

APPENDIX B
FIELD GUIDE

**COOS BAY RESPONSE COOPERATIVE, INC. ("CBRC")
ENROLLED FIELD GUIDE**

EMERGENCY PROCEDURES OFR OIL SPILL RESPONSE

- | | |
|-------------------------------------|---|
| 1) STOP FLOW OF PRODUCT | QUICKLY close valves, secure pumps, etc. |
| 2) SHUT OFF IGNITION SOURCES | KILL motors, electrical circuits, open flames, etc. |
| 3) WARN PERSONNEL | ENFORCE safety and security |
| 4) INITIATE CONTAINMENT | DEPLOY on the deck and/or in the water,
oil boom or sorbents |

NOTE: **DO NOT** REPEAT. **DO NOT** use dispersants on the oil spill. To do so without rigid governmental approval, will result in fines/penalties.

5) NOTIFICATION:

24 HR Hotline #'s

CBRC	GIVE DETAILS ABOUT SPILL Cell Phones: (541) 297-5190 or (541) 297-5191 Pager: (541) 266-2579 or (541) 266-2584 Radio Channels: USCG: 16 VHF (156.8) CBRC: 9A VHF (156.45)
NRC/USCG	SEE NRC FORM 1-800-424-8802 or (202) 267-2675 or (503) 240-9300
U. S. EPA Region X	1-206-553-1263
OEMD	1 -800-452-0311 in Oregon or Out of State1 1-503-378-6377
POLICE/FIRE DEPT.	911
OWNER/AGENT	AS DIRECTED

6) CBRC NOTIFIES:

- | | |
|---|---|
| a) RESPONSE ORGANIZATION: | Immediate Response |
| b) OWNER/AGENT: | Reminded of liability and responsibility to
assume response organization and
operations ASAP. |
| c) INTERIM SPILL RESPONSE COORDINATOR: | Coordinates response until Responsible
Party arrives. |

NATIONAL RESPONSE CENTER REPORTING FORM

**“THIS FORM DOES NOT HAVE TO BE FILLED OUT COMPLETELY,
PRIOR TO THE TIME OF THE FIRST REPORT”**

(A) REPORTING PARTY

Last Name _____ First Name _____
Phones: () _____ or () _____
Company: _____ Position _____
Address: _____ City _____ State _____ Zip _____

(B) SUSPECTED RESPONSIBLE PARTY

Last Name _____ First Name _____
Phones: () _____ or () _____
Company: _____ Position _____
Address: _____ City _____ State _____ Zip _____

Were Materials Released: (Y / N)? _____ Incident at above address (A / B)? _____
Meeting Federal Obligation to Report? (Y / N) _____ Confidential (Y / N)? _____
Calling for Responsible Party : (Y / N)? _____ Date/Time Received: _____ / _____
Incident Type/Transport. Mode: _____ Incident Cause: _____
Source/Cause of Incident: _____

Incident Address/Location: _____
Nearest City: _____
State: _____ County: _____ Zip: _____
Continuous Release # _____
Date/Time Incident Occurred: _____ / _____
Distance from City: _____ Units: _____ Direction from City: _____ Milepost: _____
Container Type: _____ Tank Cap: _____ Units: _____ Facility Cap: _____ Units: _____
Section: _____ Latitude/Degrees: _____ Minutes: _____ Seconds: _____ Lat. Quad: _____
Township: _____ Longitude/Degrees: _____ Minutes: _____ Seconds: _____ Lon. Quad: _____
Range: _____ Area ID: _____ Block ID: _____

CHRIS CODE	RELEASED QUANTITY	UNIT OF MEASURE	RELEASED MATERIAL	QUANTITY IN WATER	UNIT OF MEASURE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NOTES:

Number of Injuries: _____ Number of Fatalities: _____
Evacuations: (Y / N /Unk)? _____ Number of Evacuated: _____
Damages: (Y / N/Unk)? _____ Damage in Dollars: _____
Medium Affected: _____ Description of Medium: _____

More information about medium: _____

Additional information not recorded elsewhere in report: _____

(((CALLER NOTIFICATIONS)))

PERSON NOTIFIED / CASE # ASSIGNED / DATE / TIME

NRC: _____

USCG
MSO PORTLAND: _____

EPA: _____

OREGON: _____

WASHINGTON: _____

OTHER: _____