

1. Incident Name	2. Date (YYMMDD)	3. Time 24 HR (HHMM)	HAZARD EVALUATION VESSEL REMOVAL FIELD DATA SHEET ESF-10 NDOW Form
Location (Fill in all applicable information if known)			

4. Physical Address or Cross Streets:									
5. City:	6. State:			7. Zip:	8. County:				
9. Latitude:				10. Longitude:					
11. Field Grid #:		12. Waterway Affected:							
13. Assessment/Evaluation Team Leader Name/Phone:									
14. Assessment Type:	A	Ground	Water	Phone	15. Response Lead:	RP	State	NPFC	ESF-10

Discharge/Release ID (Target Name) – Example (GLO-DA1-B-100518-003) (Fill in all applicable information if known)									
--	--	--	--	--	--	--	--	--	--

16. Affiliation:	17. Team/Group Name/No:	18. Branch/Division:	19. Date (YYMMDD)	20. Consecutive Item No
------------------	-------------------------	----------------------	-------------------	-------------------------

28. Facility/Vessel Name:	29. Facility/Vessel ID Number:	30. NRC Number:
---------------------------	--------------------------------	-----------------

31. Facility/Vessel POC Name/Phone/Email:									
---	--	--	--	--	--	--	--	--	--

32. Type of Discharge/Release Source:	Facility	Vessel	Marina	Platform	Pipeline	Unknown
---------------------------------------	----------	--------	--------	----------	----------	---------

33. Discharge/Release Type	Oil	Hazmat
----------------------------	-----	--------

34. Facility/Vessel Operations:	Fully Available	Partially Available	Not Available	N/A
---------------------------------	-----------------	---------------------	---------------	-----

35. Facility/Vessel Discharge Status:	Facility Fully Functional (Closed)	Discharge Identified Clean Up Not Yet Initiated (Open)
---------------------------------------	------------------------------------	--

No Pollution Threat (Closed)	Access Denied (Open)	Assessment Required (Open)
------------------------------	----------------------	----------------------------

Cleanup in Progress (Open)	Cleanup Completed (Closed)	Cleanup Completed Refer to State (Closed)
----------------------------	----------------------------	---

Refer to Other Agency (Open)		Refer to Other Agency (Closed)
------------------------------	--	--------------------------------

36. Facility/Vessel Discharge Condition:	Damaged – No Discharge/Release	Damaged – Discharge/Release
--	--------------------------------	-----------------------------

No Damage		Operational	Spill	Sheen	Fire
-----------	--	-------------	-------	-------	------

37. Facility/Vessel Discharge Priority:	Emergency	Non-Emergency
---	-----------	---------------

38. Discharge/Release Size:	Inland Minor (0-1000 gal)	Inland Medium (1000-10,000 gal)	Inland Major (>10,000 gal)
-----------------------------	---------------------------	---------------------------------	----------------------------

Coastal Minor (0-10,000 gal)	Coastal Medium (10,000-100,000 gal)	Coastal Major (>100,000 gal)
------------------------------	-------------------------------------	------------------------------

39. Est Discharge/Release Recovered to Date:	%	yd ³	gal	bbl
--	---	-----------------	-----	-----

40. OSRO POC Name, Phone, Email:

41. Vessel Removed from Water Date:

42. Vessel Removal Completed Date:

43. Vessel Removal Oil (Gal.):

44. Vessel Removal Haz (Gal.):

45. Vessel Removal Haz (lbs.):

46. Vessel Removal Haz (Cylinder):

47. Vessel Removal Comments

48. Comments/Notes:

--

--

--

Entered into Response Manager by:	Date/Time:
-----------------------------------	------------

1. Incident Name – Enter name given to the incident by the incident/Unified Command.
2. Date – Enter date in YY/MM/DD format.
3. Time – Enter time in 24 hour HHMM format.
4. Address and Street name or just street name if no address can be found. Leave blank if no street is available but must have GPS if left blank.
5. City if applicable/known
6. State
7. Zip if known
8. County if known
9. Latitude in decimal degrees with minimum 5 decimal places WGS 84 projection.
10. Longitude in decimal degrees with minimum 5 decimal places WGS 84 projection.
11. From the USGS 1:24000 Quad cut into quarters. EPA has a published national grid system. (Leave blank if unsure).
12. Waterway Affected – Name of waterway affected by spill, if known. (Example: Gulf of Mexico, Galveston Bay, Sabine River).
13. Assessment Team Leader Name/Phone - Name of Team Leader / Person performing assessment (who to contact in case of questions about assessment)
14. Assessment Type – Check one
15. Response Lead – Check one, who is leading or funding the response/cleanup.
16. Affiliation - **ASP**-ASPECT, **CST**-Civil Support Team, **EPA**-Environmental Protection Agency, **NOA**-National Oceanic Atmospheric Administration **NRC**-National Response Center, **SRT**-Superfund Technical Assessment and Response Team, **TCQ**-Texas Commission on Environmental Quality, **GLO**-Texas General Land Office, **UCG**-United States Coast Guard, **TPW**-Texas Parks and Wildlife Department
17. Group Name/Number - **DR**-Drinking Water Assessment Team, **WW** – Wastewater Assessment, **HE**-Hazard Evaluation Team, **CR**-Orphan Container Recovery Team, **DA** – Facility/Vessel Discharge Assessment Team, **RN**-Rapid Needs Assessment Team. Include team number from ICS assignment.
18. Branch/Division – Enter Branch or Division where team is conducting assessments.
19. Date – Enter date the item was found in YYMMDD format
20. Consecutive Item # - Enter consecutive number of items found in the order they were found. Must be three digits (e.g. 001)
21. Facility/Vessel Name - Facility or Vessel Name if known (e.g. Chevron Houston Refinery, Texas Star Vessel).
22. Facility or Vessel ID Number - The 6-9 digit USCG MISLE ID Number OR Vessel Number, or Federal/State Regulatory ID No. (e.g. SW15678).
23. NRC Number – National Response Center Incident Number from NRC Report.
24. Facility/Vessel POC Name/Phone/Email - Facility or Vessel Point of Contact name and contact info (phone, e-mail, address if available)
25. Type of Discharge/Release Source – Check one
26. Discharge/Release Type – Check one
27. Facility/Vessel Operations – Check one
28. Facility/Vessel Discharge Status – Check one
29. Facility/Vessel Condition – Check one
30. Facility/Vessel Priority – Check one
31. Discharge/Release Size – Check one
32. Estimated Discharge/Release Amount Recovered to Date? – Estimated amount recovered at that time if known, MAKE SURE TO CHECK UNITS
33. OSRO POC Name, Phone, Email - Name, contact information of Oil Spill Response Organization
34. Vessel Removed from Water Date: Enter the date (MMDDYY) that the vessel was removed from the water.
35. Vessel Removal Completed Date- Enter the date (MMDDYY) that the removal/salvage of the vessel is completed.
36. Vessel Removal Oil (Gal.) – Enter the quantity, in Gallons, of oil (fuel/motor oil/other oil) removed from the vessel.
37. Vessel Removal Haz (Gal.) – Enter the quantity, in Gallons, of any hazardous materials (other than oil) and a brief description of the material removed from the vessel.
38. Vessel Removal Haz (Lbs.) – Enter the quantity, in Pounds, of any hazardous materials (other than oil) and a brief description of the material removed from the vessel.
39. Vessel Removal Haz. (Cylinder) – Enter the description and quantity of any hazardous cylinders removed from the vessel.
40. Vessel Removal Comments – Enter any comments specific to the removal of materials from the vessel.
41. Comments/Notes - Include any additional information including special equipment needed to access/recover or any other special circumstances, elevated monitoring data collected, access issues, or unique conditions associated with the location.