> </table> <p>Emergency Communications</p> <p>Medical 866 - 290 - 9238      Evacuation _____      Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                        |              |                                                               |                          | Name / Function                                | Radio: Freq. / System / Channel | Cell Phone      | Pager                              | Command Post    |            | 581 - 7156                   |  | Safety Officer   |                                  | 359 - 8865         |                          | M/V EXITO    | HF 4125 KHz | 866-773-2304 |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| Name / Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Radio: Freq. / System / Channel | Cell Phone                                                                             | Pager        |                                                               |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| Command Post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | 581 - 7156                                                                             |              |                                                               |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| Safety Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 359 - 8865                                                                             |              |                                                               |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| M/V EXITO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HF 4125 KHz                     | 866-773-2304                                                                           |              |                                                               |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| <b>10. Prepared By (Resources Unit Leader)</b><br>T Marquette                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | <b>Date / Time</b><br>12/30/04                                                         |              | <b>11. Approved By (Planning Section Chief)</b><br>T. McKinna |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| <b>Date / Time</b><br>12/30/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | <b>ASSIGNMENT LIST</b>                                                                 |              |                                                               |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |
| June 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | 015 ICS 204-OS                                                                         |              |                                                               |                          |                                                |                                 |                 |                                    |                 |            |                              |  |                  |                                  |                    |                          |              |             |              |    |                    |                          |                      |  |  |  |  |                          |            |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |  |  |  |  |  |                          |



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|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------|---------------|--------------------------------------|--------------------------|
| <b>1. Incident Name</b><br>MV SELENDANG AYU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | <b>2. Operational Period (Date / Time)</b><br>From: 12/31/2004-06:00: To 1/3/2005-06:00 |               | <b>ASSIGNMENT LIST</b><br>ICS 204-OS |                          |
| <b>3. Branch</b><br>Spill Response Branch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 | <b>4. Division/Group</b><br>Vessel Support Group                                        |               |                                      |                          |
| <b>5. Operations Personnel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                         |               |                                      |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name                            | Affiliation                                                                             | Contact # (s) |                                      |                          |
| Planning Section Chief: T. McKinna                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 | RP                                                                                      | 359 - 9167    |                                      |                          |
| Branch Director: R. Henry                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                         | 359 - 9172    |                                      |                          |
| Division/Group Supervisor: Lionel Johnson                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                         | 359 - 8912    |                                      |                          |
| <b>6. Resources Assigned This Period</b> <span style="float: right;">"X" indicates 204a attachment with special instructions</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                         |               |                                      |                          |
| Strike Team / Task Force / Resource Identifier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Leader                          | Contact Info. #                                                                         | # of Persons  | Notes / Remarks                      |                          |
| Barge Kashega                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Dan Magone                      | 359- 1400 / 581- 1400                                                                   | 2             | Skan Bay Moored                      | <input type="checkbox"/> |
| F/V SILENT LADY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | David                           | 359 - 9796                                                                              | 10            | 4 crew, 6 berthing moored            | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                         |               | along side Kashega                   | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                         |               |                                      | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                         |               |                                      | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                         |               |                                      | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                         |               |                                      | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                         |               |                                      | <input type="checkbox"/> |
| <b>7. Assignments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 |                                                                                         |               |                                      |                          |
| <ol style="list-style-type: none"> <li>1. Proceed to South Skan Bay and anchor the barge.</li> <li>2. Remain in Skan Bay as a forward staging area; moorage of MARCO skimmers, landing site for helo, and interim storage for recovery vessels.</li> <li>3. Upon direction from the Operations Section Chief provide moorage/storage to any vessels necessary.</li> <li>4. Recover any animal carcasses according to the oiled bird protocol.</li> <li>5. Upon discovery of LIVE oiled wildlife report location, type of animal, and degree of oiling to the M/V EXITO.</li> <li>6. The F/V SILENT LADY will provide berthing for the barge and NRC personnel.</li> </ol>              |                                 |                                                                                         |               |                                      |                          |
| <b>8. Special Instructions for Division / Group</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 |                                                                                         |               |                                      |                          |
| <ol style="list-style-type: none"> <li>1. Review small boat safety operations prior to conducting operations</li> <li>2. The master of vessel will determine safe deployment conditions.</li> <li>3. For medical emergencies notify Command Post immediately. EMTs located on M/V CAPE FLATTERY</li> <li>4. All personnel will wear proper PPE: Mustang Suits required on small boats, Life Jackets required on platform decks.</li> <li>5. Beach operations must be preapproved by the Safety Officer if not in normal work assignment.</li> <li>6. There will be no shoreline operations for beach clean up during times when ice is visible on the adjacent upland zone.</li> </ol> |                                 |                                                                                         |               |                                      |                          |
| <b>9. Communications (radio and / or phone contact numbers needed for this assignment)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                         |               |                                      |                          |
| Name / Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Radio: Freq. / System / Channel | Cell Phone                                                                              | Pager         |                                      |                          |
| Command Post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | 581 - 7156                                                                              |               |                                      |                          |
| Safety Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | 359 - 8865                                                                              |               |                                      |                          |
| M/V EXITO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | HF 4125 KHz                     | 866-773-2304                                                                            |               |                                      |                          |
| <b>Emergency Communications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                         |               |                                      |                          |
| Medical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 866 - 290 - 9238                | Evacuation                                                                              | Other         |                                      |                          |
| <b>10. Prepared By (Resources Unit Leader)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | <b>11. Approved By (Planning Section Chief)</b>                                         |               |                                      |                          |
| T Marquette                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | T. McKinna                                                                              |               | Date / Time                          |                          |
| 12/30/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | 12/30/04                                                                                |               |                                      |                          |
| <b>ASSIGNMENT LIST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | June 2000                                                                               |               | 015 ICS 204-OS                       |                          |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-----------------------------------------------------------------------------------------|---------------|--------------------------------------|--|
| <b>1. Incident Name</b><br>MV SELENDANG AYU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 | <b>2. Operational Period (Date / Time)</b><br>From: 12/31/2004-06:00: To 1/3/2005-06:00 |               | <b>ASSIGNMENT LIST</b><br>ICS 204-OS |  |
| <b>3. Branch</b><br>Spill Response Branch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 | <b>4. Division/Group</b><br>Vessel Support Group                                        |               |                                      |  |
| <b>5. Operations Personnel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                         |               |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Name                            | Affiliation                                                                             | Contact # (s) |                                      |  |
| Planning Section Chief:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | T. McKinna                      | RP                                                                                      | 359 - 9167    |                                      |  |
| Branch Director:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | R. Henry                        |                                                                                         | 359 - 9172    |                                      |  |
| Division/Group Supervisor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Lionel Johnson                  |                                                                                         | 359 - 8912    |                                      |  |
| <b>6. Resources Assigned This Period</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                         |               |                                      |  |
| "X" indicates 204a attachment with special instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                         |               |                                      |  |
| Strike Team / Task Force / Resource Identifier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Leader                          | Contact Info. #                                                                         | # of Persons  | Notes / Remarks                      |  |
| M/V SIRENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Monte                           | 907 - 359 - 9791                                                                        | 4             |                                      |  |
| 1500 gal fresh water tank (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                         |               |                                      |  |
| Fresh water transfer system                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                         |               |                                      |  |
| Storage Super Sack Transf.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                         |               |                                      |  |
| F/V Miss Pepper                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | L. Johnson                      | 359 - 8912                                                                              | 2             | Not Deployed yet                     |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                         |               |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                         |               |                                      |  |
| <b>7. Assignments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                         |               |                                      |  |
| 1. Load all requested supplies dock side at Dutch Harbor (1600-1800/1900).<br>2. Coordinate and deliver supplies to identified Spill Response vessels.<br>3. Report to vessels with on scene weather conditions.<br>4. Recover any animal carcasses according to the oiled bird protocol.<br>5. Upon discovery of LIVE oiled wildlife report location, type of animal, and degree of oiling to the M/V EXITO<br>6. All vessels are to report into the Operations Section Chief at 0800, 1300, and 2000.<br>7. Load all oily waste super sacks for return to Dutch Harbor for disposal in accordance with disposal plan. |                                 |                                                                                         |               |                                      |  |
| <b>8. Special Instructions for Division / Group</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                         |               |                                      |  |
| 1. Review small boat safety operations prior to conducting operations<br>2. The master of vessel will determine safe deployment conditions.<br>3. For medical emergencies notify Command Post immediately. EMTs located on M/V CAPE FLATTERY<br>4. All personnel will wear proper PPE: Mustang Suits required on small boats, Life Jackets required on platform decks.<br>5. Beach operations must be preapproved by the Safety Officer if not in normal work assignment.<br>6. There will be no shoreline operations for beach clean up during times when ice is visible on the adjacent upland zone.                  |                                 |                                                                                         |               |                                      |  |
| <b>9. Communications (radio and / or phone contact numbers needed for this assignment)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                 |                                                                                         |               |                                      |  |
| Name / Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Radio: Freq. / System / Channel | Cell Phone                                                                              | Pager         |                                      |  |
| Command Post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | 581 - 7156                                                                              |               |                                      |  |
| Safety Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 359 - 8865                                                                              |               |                                      |  |
| M/V EXITO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | HF 4125 KHz                     | 866-773-2304                                                                            |               |                                      |  |
| <b>Emergency Communications</b><br>Medical: 866 - 290 - 9238      Evacuation: _____      Other: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 |                                                                                         |               |                                      |  |
| <b>10. Prepared By (Resources Unit Leader)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | <b>11. Approved By (Planning Section Chief)</b>                                         |               | <b>Date / Time</b>                   |  |
| T. Marquette                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 | 12/30/04                                                                                |               | T. McKinna                           |  |
| 12/30/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | 12/30/04                                                                                |               |                                      |  |
| ASSIGNMENT LIST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | June 2000                                                                               |               | 015 ICS 204-OS                       |  |

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| <b>1. Incident Name</b><br>MV SELENDANG AYU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | <b>2. Operational Period (Date / Time)</b><br>From: 12/31/2004-06:00 To 1/3/2005-06:00 |               | <b>ASSIGNMENT LIST</b><br>ICS 204-OS |                          |
| <b>3. Branch</b><br>Spill Response Branch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                           | <b>4. Division/Group</b><br>Shoreline Clean up                                         |               |                                      |                          |
| <b>5. Operations Personnel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           |                                                                                        |               |                                      |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Name                                      | Affiliation                                                                            | Contact # (s) |                                      |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Planning Section Chief: T. McKinna        | RP                                                                                     | 359 - 9167    |                                      |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Branch Director: R. Henry                 |                                                                                        | 359 - 9172    |                                      |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Division/Group Supervisor: Lionel Johnson |                                                                                        | 359 - 8912    |                                      |                          |
| <b>6. Resources Assigned This Period</b> <span style="float: right;">"X" indicates 204a attachment with special instructions</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                                        |               |                                      |                          |
| Strike Team / Task Force / Resource Identifier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Leader                                    | Contact Info. #                                                                        | # of Persons  | Notes / Remarks                      |                          |
| M/V REDEEMER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | D. Magone                                 | 907 - 359 - 1400                                                                       | 10            |                                      | <input type="checkbox"/> |
| M/V POLAR BEAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | K. Whiteside                              | 391 - 2268                                                                             | 14            | 5 crew, 9 response                   | <input type="checkbox"/> |
| M/V CAPE FLATTERY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | K. Darby                                  | 866 - 909 - 9238                                                                       | 36            | 11 crew, 25 responders               | <input type="checkbox"/> |
| Clean up Kit (3)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           |                                                                                        |               |                                      | <input type="checkbox"/> |
| Skiffs (8)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                                                                        |               |                                      | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                                                                        |               |                                      | <input type="checkbox"/> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                                                                        |               |                                      | <input type="checkbox"/> |
| <b>7. Assignments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           |                                                                                        |               |                                      |                          |
| 1. Proceed to Division A1 and A2 commence shoreline cleanup<br>2. Upon direction from the Operations Section Chief relocate to alternate location and report arrival to Operations Section Chief.<br>3. Recover any animal carcasses according to the oiled bird protocol.<br>4. Upon discovery of LIVE oiled wildlife report location, type of animal, and degree of oiling to the M/V EXITO.<br>5. All vessels are to report into the Operations Section Chief at 0800, 1300, and 2000.                                                                                                              |                                           |                                                                                        |               |                                      |                          |
| <b>8. Special Instructions for Division / Group</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                           |                                                                                        |               |                                      |                          |
| 1. Review small boat safety operations prior to conducting operations<br>2. The master of vessel will determine safe deployment conditions.<br>3. For medical emergencies notify Command Post immediately. EMTs located on M/V CAPE FLATTERY<br>4. All personnel will wear proper PPE: Mustang Suits required on small boats, Life Jackets required on platform decks.<br>5. Beach operations must be preapproved by the Safety Officer if not in normal work assignment.<br>6. There will be no shoreline operations for beach clean up during times when ice is visible on the adjacent upland zone. |                                           |                                                                                        |               |                                      |                          |
| <b>9. Communications (radio and / or phone contact numbers needed for this assignment)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                                                                        |               |                                      |                          |
| Name / Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Radio: Freq. / System / Channel           | Cell Phone                                                                             | Pager         |                                      |                          |
| Command Post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                           | 581 - 7156                                                                             |               |                                      |                          |
| Safety Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | 359 - 8865                                                                             |               |                                      |                          |
| M/V EXITO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | HF 4125 KHz                               | 866-773-2304                                                                           |               |                                      |                          |
| <b>Emergency Communications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           |                                                                                        |               |                                      |                          |
| Medical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 866 - 290 - 9238                          | Evacuation                                                                             | Other         |                                      |                          |
| <b>10. Prepared By (Resources Unit Leader)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                           | <b>11. Approved By (Planning Section Chief)</b>                                        |               | <b>Date / Time</b>                   |                          |
| T Marquette                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           | T. McKinna                                                                             |               | 12/30/04                             |                          |
| <b>ASSIGNMENT LIST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                                                                                        | June 2000     |                                      | 015 ICS 204-OS           |

| <b>1. Incident Name</b><br>MV SELENDANG AYU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 | <b>2. Operational Period (Date / Time)</b><br>From: 12/31/2004-06:00 To 1/3/2005-06:00 |                                                      | <b>ASSIGNMENT LIST</b><br>ICS 204-OS                          |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------|--------------------------|------------------------------------------------|---------------------------------|-----------------|---------------|-------------------------|------------|-----------------------|------------|------------------|----------|------------|--------------------------|----------------------------------|---------------|------------------|---|--|--------------------------|--------------------|-----------|------------------|---|--|--------------------------|---------------|------------------|------------------|---|--|--------------------------|------------|--|--|---|----------|--------------------------|-------------------------------|--|--|---|--------------------|--------------------------|--------------------------------|--|--|--|-----------------|--------------------------|
| <b>3. Branch</b><br>Spill Response Branch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                        | <b>4. Division/Group</b><br>Off Shore Recovery Group |                                                               |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">5. Operations Personnel</th> <th style="width: 30%;">Name</th> <th style="width: 20%;">Affiliation</th> <th style="width: 20%;">Contact # (s)</th> </tr> <tr> <td>Planning Section Chief:</td> <td>T. McKinna</td> <td>RP</td> <td>359 - 9167</td> </tr> <tr> <td>Branch Director:</td> <td>R. Henry</td> <td></td> <td>359 - 9172</td> </tr> <tr> <td colspan="4">Division/Group Supervisor: _____</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                        |                                                      |                                                               |                          | 5. Operations Personnel                        | Name                            | Affiliation     | Contact # (s) | Planning Section Chief: | T. McKinna | RP                    | 359 - 9167 | Branch Director: | R. Henry |            | 359 - 9172               | Division/Group Supervisor: _____ |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| 5. Operations Personnel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Name                            | Affiliation                                                                            | Contact # (s)                                        |                                                               |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| Planning Section Chief:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T. McKinna                      | RP                                                                                     | 359 - 9167                                           |                                                               |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| Branch Director:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | R. Henry                        |                                                                                        | 359 - 9172                                           |                                                               |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| Division/Group Supervisor: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                        |                                                      |                                                               |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| <b>6. Resources Assigned This Period</b> <div style="text-align: right; font-size: small;">"X" indicates 204a attachment with special instructions</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Strike Team / Task Force / Resource Identifier</th> <th style="width: 15%;">Leader</th> <th style="width: 15%;">Contact Info. #</th> <th style="width: 10%;"># of Persons</th> <th style="width: 35%;">Notes / Remarks</th> <th style="width: 5%;"></th> </tr> </thead> <tbody> <tr> <td>Current Buster (NOFI)</td> <td>Steve Hood</td> <td>SAT 907-787-5881</td> <td>3</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>F/V COMMITMENT</td> <td>Roger Rowland</td> <td>(907) 581 - 5881</td> <td>2</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>F/V WESTERN VIKING</td> <td>Jim Stone</td> <td>(253) 588 - 2015</td> <td>4</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>F/V RAVEN BAY</td> <td>Dustin Dickerson</td> <td>(907) 391 - 3437</td> <td>2</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Skiffs (2)</td> <td></td> <td></td> <td>4</td> <td>not rcvd</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Vicoma Star Skimmer (+backup)</td> <td></td> <td></td> <td>2</td> <td>Back Up LaMor Mini</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Storage (5000 gal) / Boom 400'</td> <td></td> <td></td> <td></td> <td>BOOM ON KASHEGA</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> |                                 |                                                                                        |                                                      |                                                               |                          | Strike Team / Task Force / Resource Identifier | Leader                          | Contact Info. # | # of Persons  | Notes / Remarks         |            | Current Buster (NOFI) | Steve Hood | SAT 907-787-5881 | 3        |            | <input type="checkbox"/> | F/V COMMITMENT                   | Roger Rowland | (907) 581 - 5881 | 2 |  | <input type="checkbox"/> | F/V WESTERN VIKING | Jim Stone | (253) 588 - 2015 | 4 |  | <input type="checkbox"/> | F/V RAVEN BAY | Dustin Dickerson | (907) 391 - 3437 | 2 |  | <input type="checkbox"/> | Skiffs (2) |  |  | 4 | not rcvd | <input type="checkbox"/> | Vicoma Star Skimmer (+backup) |  |  | 2 | Back Up LaMor Mini | <input type="checkbox"/> | Storage (5000 gal) / Boom 400' |  |  |  | BOOM ON KASHEGA | <input type="checkbox"/> |
| Strike Team / Task Force / Resource Identifier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Leader                          | Contact Info. #                                                                        | # of Persons                                         | Notes / Remarks                                               |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| Current Buster (NOFI)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Steve Hood                      | SAT 907-787-5881                                                                       | 3                                                    |                                                               | <input type="checkbox"/> |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| F/V COMMITMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Roger Rowland                   | (907) 581 - 5881                                                                       | 2                                                    |                                                               | <input type="checkbox"/> |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| F/V WESTERN VIKING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Jim Stone                       | (253) 588 - 2015                                                                       | 4                                                    |                                                               | <input type="checkbox"/> |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| F/V RAVEN BAY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Dustin Dickerson                | (907) 391 - 3437                                                                       | 2                                                    |                                                               | <input type="checkbox"/> |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| Skiffs (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                        | 4                                                    | not rcvd                                                      | <input type="checkbox"/> |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| Vicoma Star Skimmer (+backup)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                        | 2                                                    | Back Up LaMor Mini                                            | <input type="checkbox"/> |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| Storage (5000 gal) / Boom 400'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                        |                                                      | BOOM ON KASHEGA                                               | <input type="checkbox"/> |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| <b>7. Assignments</b><br><br>1. Upon the direction of the Operations Section Chief, in the event of a secondary discharge from the M/V SELENDANG AYU proceed to the designated divisions and begin oil recovery operations.<br>2. Recover any animal carcasses according to the oiled bird protocol.<br>3. Upon discovery of LIVE oiled wildlife report location, type of animal, and degree of oiling to the M/V EXITO.<br>4. All vessels are to report into the Operations Section Chief at 0800, 1300, and 2000.<br><br>CH 81 VSL TO VSL      CH 83 GROUND - AIR - GROUND                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                        |                                                      |                                                               |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
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| Name / Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Radio: Freq. / System / Channel | Cell Phone                                                                             | Pager                                                |                                                               |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| Command Post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | 581 - 7156                                                                             |                                                      |                                                               |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| Safety Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | 359 - 8865                                                                             |                                                      |                                                               |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| M/V EXITO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | HF 4125 KHz                     | 866-773-2304                                                                           |                                                      |                                                               |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| <b>10. Prepared By (Resources Unit Leader)</b><br>T Marquette                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | <b>Date / Time</b><br>12/30/04                                                         |                                                      | <b>11. Approved By (Planning Section Chief)</b><br>T. McKinna |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| <b>Date / Time</b><br>12/30/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | <b>ASSIGNMENT LIST</b>                                                                 |                                                      |                                                               |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |
| June 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                 |                                                                                        |                                                      | 015 ICS 204-OS                                                |                          |                                                |                                 |                 |               |                         |            |                       |            |                  |          |            |                          |                                  |               |                  |   |  |                          |                    |           |                  |   |  |                          |               |                  |                  |   |  |                          |            |  |  |   |          |                          |                               |  |  |   |                    |                          |                                |  |  |  |                 |                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                        |                |                                                  |       |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------|----------------|--------------------------------------------------|-------|
| <b>1. Incident Name</b><br>MV SELENDANG AYU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | <b>2. Operational Period (Date / Time)</b><br>From: 12/31/2004-06:00 To 1/3/2005-06:00 |                | <b>ASSIGNMENT LIST</b><br>ICS 204-OS             |       |
| <b>3. Branch</b><br>Spill Response Branch                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | <b>4. Division/Group</b><br>Near Shore Recovery Group                                  |                |                                                  |       |
| <b>5. Operations Personnel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                                        |                |                                                  |       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | Name                                                                                   | Affiliation    | Contact # (s)                                    |       |
| Planning Section Chief:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | T. McKinna                                                                             | RP             | 359 - 9167                                       |       |
| Branch Director:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  | R. Henry                                                                               | RP             | 359 - 9172                                       |       |
| Division/Group Supervisor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  | Lionel Johnson                                                                         |                | 359 - 8912                                       |       |
| <b>6. Resources Assigned This Period</b> <span style="float: right;">"X" indicates 204a attachment with special instructions</span>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                        |                |                                                  |       |
| Strike Team / Task Force / Resource Identifier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Leader           | Contact Info. #                                                                        | # of Persons   | Notes / Remarks                                  |       |
| M/V LABRADOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Capt J. Lamar    | 866 - 650 - 2429                                                                       | 8              | 4 response, 4 crew <input type="checkbox"/>      |       |
| VOSS LADY ALLENE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                  |                                                                                        |                | <input type="checkbox"/>                         |       |
| Boom, 600'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                        |                | Support Marco on Kasega <input type="checkbox"/> |       |
| Portable Barge Set                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                                                                        |                | <input type="checkbox"/>                         |       |
| MARCO (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                        | 4              | on Kasega <input type="checkbox"/>               |       |
| Skiff (2)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  |                                                                                        | 4              | on Kasega <input type="checkbox"/>               |       |
| F/V SILENT LADY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 359 -9683 LOCAL  | SAT 1-877-649-3917<br>SS 4125                                                          | 5              | berthing for 8 <input type="checkbox"/>          |       |
| <b>7. Assignments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                  |                                                                                        |                |                                                  |       |
| <ol style="list-style-type: none"> <li>Proceed to Makushin Bay. When recoverable oil is reported commence near shore recovery.</li> <li>Upon direction from the Operations Section Chief relocate to alternate location and report arrival to Operations Section Chief.</li> <li>The F/V SILENT LADY will provide berthing for the NRC personnel operating the MARCO skimmers.</li> <li>Recover any animal carcasses according to the oiled bird protocol.</li> <li>Upon discovery of LIVE oiled wildlife report location, type of animal, and degree of oiling to the M/V EXITO.</li> <li>All vessels are to report into the Operations Section Chief at 0800, 1300, and 2000.</li> </ol> |                  |                                                                                        |                |                                                  |       |
| <b>8. Special Instructions for Division / Group</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                  |                                                                                        |                |                                                  |       |
| <ol style="list-style-type: none"> <li>Review small boat safety operations prior to conducting operations</li> <li>The master of vessel will determine safe deployment conditions.</li> <li>For medical emergencies notify Command Post immediately. EMTs located on M/V CAPE FLATTERY</li> <li>All personnel will wear proper PPE: Mustang Suits required on small boats, Life Jackets required on platform decks.</li> <li>Beach operations must be preapproved by the Safety Officer if not in normal work assignment.</li> <li>There will be no shoreline operations for beach clean up during times when ice is visible on the adjacent upland zone.</li> </ol>                       |                  |                                                                                        |                |                                                  |       |
| <b>9. Communications (radio and / or phone contact numbers needed for this assignment)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                  |                                                                                        |                |                                                  |       |
| Name / Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  | Radio: Freq. / System / Channel                                                        |                | Cell Phone                                       | Pager |
| Command Post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                                                                                        |                | 581 - 7156                                       |       |
| Safety Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                                                                                        |                | 359 - 8865                                       |       |
| M/V EXITO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                  | HF 4125 KHz                                                                            |                | 866-773-2304                                     |       |
| <b>Emergency Communications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                  |                                                                                        |                |                                                  |       |
| Medical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 866 - 290 - 9238 | Evacuation                                                                             |                | Other                                            |       |
| <b>10. Prepared By (Resources Unit Leader)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  | <b>11. Approved By (Planning Section Chief)</b>                                        |                |                                                  |       |
| T Marquette                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | T. McKinna                                                                             |                |                                                  |       |
| Date / Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                  | Date / Time                                                                            |                |                                                  |       |
| 12/30/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  | 12/30/04                                                                               |                |                                                  |       |
| <b>ASSIGNMENT LIST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                  |                                                                                        | 015 ICS 204-OS |                                                  |       |

| <b>1. Incident Name</b><br>MV SELENDANG AYU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 | <b>2. Operational Period (Date / Time)</b><br>From: 12/31/2004-06:00 To 1/3/2005-06:00 |                                                                    | <b>ASSIGNMENT LIST</b><br>ICS 204-OS                          |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
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| <b>3. Branch</b><br>Environmental Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                        | <b>4. Division/Group</b><br>Shoreline Oiling Assessment Task Force |                                                               |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| <b>5. Operations Personnel</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name</th> <th style="width: 20%;">Affiliation</th> <th style="width: 40%;">Contact # (s)</th> </tr> </thead> <tbody> <tr> <td>Planning Section Chief: <u>T. McKinna</u></td> <td>RP</td> <td>359 - 9167</td> </tr> <tr> <td>Branch Director: <u>W. Gilpen</u></td> <td>DEC</td> <td>359 - 9430</td> </tr> <tr> <td>Division/Group Supervisor: <u>Ed Owens</u></td> <td>RP</td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                        |                                                                    |                                                               |                          | Name                                           | Affiliation                     | Contact # (s)   | Planning Section Chief: <u>T. McKinna</u> | RP                  | 359 - 9167 | Branch Director: <u>W. Gilpen</u> | DEC | 359 - 9430            | Division/Group Supervisor: <u>Ed Owens</u> | RP         |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Affiliation                     | Contact # (s)                                                                          |                                                                    |                                                               |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| Planning Section Chief: <u>T. McKinna</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | RP                              | 359 - 9167                                                                             |                                                                    |                                                               |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| Branch Director: <u>W. Gilpen</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DEC                             | 359 - 9430                                                                             |                                                                    |                                                               |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| Division/Group Supervisor: <u>Ed Owens</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | RP                              |                                                                                        |                                                                    |                                                               |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| <b>6. Resources Assigned This Period</b> <div style="text-align: right; font-size: small;">"X" indicates 204a attachment with special instructions</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Strike Team / Task Force / Resource Identifier</th> <th style="width: 15%;">Leader</th> <th style="width: 15%;">Contact Info. #</th> <th style="width: 10%;"># of Persons</th> <th style="width: 35%;">Notes / Remarks</th> <th style="width: 5%;"></th> </tr> </thead> <tbody> <tr> <td>Federal Representative</td> <td></td> <td></td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Alaska DEC Representative</td> <td>John Engles</td> <td></td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Responsible Party Representative</td> <td></td> <td></td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Trained Wildlife Observer</td> <td></td> <td></td> <td style="text-align: center;">1</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Air Asset</td> <td></td> <td></td> <td></td> <td>Coordinate with AirOps for</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>daily flights. Check ICS 220</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td>for flight times and air craft.</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> |                                 |                                                                                        |                                                                    |                                                               |                          | Strike Team / Task Force / Resource Identifier | Leader                          | Contact Info. # | # of Persons                              | Notes / Remarks     |            | Federal Representative            |     |                       | 1                                          |            | <input type="checkbox"/> | Alaska DEC Representative | John Engles |              | 1 |  | <input type="checkbox"/> | Responsible Party Representative |  |  | 1 |  | <input type="checkbox"/> | Trained Wildlife Observer |  |  | 1 |  | <input type="checkbox"/> | Air Asset |  |  |  | Coordinate with AirOps for | <input type="checkbox"/> |  |  |  |  | daily flights. Check ICS 220 | <input type="checkbox"/> |  |  |  |  | for flight times and air craft. | <input type="checkbox"/> |
| Strike Team / Task Force / Resource Identifier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Leader                          | Contact Info. #                                                                        | # of Persons                                                       | Notes / Remarks                                               |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| Federal Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                        | 1                                                                  |                                                               | <input type="checkbox"/> |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| Alaska DEC Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | John Engles                     |                                                                                        | 1                                                                  |                                                               | <input type="checkbox"/> |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| Responsible Party Representative                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                        | 1                                                                  |                                                               | <input type="checkbox"/> |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| Trained Wildlife Observer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                        | 1                                                                  |                                                               | <input type="checkbox"/> |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| Air Asset                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                        |                                                                    | Coordinate with AirOps for                                    | <input type="checkbox"/> |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                        |                                                                    | daily flights. Check ICS 220                                  | <input type="checkbox"/> |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                        |                                                                    | for flight times and air craft.                               | <input type="checkbox"/> |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| <b>7. Assignments</b> <ol style="list-style-type: none"> <li>The specified locations and others as may be recommended by the team; Volcano Bay (VLC7), Makushin Viliage (MKS1 and MSK11), Humpback Bay (HMP11 and HMP12), Portage Bay (PTN3), Skan Bay (SKN5, 14, and 15), Spray Cape (SPR11 and SPR12), and South Skan (SKS 1B).</li> <li>Gather data at each site regarding fate and effects of spilled oil, and presence and status of sub surface oil.</li> <li>The trained wildlife representative will count oiled birds/animals and provide information to situation unit and to wildlife vessels. When possible bag dead oiled animals according to the oiled bird protocol and transport them on the helo.</li> <li>Each mission should be checked by the archeologist.</li> <li>Observations will be relayed back to the Situations Unit, Operations Section, and the Unified Command.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                        |                                                                    |                                                               |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| <b>8. Special Instructions for Division / Group</b> <ol style="list-style-type: none"> <li>All overflights are dependant on safe weather conditions</li> <li>Read flight operations prior to departure</li> <li>PPE must be worn by all personnel on overflights: Exposures suits must be worn on contractor air assets, Mustang suits must be worn on Coast Guard air assets.</li> <li>There will be no shoreline operations during times when ice is visible on the adjacent upland zone.</li> </ol>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                        |                                                                    |                                                               |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| <b>9. Communications (radio and / or phone contact numbers needed for this assignment)</b> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">Name / Function</th> <th style="width: 30%;">Radio: Freq. / System / Channel</th> <th style="width: 20%;">Cell Phone</th> <th style="width: 15%;">Pager</th> </tr> </thead> <tbody> <tr> <td><u>Command Post</u></td> <td></td> <td>581 - 7156</td> <td></td> </tr> <tr> <td><u>Safety Officer</u></td> <td></td> <td>359 - 8865</td> <td></td> </tr> <tr> <td><u>MV EXITO</u></td> <td>HF 4125 KHz</td> <td>866-773-2304</td> <td></td> </tr> </tbody> </table> <p>Emergency Communications</p> <p>Medical _____ Evacuation _____ Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                 |                                                                                        |                                                                    |                                                               |                          | Name / Function                                | Radio: Freq. / System / Channel | Cell Phone      | Pager                                     | <u>Command Post</u> |            | 581 - 7156                        |     | <u>Safety Officer</u> |                                            | 359 - 8865 |                          | <u>MV EXITO</u>           | HF 4125 KHz | 866-773-2304 |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| Name / Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Radio: Freq. / System / Channel | Cell Phone                                                                             | Pager                                                              |                                                               |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| <u>Command Post</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                 | 581 - 7156                                                                             |                                                                    |                                                               |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| <u>Safety Officer</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 | 359 - 8865                                                                             |                                                                    |                                                               |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| <u>MV EXITO</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | HF 4125 KHz                     | 866-773-2304                                                                           |                                                                    |                                                               |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| <b>10. Prepared By (Resources Unit Leader)</b><br>T Marquette                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 | <b>Date / Time</b><br>12/30/04                                                         |                                                                    | <b>11. Approved By (Planning Section Chief)</b><br>T. McKinna |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| <b>Date / Time</b><br>12/30/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | <b>ASSIGNMENT LIST</b>                                                                 |                                                                    |                                                               |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |
| June 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                        |                                                                    | 015 ICS 204-OS                                                |                          |                                                |                                 |                 |                                           |                     |            |                                   |     |                       |                                            |            |                          |                           |             |              |   |  |                          |                                  |  |  |   |  |                          |                           |  |  |   |  |                          |           |  |  |  |                            |                          |  |  |  |  |                              |                          |  |  |  |  |                                 |                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                        |               |                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------------------------------------------------------------------|---------------|--------------------------------------|--|
| <b>1. Incident Name</b><br>MV SELENDANG AYU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | <b>2. Operational Period (Date / Time)</b><br>From: 12/31/2004-06:00 To 1/3/2005-06:00 |               | <b>ASSIGNMENT LIST</b><br>ICS 204-OS |  |
| <b>3. Branch</b><br>Environmental Unit                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 | <b>4. Division/Group</b><br>Water Sampling Group                                       |               |                                      |  |
| <b>5. Operations Personnel</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                        |               |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Name                            | Affiliation                                                                            | Contact # (s) |                                      |  |
| Planning Section Chief:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | T. McKinna                      | RP                                                                                     | 359 - 9167    |                                      |  |
| Branch Director:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | W. Gilpen                       | DEC                                                                                    | 359 - 9430    |                                      |  |
| Division/Group Supervisor:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | T. Robertson                    | NUKA Research                                                                          | 359 - 9429    |                                      |  |
| <b>6. Resources Assigned This Period</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 |                                                                                        |               |                                      |  |
| "X" indicates 204a attachment with special instructions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                 |                                                                                        |               |                                      |  |
| Strike Team / Task Force / Resource Identifier                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Leader                          | Contact Info. #                                                                        | # of Persons  | Notes / Remarks                      |  |
| F/V ALASKA LADY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Capt. Ken                       | 359 - 5030                                                                             | 4             |                                      |  |
| NUKA Rep                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | A. Robertson                    | 359 - 8861                                                                             | 1             |                                      |  |
| Crab Pots (30)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                        |               |                                      |  |
| Sampling Net (1)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                 |                                                                                        |               |                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                        |               |                                      |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                        |               |                                      |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                        |               |                                      |  |
| <b>7. Assignments</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                 |                                                                                        |               |                                      |  |
| 1. Proceed to sampling areas and set crab pots and oil snare to sample for tar balls and oil effected crabs.<br>2. Collect samples of any oil encountered according to approved protocols.<br>3. Note collector, date/time, location, depth of water, and occurrence of oil for each sample device.<br>4. Note collector, date/time, depth, number of crabs and occurrence of oil for each baited crap pot set.<br>5. Recover any animal carcasses according to the oiled bird protocol.<br>6. Upon discovery of LIVE oiled wildlife report location, type of animal, and degree of oiling to the M/V EXITO<br>7. Vessel will report to the Sampling Group Supervisor at 0800, 1300, and 2000. |                                 |                                                                                        |               |                                      |  |
| <b>8. Special Instructions for Division / Group</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                 |                                                                                        |               |                                      |  |
| 1. Review small boat safety operations prior to conducting operations<br>2. The master of vessel will determine safe deployment conditions.<br>3. For medical emergencies notify Command Post immediately. EMTs located on M/V CAPE FLATTERY<br>4. All personnel will wear proper PPE: Mustang Suits required on small boats, Life Jackets required on platform decks.<br>5. Beach operations must be preapproved by the Safety Officer if not in normal work assignment.<br>6. There will be no shoreline operations during times when ice is visible on the adjacent upland zone.                                                                                                            |                                 |                                                                                        |               |                                      |  |
| <b>9. Communications (radio and / or phone contact numbers needed for this assignment)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                 |                                                                                        |               |                                      |  |
| Name / Function                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Radio: Freq. / System / Channel | Cell Phone                                                                             | Pager         |                                      |  |
| Command Post                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                 | 581 - 7156                                                                             |               |                                      |  |
| Safety Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | 359 - 8865                                                                             |               |                                      |  |
| M/V EXITO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | HF 4125 KHz                     | 866-773-2304                                                                           |               |                                      |  |
| <b>Emergency Communications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                 |                                                                                        |               |                                      |  |
| Medical                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Evacuation                      | Other                                                                                  |               |                                      |  |
| <b>10. Prepared By (Resources Unit Leader)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 | <b>11. Approved By (Planning Section Chief)</b>                                        |               |                                      |  |
| T Marquette                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | T. McKinna                                                                             |               |                                      |  |
| Date / Time                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                 | Date / Time                                                                            |               |                                      |  |
| 12/30/04                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                 | 12/30/04                                                                               |               |                                      |  |
| <b>ASSIGNMENT LIST</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                 |                                                                                        |               |                                      |  |
| June 2000                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                 |                                                                                        |               |                                      |  |
| 015 ICS 204-OS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                 |                                                                                        |               |                                      |  |





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|---------------------------------------------|--|------------------------------------------------------------------------|--|--------------------------------------------|--|-----------------------------------------------------|--|
| <b>1. Incident Name</b><br>MV SELENDANG AYU |  | <b>2. Period Covered by Report</b><br>From: 12/28/04      To: 12/31/04 |  | <b>Time of Report</b><br>12/30/04<br>16:00 |  | <b>INCIDENT STATUS</b><br><b>SUMMARY ICS 209-OS</b> |  |
|---------------------------------------------|--|------------------------------------------------------------------------|--|--------------------------------------------|--|-----------------------------------------------------|--|

| <b>3. Spill Status (Estimated, in bbls)</b> [Ops & EUL/SSC]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |                    |         | <b>8. Equipment Resources</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |        |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Source Status:      Remaining Potential<br><input type="checkbox"/> Secured      Rate of Spillage (per hour)<br><input type="checkbox"/> Unsecured      Since Last Report      Total<br>Volume Spilled<br><b>Mass Balance / Product Budget</b><br>Recovered Oil<br>Evaporation<br>Natural Dispersion<br>Chemical Dispersion<br>Burned<br>Total product removed from the environment :<br><b>Product Distribution in the Environment</b><br>Floating, Contained<br>Floating, Uncontained<br>Onshore<br>Total product remaining in the environment:<br><b>Product Unaccounted for:</b> |         |                    |         | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Description</th> <th>Ordered</th> <th>Available / Staged</th> <th>Assign.</th> <th>Out of Service</th> <th>Totals</th> </tr> <tr><td>Spill Resp. Vsls.</td><td>0</td><td></td><td>6</td><td></td><td>6</td></tr> <tr><td>Fishing Vessels</td><td>0</td><td></td><td>5</td><td></td><td>5</td></tr> <tr><td>Tugs</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Barges</td><td></td><td></td><td>2</td><td></td><td>2</td></tr> <tr><td>Other Vessels</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Barge</td><td></td><td></td><td>1</td><td></td><td>1</td></tr> <tr><td>Wildlife Vessel</td><td></td><td></td><td>4</td><td></td><td>4</td></tr> <tr><td>Skimmers</td><td></td><td></td><td>5</td><td></td><td>5</td></tr> <tr><td>Current Buster</td><td></td><td></td><td>1</td><td></td><td>1</td></tr> <tr><td>Dispersant</td><td>16</td><td></td><td></td><td></td><td>16</td></tr> <tr><td>Boom (ft)</td><td></td><td>9000</td><td>8200</td><td></td><td>17200</td></tr> <tr><td>Sbnt/Snr. Bm. (ft.)</td><td>unkwn.</td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Vacuum Trucks</td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Wildlife Trailer</td><td>1</td><td></td><td>1</td><td></td><td>2</td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>Helicopters</td><td>1</td><td>1</td><td>2</td><td></td><td>4</td></tr> <tr><td>Salv. Helo</td><td></td><td></td><td>2</td><td></td><td>2</td></tr> <tr><td>Fixed Wing</td><td>0</td><td></td><td>1</td><td></td><td>1</td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td><td></td><td></td></tr> </table> |        |  |  |  |  | Description | Ordered | Available / Staged | Assign. | Out of Service | Totals | Spill Resp. Vsls. | 0 |  | 6 |  | 6 | Fishing Vessels | 0 |  | 5 |  | 5 | Tugs |  |  |  |  |  | Barges |  |  | 2 |  | 2 | Other Vessels |  |  |  |  |  | Barge |  |  | 1 |  | 1 | Wildlife Vessel |  |  | 4 |  | 4 | Skimmers |  |  | 5 |  | 5 | Current Buster |  |  | 1 |  | 1 | Dispersant | 16 |  |  |  | 16 | Boom (ft) |  | 9000 | 8200 |  | 17200 | Sbnt/Snr. Bm. (ft.) | unkwn. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | Vacuum Trucks |  |  |  |  |  | Wildlife Trailer | 1 |  | 1 |  | 2 |  |  |  |  |  |  | Helicopters | 1 | 1 | 2 |  | 4 | Salv. Helo |  |  | 2 |  | 2 | Fixed Wing | 0 |  | 1 |  | 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Ordered | Available / Staged | Assign. | Out of Service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Totals |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Spill Resp. Vsls.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 0       |                    | 6       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 6      |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fishing Vessels                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0       |                    | 5       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5      |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Tugs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Barges                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |                    | 2       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2      |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Other Vessels                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Barge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                    | 1       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1      |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wildlife Vessel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |                    | 4       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4      |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Skimmers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                    | 5       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 5      |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Current Buster                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                    | 1       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1      |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Dispersant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 16      |                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 16     |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Boom (ft)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         | 9000               | 8200    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 17200  |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sbnt/Snr. Bm. (ft.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | unkwn.  |                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Vacuum Trucks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                    |         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |        |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Wildlife Trailer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1       |                    | 1       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2      |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Helicopters                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1       | 1                  | 2       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 4      |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Salv. Helo                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |                    | 2       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 2      |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Fixed Wing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 0       |                    | 1       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1      |  |  |  |  |             |         |                    |         |                |        |                   |   |  |   |  |   |                 |   |  |   |  |   |      |  |  |  |  |  |        |  |  |   |  |   |               |  |  |  |  |  |       |  |  |   |  |   |                 |  |  |   |  |   |          |  |  |   |  |   |                |  |  |   |  |   |            |    |  |  |  |    |           |  |      |      |  |       |                     |        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |               |  |  |  |  |  |                  |   |  |   |  |   |  |  |  |  |  |  |             |   |   |   |  |   |            |  |  |   |  |   |            |   |  |   |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>4. Waste Management (Estimated)</b> [Ops / Disposal]                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                 |                 | <b>9. Personnel Resources</b> [RUL] |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-----------------|-----------------|-------------------------------------|-----------|--------|----------|-------------------|--|--|--|-------------------------|--|--|--|-------------------|--|--|--|--------------------------|-------|-------|--|--------------------|--|--|--|--|--|--|--|--|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|-------------|----------------------|-----------------|-----------------|---------|----|---|----|-------|---|---|---|-------|---|---|---|----|----|---|----|--------------------|----|----|-----|------------|--|--|--|--------------------------------------------------|--|--|-----|
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Recovered</th> <th>Stored</th> <th>Disposed</th> </tr> <tr><td>Product      bbls</td><td></td><td></td><td></td></tr> <tr><td>Cont. Liquids      bbls</td><td></td><td></td><td></td></tr> <tr><td>Liquids      bbls</td><td></td><td></td><td></td></tr> <tr><td>Cont. Solids      cu/yds</td><td>45.02</td><td>45.02</td><td></td></tr> <tr><td>Solids      cu/yds</td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> <tr><td> </td><td></td><td></td><td></td></tr> </table> |                      |                 |                 |                                     | Recovered | Stored | Disposed | Product      bbls |  |  |  | Cont. Liquids      bbls |  |  |  | Liquids      bbls |  |  |  | Cont. Solids      cu/yds | 45.02 | 45.02 |  | Solids      cu/yds |  |  |  |  |  |  |  |  |  |  |  | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Description</th> <th>Management Personnel</th> <th>Field Personnel</th> <th>Total Personnel</th> </tr> <tr><td>Federal</td><td>28</td><td>2</td><td>30</td></tr> <tr><td>State</td><td>7</td><td>2</td><td>9</td></tr> <tr><td>Local</td><td>0</td><td>0</td><td>0</td></tr> <tr><td>RP</td><td>17</td><td>1</td><td>18</td></tr> <tr><td>Contract Personnel</td><td>13</td><td>99</td><td>112</td></tr> <tr><td>Volunteers</td><td></td><td></td><td></td></tr> <tr><td colspan="3">Total Response Personnel from all Organizations:</td><td>169</td></tr> </table> |  |  |  |  |  | Description | Management Personnel | Field Personnel | Total Personnel | Federal | 28 | 2 | 30 | State | 7 | 2 | 9 | Local | 0 | 0 | 0 | RP | 17 | 1 | 18 | Contract Personnel | 13 | 99 | 112 | Volunteers |  |  |  | Total Response Personnel from all Organizations: |  |  | 169 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Recovered            | Stored          | Disposed        |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
| Product      bbls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                 |                 |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
| Cont. Liquids      bbls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                 |                 |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
| Liquids      bbls                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                 |                 |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
| Cont. Solids      cu/yds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 45.02                | 45.02           |                 |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
| Solids      cu/yds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                      |                 |                 |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                 |                 |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                 |                 |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
| Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Management Personnel | Field Personnel | Total Personnel |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
| Federal                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 28                   | 2               | 30              |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
| State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 7                    | 2               | 9               |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
| Local                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 0                    | 0               | 0               |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
| RP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 17                   | 1               | 18              |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
| Contract Personnel                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 13                   | 99              | 112             |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
| Volunteers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                      |                 |                 |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |
| Total Response Personnel from all Organizations:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                      |                 | 169             |                                     |           |        |          |                   |  |  |  |                         |  |  |  |                   |  |  |  |                          |       |       |  |                    |  |  |  |  |  |  |  |  |  |  |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |  |  |  |  |             |                      |                 |                 |         |    |   |    |       |   |   |   |       |   |   |   |    |    |   |    |                    |    |    |     |            |  |  |  |                                                  |  |  |     |

|                                                                                                                                                                          |  |  |  |                                                                                                                                     |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|-------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|
| <b>5. Shoreline Impacts (Estimated, in miles)</b> [PSC / EUL / SSC]                                                                                                      |  |  |  | <b>10. Special Notes</b>                                                                                                            |  |  |  |  |  |
| Total Miles of Shoreline in Incident Area:<br>Total Miles of Impacted Shoreline      6<br>Miles of Shoreline Treated & in Maintenance:<br>Miles of Shoreline Signed Off: |  |  |  | Wildlife Impacts:<br>22birds captured/rehab<br>40 birds DOA<br>1 otter DOA<br>624 oiled birds observed<br>10 oiled mammals observed |  |  |  |  |  |

| <b>6. Wildlife Impacts</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   |             |      | <b>7. Safety Status</b> (SO) |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------|------|------------------------------|----------|-------------|--|-----------|--|----------|-----|------|----------|-------|--|-----|---|----|---------|--|---|---|--|----------|--|---|---|--|------|--|---|---|--|-------|--|---|--|--|-------|--|---|---|--|--------|--|-----|---|----|----------------|--|-----|--|-----|------------|--|-----|--|---|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|-------------------|-------|------------------|--|--|---------------|--|--|--|--|--|
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Daily</th> <th>Incoming</th> <th colspan="2">In Facility</th> <th>Out Going</th> </tr> <tr> <th></th> <th>Captured</th> <th>DOA</th> <th>Died</th> <th>In Rehab</th> </tr> <tr><td>Birds</td><td></td><td>112</td><td>0</td><td>22</td></tr> <tr><td>Mammals</td><td></td><td>0</td><td>0</td><td></td></tr> <tr><td>Reptiles</td><td></td><td>0</td><td>0</td><td></td></tr> <tr><td>Fish</td><td></td><td>0</td><td>0</td><td></td></tr> <tr><td>Otter</td><td></td><td>1</td><td></td><td></td></tr> <tr><td>Other</td><td></td><td>0</td><td>0</td><td></td></tr> <tr><td>Totals</td><td></td><td>113</td><td>0</td><td>22</td></tr> <tr><td>Total Impacted</td><td></td><td>144</td><td></td><td>134</td></tr> <tr><td>Total Dead</td><td></td><td>164</td><td></td><td>6</td></tr> </table> |                   |             |      | Daily                        | Incoming | In Facility |  | Out Going |  | Captured | DOA | Died | In Rehab | Birds |  | 112 | 0 | 22 | Mammals |  | 0 | 0 |  | Reptiles |  | 0 | 0 |  | Fish |  | 0 | 0 |  | Otter |  | 1 |  |  | Other |  | 0 | 0 |  | Totals |  | 113 | 0 | 22 | Total Impacted |  | 144 |  | 134 | Total Dead |  | 164 |  | 6 | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th></th> <th>Since Last Report</th> <th>Total</th> </tr> <tr><td>Responder Injury</td><td></td><td></td></tr> <tr><td>Public Injury</td><td></td><td></td></tr> <tr><td> </td><td></td><td></td></tr> </table> |  |  |  |  |  |  | Since Last Report | Total | Responder Injury |  |  | Public Injury |  |  |  |  |  |
| Daily                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Incoming          | In Facility |      | Out Going                    |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Captured          | DOA         | Died | In Rehab                     |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
| Birds                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | 112         | 0    | 22                           |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
| Mammals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                   | 0           | 0    |                              |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
| Reptiles                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                   | 0           | 0    |                              |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
| Fish                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                   | 0           | 0    |                              |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
| Otter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | 1           |      |                              |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
| Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                   | 0           | 0    |                              |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
| Totals                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                   | 113         | 0    | 22                           |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
| Total Impacted                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                   | 144         |      | 134                          |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
| Total Dead                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                   | 164         |      | 6                            |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Since Last Report | Total       |      |                              |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
| Responder Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                   |             |      |                              |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
| Public Injury                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                   |             |      |                              |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                   |             |      |                              |          |             |  |           |  |          |     |      |          |       |  |     |   |    |         |  |   |   |  |          |  |   |   |  |      |  |   |   |  |       |  |   |  |  |       |  |   |   |  |        |  |     |   |    |                |  |     |  |     |            |  |     |  |   |                                                                                                                                                                                                                                                                                        |  |  |  |  |  |  |                   |       |                  |  |  |               |  |  |  |  |  |

|                                                             |  |                                                          |  |
|-------------------------------------------------------------|--|----------------------------------------------------------|--|
| <b>11. Prepared by: (Situation Unit Leader)</b> T Marquette |  | <b>INCIDENT STATUS SUMMARY</b> June 2000      ICS 209-OS |  |
|-------------------------------------------------------------|--|----------------------------------------------------------|--|

1. Incident Name **SELENDANG AYU** 2. Operational Period (Date / Time) **From: 12/30/04 0600 TO 1/3/05 0600** **AIR OPERATIONS PLAN**  
ICS 220-OS

3. Distribution ☒ Fixed-Wing Bases **DUTCH HARBOR** ☒ Helibase **DUTCH HARBOR**

4. Personnel and Communications

|                         |                     |                     |                      |                        |              |
|-------------------------|---------------------|---------------------|----------------------|------------------------|--------------|
| Air Operations Director | <b>JIM STEFFEN</b>  | Air / Air Frequency | <b>122.9 ON SITE</b> | Air / Ground Frequency | <b>CH 83</b> |
| Air Tactical Supervisor | <b>LT J. JAEGER</b> |                     | <b>122.9 ON SITE</b> |                        | <b>CH 83</b> |
| Air Support Supervisor  |                     |                     |                      |                        |              |
| Helicopter Coordinator  |                     |                     |                      |                        |              |
| Fixed-Wing Coordinator  |                     |                     |                      |                        |              |

5. Remarks (Spec. Instructions, Safety Notes, Hazards, Priorities)  
 -All operations depend on weather and sea state  
 -Prior to operating within 10 NM of M/V SELENDANG AYU make a traffic call to 122.6 to make on-scene aircraft aware of your flight  
 -NOTAM in effect to accommodate Chinook aircraft operating with sling loads in Captain's Pass area  
 -US Fish & W fixed wing turboprop due in Jan. 2-3, for low-level shoreline surveys. Air Ops will coordinate.

| 6. Location / Function                    | 7. Assignment                                                     | 8. Fixed-Wing |      | 9. Helicopter |      | 10. Time  |           | 11. Aircraft Assigned          | 12. Operating Base         |
|-------------------------------------------|-------------------------------------------------------------------|---------------|------|---------------|------|-----------|-----------|--------------------------------|----------------------------|
|                                           |                                                                   | NO.           | TYPE | NO.           | TYPE | Available | Commence  |                                |                            |
| SKN, MKS, HMP, SYS, CNB & OTHERS          | SHORELINE SCAT, WILDLIFE RETRIEVAL, ARCHEOLOGY                    |               |      | 1             |      | X         | 1015 1330 | AIR LOG BH212-29               | DH HELOPT                  |
| KASHEGA BAY TO MAKUSIN BAY SKN 14, OTHERS | SHORELINE SURVEY FOR OPS SCAT, WILDLIFE RETRIEVAL                 |               |      | 1             |      | X         | 1015 1330 | AIR LOG BL105-494              | DH HELOPT                  |
| WEST OF KASHEGA BAY TO MAKUSIN BAY        | SHORELINE SURVEY                                                  | 1             |      |               |      | X         |           | PENAIR GRUMMAN GOOSE           | DH AIRPT                   |
| STANDBY                                   |                                                                   |               |      | 1             |      | X         | STANDBY   | EVERGRN AS350                  | DH HELOPT                  |
| INBOUND                                   | LOW LEVEL SHORELINE SURVEYS                                       |               |      |               |      |           |           | T-CMDR 690A N57095             |                            |
| WRECK SITE DUTCH HARBOR                   | DROP SALVORS ON WRECK OIL RECOVERY OPERATIONS STANDING BY FOR SAR |               |      | 3             |      | X         | 1015      | ERA212-511 CHI N239CH CG H6513 | DH HELOPT QUARRY DH HELOPT |
| 13. TOTALS                                |                                                                   | 1             |      | 6             |      |           |           |                                |                            |

14. Air Operation Support Equipment **SILINGING EQUIPMENT** 15. Prepared by **JIM STEFFEN / AIR OPS** Date / Time **12/30/2004 16:15**

**AIR OPERATIONS PLAN** ICS 220-OS

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                        |                                                 |                                                 |                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------------------------------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|----------------|
| <b>1. Incident Name</b><br>MV SELENDANG AYU                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |          | <b>2. Operational Period (Date / Time)</b><br>From: 12/31/2004-06:00 To 1/3/2005-06:00 |                                                 | <b>RESOURCES AT RISK<br/>SUMMARY ICS 232-OS</b> |                |
| <b>3. Environmentally-Sensitive Areas and Wildlife Issues</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |          |                                                                                        |                                                 |                                                 |                |
| Site #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Priority | Site Name and/or Physical Location                                                     | Site Issues                                     |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 1        | Anderson Bay                                                                           | High concentrations of birds and otters.        |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 2        | Estuary on Northeast Side Skan Bay                                                     | Pink Salmon Spawning.                           |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 3        | Head of east arm Skan Bay                                                              | Red and Pink Salmon spawning stream.            |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 4        | Southwest arm Skan Bay                                                                 | Marine Birds; otters; pink salmon               |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ***      | Bald Eagles                                                                            | Bald eagles potentially prey on oiled carcasses |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | ***      | Foxes                                                                                  | Foxes potentially pray on oiled carcasses.      |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | Shorebirds including black                                                             |                                                 |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          | oystercatchers along intertidal areas                                                  |                                                 |                                                 |                |
| <b>Narrative</b><br>-Priority to protect bird conc. and pink/red salmon spawning streams. 10 salmon streams Makushin Bay, 3 heads of streams priority areas for protection, volcano lakes, Humpback Bay, and 2 streams.<br>-Steller's Eiders numbers expected to increase. (Threatened Species)<br>-Emperor Goose numbers expected to increase.<br>-Both Makushin and Skan Bay need on-water and shore based wildlife surveys.<br>-Both bays also important for number of commercial fisheries including bottomfish and crab. |          |                                                                                        |                                                 |                                                 |                |
| <b>4. Archaeo-cultural and Socio-economic Issues</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |          |                                                                                        |                                                 |                                                 |                |
| Site #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Priority | Site Name and/or Physical Location                                                     | Site Issues                                     |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                        |                                                 |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                        |                                                 |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                        |                                                 |                                                 |                |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                        |                                                 |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                        |                                                 |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                        |                                                 |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                        |                                                 |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                        |                                                 |                                                 |                |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |          |                                                                                        |                                                 |                                                 |                |
| <b>Narrative</b><br>See Unified Command Cultureal Resource Policy<br>For assistance contact:<br><b>CULTURAL RESOURCES:</b><br>Catherine Williams - Northern Land Use Research 359 - 8850<br>IN DUTCH HARBOR: Carl's Bay View Inn 581-1230<br>IN FAIRBANKS: Northern Land Use Research 907-474-9684<br>At Night: 907-455-6528 (Mr. Peter Bowers)<br>IN ANCHORAGE: Chums Cultural Resource Services<br>Chris Wooley 563-3202 (days & evenings)                                                                                  |          |                                                                                        |                                                 |                                                 |                |
| <b>5. Prepared by: (Environmental Unit Leader)</b><br>J. Bennett                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                                                                        | <b>Date / Time</b><br>12/30/2004      15:30     |                                                 |                |
| <b>RESOURCES AT RISK SUMMARY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |          |                                                                                        | June 2000                                       |                                                 | 015 ICS 232-OS |

## **Emergency Egress and Evacuation Action Plans EEEAP!**

1. Because of the unique geological and tectonic nature of the Aleutian Island chain it may be necessary for emergency egress from low lying areas. These areas include beachheads, near shore operations and the Operations Center at the Grand Aleutian Hotel.
2. The Grand Aleutian Hotel's existing evacuation plan is posted as an attachment for this document. The tsunami warning system will activate in the event of a tsunami and you will be expected to evacuate to high ground immediately. In the event of a sustained localized earthquake that shakes the ground for longer than 10 seconds, the alarm may not sound. The alarm is set off by the tsunami warning sensors that are out at sea and may not indicate that a tsunami is imminent in time to take proper precautions. **SEEK HIGHER GROUND!!** The local authorities recommend that the patrons of the Grand Aleutian Hotel find higher ground at the area behind the Marine Safety Detachment (MSD) on Bunker Hill or Standard Oil Hill. Fifty feet above sea level is recommended as a safe level to avoid high water for tsunamis of distant origin. For tsunamis that are generated locally 100 feet above sea level is required. It may be necessary to stay out for extended periods without shelter and food. Please keep a kit ready to go in the event that a quick exodus is required. The kit should have spare food, water, warm clothes, and flashlights with extra batteries. Please see attachment for further details.
3. For beach operations and near shore operations stay alert for signals from the mother vessels. A series of six (6) short horn blasts shall indicate that immediate return to the vessel or plane is required. This can indicate that any emergency condition exists and immediate return is required. Vessel masters and helo pilots shall brief small boat crews and landing parties on this procedure prior to departure. They shall also monitor conditions and radios that may indicate the need for a quick evacuation. Work crews shall not venture more than 200 yards up or down the beach from their respective platforms.
4. Airhorns shall be available on all helicopters and skiffs for warning system purposes.

Attachment to EEEAP:

### **Tsunami Safety Rules**

During a tsunami emergency, your local police, fire, harbor master and other emergency organizations will try to save your life. Give them your fullest cooperation.

Unless otherwise determined by competent scientists, potential danger areas are those less than 50 ft above sea level and within one mile of the coast for tsunamis of the distant origin; or less than 100 feet above sea level and within one mile of the coast for tsunamis of local origin.

Stay tuned to your radio or television stations during a tsunami emergency- bulletins issued through emergency agencies and NOAA offices can help save your life.

### **WARNING**

When notified of pending tsunami activity, Public Safety Officers will proceed through neighborhoods emitting a series of wails on their vehicle sirens.

1. Officers will make some personal notification, if necessary and possible, to assure awareness.
2. They will **NOT** assist individuals in removing personal property or use his vehicle as a transporter.

### **EVACUATION**

When informed of a pending tsunami threat:

1. Evacuate low lying areas immediately- preferably on foot.
2. Initial evacuation should be to the closest higher elevation. Suggested level is above 35 feet from sea level. Example: Standard Oil Hill, Above the Biorca Center.

Do not:

1. Delay evacuation for any reason.
2. Waste time attempting to save vehicles or other property.
3. Attempt to evacuate by vehicle if possible to do so by foot.
4. Use the telephone.

**Remember: Evacuation time may well be measured in minutes and seconds only.  
ANY DELAY MAY COST YOUR LIFE!**

## CULTURAL RESOURCE POLICY

### M/V Selendang Ayu Cleanup

The State of Alaska's policy regarding cultural resources (stated in the Alaska Historic Preservation Act) is:

*"to preserve and protect the historic, prehistoric and archaeological resources of Alaska from loss, desecration and destruction so that the scientific, historic and cultural heritage embodied in these resources may pass undiminished to future generations."*

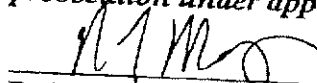
The Unified Command of this cleanup supports this policy and responders' compliance with state and federal laws protecting cultural resources. The oil spill response includes a program to ensure that cultural resource sites are properly identified and protected during cleanup operations. Response personnel play a key role in this program by being aware of their responsibilities under State and Federal law, and by dealing with sites properly if and when they are encountered. Whenever personnel encounter or discover an archaeological site or artifact, they are required to:

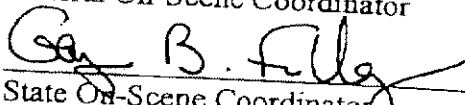
1. Leave cultural materials in place at the site of discovery, and mark their location.
2. Stop cleanup work in the vicinity surrounding the site.
3. Inform the FOSC's Historic Properties Specialist and the Shoreline Cleanup Assessment Team archaeologist immediately.

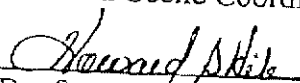
The Alaska Historic Preservation Act prohibits collecting or tampering with protected cultural resources, including artifacts, fossils, human skeletal remains, and other items of antiquity, and *violation of the act is a crime*. In addition, federal concern for cultural resources is expressed in a number of laws and regulations, violation of which may result in significant fines and imprisonment.

All oil spill response personnel (employees and their contractors) must comply with this Cultural Resource Policy:

*Anyone found vandalizing, moving, or taking away cultural materials may be subject to disciplinary actions up to and including immediate dismissal from their work, and an incident report may be filed with law enforcement authorities, requesting prosecution under applicable law.*

  
Federal On-Scene Coordinator

  
State On-Scene Coordinator

  
By, for, and on behalf of (Responsible Party)

12-11-04  
date

11 December 2004  
date

11 DECEMBER 2004  
date



US Fish and Wildlife Service  
Environmental Unit  
Selendang Ayu Incident Command Center  
Dutch Harbor, Alaska

## Dead, oiled wildlife handling protocol for non-USFWS personnel

(revised 12/22/04)

During oil spill response, all wildlife carcasses (even if decomposed or scavenged) must be collected to prevent secondary oiling of other wildlife.

BE SURE to observe the animal carefully to ensure that it is dead.

BE SURE to wear proper personal protective equipment (including gloves) to protect yourself from oil exposure.

### 1. Bird carcasses

When collecting dead birds, place each carcass in a plastic bag (one bird per bag), secure the bag tightly (with a knot or tape), and attach an identification tag that includes all of the following information:

- Date
- Time
- Location (segment or lat/long)
- Collector's name

Keep the bagged carcasses cool and transport to or notify the *M/V Exito*, *M/V Norseman*, or *M/V Tiglax* as soon as possible.

Equipment needed:

- Plastic bags
- Duct tape
- Identification tags

### 2. Marine mammal carcasses

If you encounter a dead sea otter or other marine mammal, notify the USFWS on the *M/V Exito*, *M/V Norseman*, or *M/V Tiglax* or at the Incident Command Center immediately!! Record the location and mark it if possible. Only collect the carcass if instructed by the USFWS.

## ADDENDUM TO SITE SAFETY PLAN

Because of military activity during World War II, Unexploded Ordnance (UXO) can exist anywhere on Unalaska Island. Unexploded ordnance comes in nearly every shape size, from rifle cartridges to baseball-sized hand grenades to SCUBA tank-sized bombs.

If you find unexploded ordnance, follow these simple rules:

- First, don't touch it! Do not pick up, move, or disturb.
- Flag the area and notify your field supervisor immediately.]
- Discontinue Operations in the area of suspected UXO.

Report all findings to:

~~Karl Pulliam~~ *K. Friese USCG*  
Safety Officer  
359 - 8865

FOSC Cultural Resource Specialist  
359 - 8850

Alaska State Troopers  
2315 Airport Road, Suite 106  
Unalaska, AK 99692  
(907) 581 - 1432

Department of the Army  
176<sup>th</sup> Ordnance Detachment (EOD)  
Fort Richardson, Alaska 99506 - 6078  
(907) 384 - 7603

OK HSH 12/29/04  
OK BM 12/29/04  
(Hand) Fosc (sp) 12/29/04

## ATTACHMENT (c): SAFE WORK PRACTICES FOR HELICOPTERS

Regulations regarding the use of helicopters can be found in 29 CFR 1910.183.

### I. BASIC SAFE WORK PRACTICES FOR ALL PASSENGERS/GROUND CREWS:

A. Passengers should receive a safety briefing from helicopter operators including safety features and equipment, their location on the individual aircraft, water landing procedures when appropriate, and emergency information cards before taking off.

B. Passengers or ground crewmembers approaching helicopters shall stay in a crouched position, and shall be in clear view of the pilot while approaching or departing a helicopter.

C. Passengers and ground crew should approach/depart from the Main Cabin Door-RIGHT of the helicopter ONLY when signaled by the pilot; and should NEVER walk under or around the tail.

D. Loose fitting clothing, hats, hard hats, or other gear which might be caught in rotor downwash must be secured or removed within 100 feet of operating helicopters.

E. Passengers shall maintain a distance of 50 feet from helicopters while rotors are turning. Ground crew should also maintain this distance unless specific work practices are developed for closer work.

F. Passengers shall wear seat belts at all times.

G. Passengers and ground crew shall wear hearing protection (including communications headsets, or helmets) at all times around operating helicopters.

H. Passengers shall wear a minimum of a Mustang Type Suit with floatation.

I. Passengers shall generally assist the pilot in watching for other traffic or ground obstacles as directed by the pilot.

J. During emergency landings in water:

1. Do not exit until rotor blades stop turning or pilot signals all clear.
2. Do not inflate life preservers until outside of the helicopter.

K. During all ground based operations which originate from a helicopter, the following safety precautions will be adhered to:

1. All ground personnel, regardless of agency or mission, will not conduct activities further than 200 yards from the helicopter. In addition, personnel shall in no case be out of sight of the aircraft regardless of distance;

2. All ground personnel will wear proper PPE and carry a means of communication (i.e whistle, radio, etc);

3. An emergency evac signal shall be established with pilot to signal an immediate need to vacate the shoreline as per the pilot safety briefing;

4. No helicopters shall depart a field location with personnel left on the ground unless specifically authorized by the Safety Officer before the flight and recorded at the Command Post;

5. Only pilots will determine safe landing areas \* NO EXCEPTIONS.

II. SAFE WORK PRACTICES FOR CARGO HANDLING ARE FOUND IN 29 CFR 1910.183 AND INCLUDE:

A. Use proper slings and tag lines in accordance with 29 CFR 1910.183(c) and 1910.184.

B. Testing and use of cargo hooks and electrically operated cargo hooks shall be performed in accordance with 29 CFR 1910.183(d) and (i).

C. Static charge on suspended loads shall be dissipated with a grounding device before ground crew touch the suspended load unless protective rubber gloves are being worn.

D. External loads shall not be lifted unless determined to be within the helicopter manufacturer's recommended rating.

E. Communications shall be maintained in accordance with 29 CFR 1910.183.

F. Ground and flight crewmembers shall be familiar with, and use the manual signaling system described in 29 CFR 1910.183.

| <b>1. Incident Name</b><br>MV SELENDANG AYU                      |                                       | <b>2. Operational Period (Date / Time)</b><br>From: 12/28/2004-06:00 To 12/31/2004-06:00 |                                                                                  | <b>DAILY MEETING SCHEDULE</b><br>ICS 230-OS<br>For: 12/31/2004 |  |
|------------------------------------------------------------------|---------------------------------------|------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|----------------------------------------------------------------|--|
| <b>3. Meeting Schedule (Commonly-held meetings are included)</b> |                                       |                                                                                          |                                                                                  |                                                                |  |
| Date / Time                                                      | Meeting Name                          | Purpose                                                                                  | Attendees                                                                        | Location                                                       |  |
| 0830                                                             | OPERATIONS BRIEF                      | BRIEF COMMAND ON CURRENT SITUATION & IP FOR CURRENT OPERATIONAL PERIOD                   | ALL HANDS                                                                        | COMMAND CENTER                                                 |  |
| 0900                                                             | SHORELINE TREATMENT WORKGROUP MEETING | ESTABLISH OBJECTIVES & TACTICS FOR SHORELINE CLEAN UP                                    | NOAA, EU                                                                         | TBD                                                            |  |
| 0900                                                             | UNIFIED COMMAND OBJECTIVES MEETING    | ESTABLISH OBJECTIVES FOR THE NEXT OPERATIONAL PERIOD                                     | UNIFIED COMMAND                                                                  | ROOM 236 GRAND ALEUTIAN                                        |  |
| 0930                                                             | TRIBAL & NATIVE CORP. REP. MEETING    | GOVERNMENT TO GOVERNMENT CONSULTATIONS                                                   | UC, LO, LEGAL, EUL                                                               | ROOM 236 GRAND ALEUTIAN                                        |  |
| 1000                                                             | ADEC STATEWIDE TELECONFERENCE         | COORDINATION OF DEC RESPONSE ACTIVITIES                                                  | STATE REPS                                                                       | TBD                                                            |  |
| 1300                                                             | TACTICS MEETING                       | DEVELOP PRIMARY AND ALTERNATE STRATEGIES TO MEET OBJECTIVES FOR NEXT OPERATIONAL PERIOD  | PSC, OSC, LSC, RUL, SO, <u>OTHERS BY INVITATION ONLY</u>                         | ROOM 236 GRAND ALEUTIAN                                        |  |
| 1400                                                             | FISHERIES GROUP                       | CONTINUE MONITORING DISCUSSION ON IMPACTS OF COMMERCIAL FISHERIES (WATER QUALITY IMPACT) | ADEC, NOAA, CITY REP, RP                                                         | ROOM 236 GRAND ALEUTIAN                                        |  |
| 1600                                                             | ENVIRONMENTAL UNIT MEETING            | UNIT UPDATE / ROUND TURN                                                                 | EU                                                                               | ROOM 236 GRAND ALEUTIAN                                        |  |
| 1630                                                             | ALL HANDS BRIEF                       | SITUATIONAL UPDATE                                                                       | ALL HANDS                                                                        | COMMAND CENTER                                                 |  |
| 1700                                                             | PLANNING MEETING                      | BRIEF UNIFIED COMMAND ON IAP FOR NEXT OPERATIONAL PERIOD                                 | UC, GENERAL STAFF, COMMAND STAFF, AIR OPS, RUL, <u>OTHERS BY INVITATION ONLY</u> | ROOM 236 GRAND ALEUTIAN                                        |  |
| 1830                                                             | PUBLIC MEETING                        | KEEP LOCAL PUBLIC INFORMED                                                               | UC, PA, LIAISON                                                                  | UNALASKA CITY HALL                                             |  |
| <b>4. Prepared by: (Situation Unit Leader)</b>                   |                                       |                                                                                          | <b>Date / Time</b><br>12/31/2004 18:00                                           |                                                                |  |
| <b>DAILY MEETING SCHEDULE</b>                                    |                                       | June 2000                                                                                |                                                                                  | 014 ICS 230-OS                                                 |  |

# Tides-Unalaska Island, Skan Bay

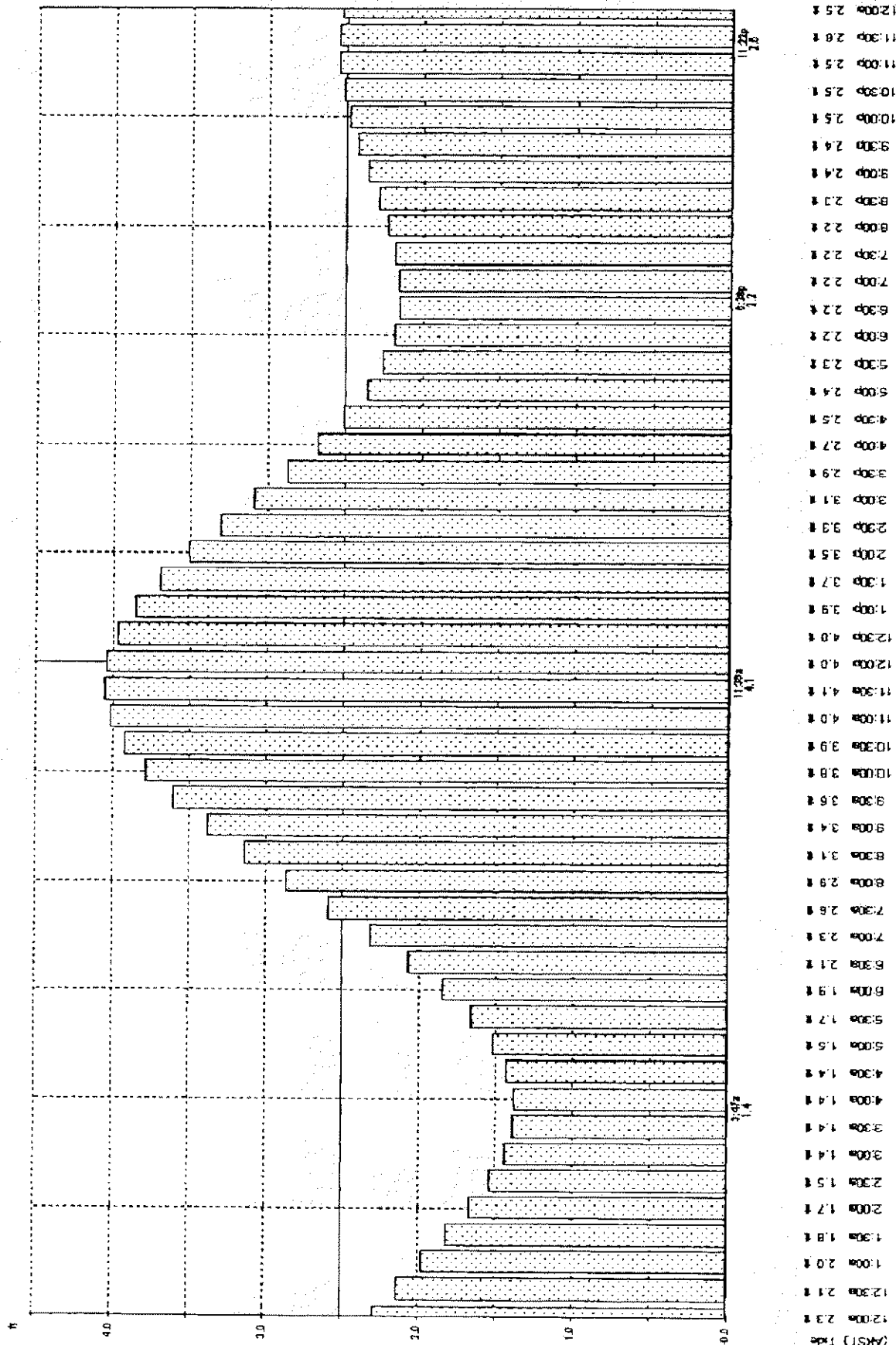
based on Unalaska, Alaska (1044)

63°37' N 167° 3' W

Sunday, January 2, 2005

Average Tides  
Mean Range: 2.3 ft  
LUNAR: 4.0 ft  
Mean Tide: 2.4 ft

Daily Highs & Lows  
3:47a 1.4 ft Low  
11:00a 4.1 ft High  
6:38p 2.2 ft Low  
11:22p 2.6 ft High



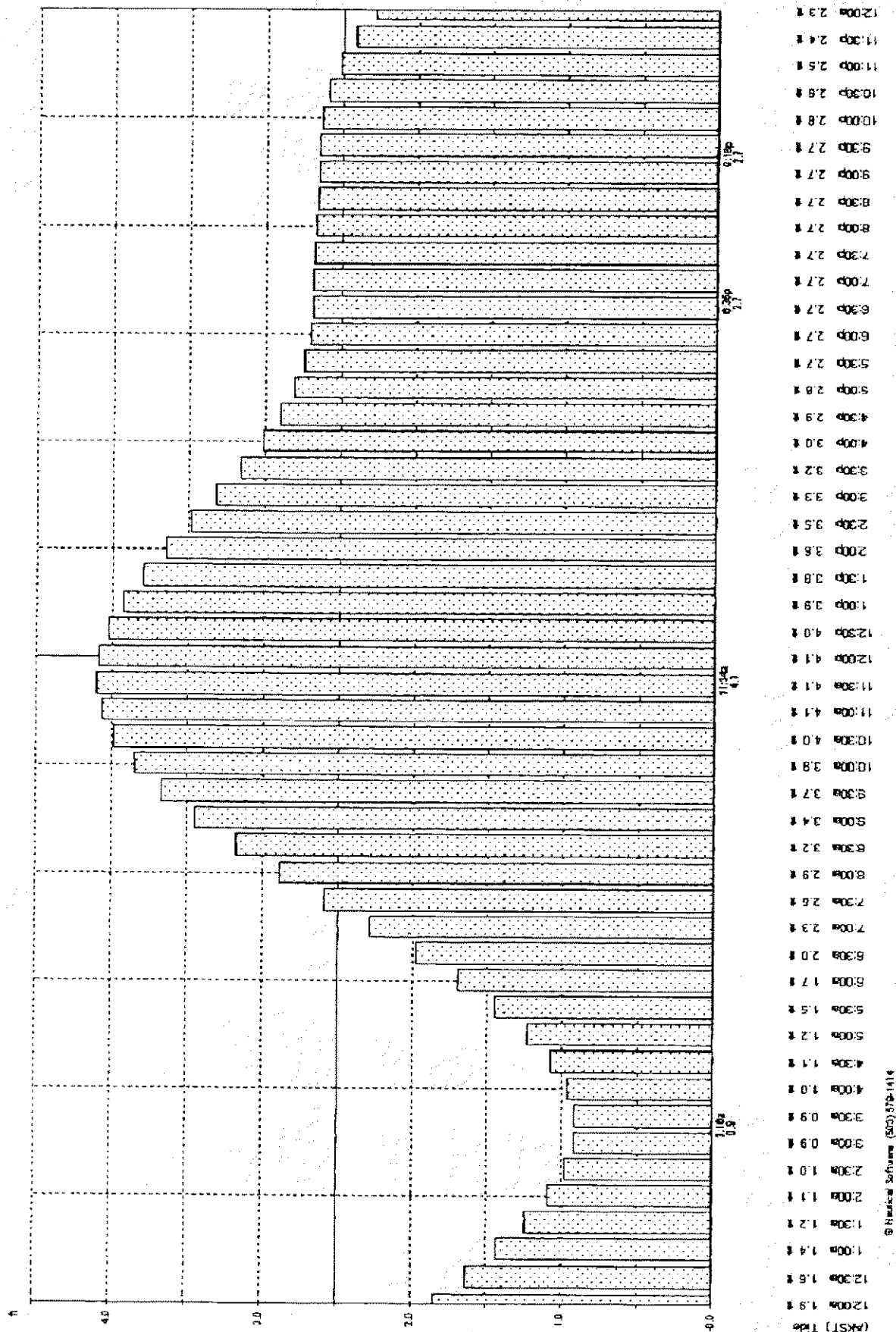
# Tides-Unalaska Island, Skan Bay

based on Unalaska, Alaska (H1040)  
53°37' N 167° 3' W

**Average Tides**  
Mean Range: 2.3 ft  
MHWS: 4.0 ft  
Mean Tide: 2.4 ft

**Daily Highs & Lows**  
3:10a 0.9 ft Low  
11:34a 4.1 ft High  
0:30p 2.7 ft High  
8:10p 2.7 ft Low

Saturday, January 1, 2005



# Tides-Unalaska Island, Skan Bay

based on Unalaska, Alaska (NOAA)

53° 37' N 167° 3' W

Friday, December 31, 2004

Average Tide

Mean Range: 2.3 ft

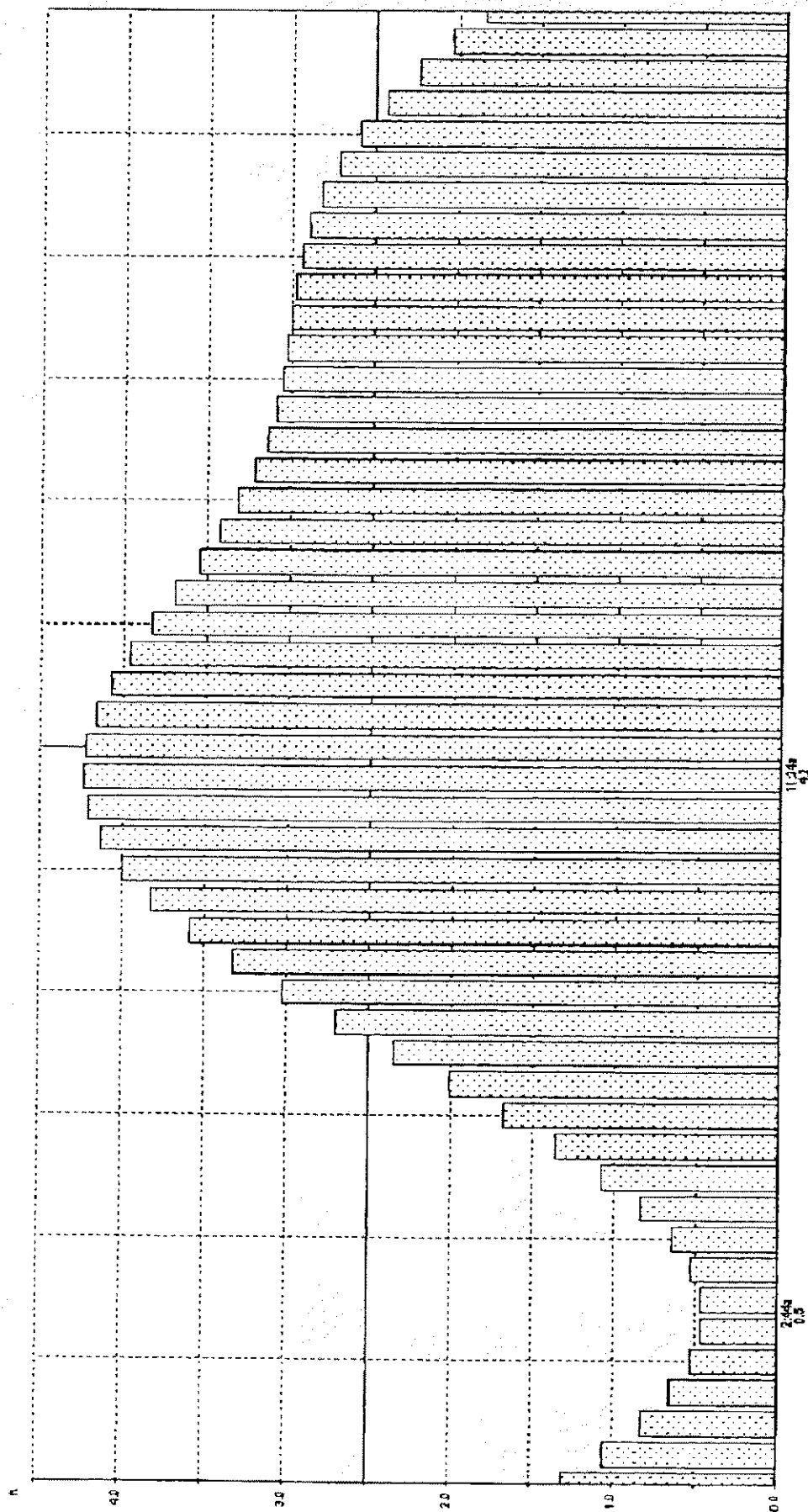
Mean: 4.0 ft

Mean Tide: 2.4 ft

Daily High/Lows

2:44a 0.0 ft Low

11:24a 4.2 ft High





# SKN-14 Oiled Marsh Cleanup Plan

## (DRAFT FOR DISCUSSION)

---

### 1. SITUATION

- extensively oiled dormant marsh
- high priority candidate for treatment
- marsh edge oiling for approx. 1,000m
- approx. ½ dozen patches of thick (1-2") oil on marsh meadow, perhaps as much as 200-300 sq. yards
- assumption that the oil deposits are no longer mobile and cannot be flushed or washed

### 2. OBJECTIVES

- accelerate the natural recovery of the marsh plants by immediate removal of stranded oil
- minimize potential for wildlife oil contact by immediate removal of stranded oil
- remove any remaining mobile floating oil immediately
- remove all edge oil vegetation as soon as possible
- remove oil patches on meadows as soon as possible
- minimize effects to the marsh surface by Operations
- avoid damage to plant roots by the treatment techniques
- complete cleanup before April to allow new growth to develop unimpeded by the oil or by Operations activities

### 3. RECOMMENDED CLEANUP ACTIONS

- collect mobile floating oil with snares, sorbents, or rakes as appropriate
- marsh edge oiled vegetation and oil on bank sediments: (a) raking, (b) cutting, and/or (c) "spot burning" with hand-held propane burners
- marsh meadow oil patches: (a) raking, and (b) "spot burning" with hand-held propane burners

### 4. ECOLOGICAL CONSTRAINTS

- minimize on land actions – use water-based whenever possible
- where necessary to use the land areas the avoid trampling of marsh surface by use of board walks
- avoid damage to plant roots by cleaning when soil is water saturated or frozen

### 5. CULTURAL RESOURCE CONSTRAINTS

- CR monitor will brief operations supervisor on sensitive locations within the area and critical issue of concern
- CR will evaluate the need to have a monitor on site during the activities
- CR will identify and mark-off suitable staging sites with the area