

FIXED OCS FACILITY INSPECTION REPORT
(INSTRUCTIONS ON REVERSE)

Facility Name _____ Manned _____ Unmanned _____ Number of Persons on Board _____
 OCS Area/Block _____ MMS Lease No. _____ Operator(s) _____ Owner(s) _____
 Person in Charge _____ Name and Address _____ Name and Address _____
 Facility Telephone _____

INSPECTION ITEMS-ALL FACILITIES	Def.	Cor.	Out	INSPECTION ITEM	Def.	Cor.	Out
1. Workplace Safety 33 CFR PART 142				20. Lifesaving Appliances 33 CFR Part 144			
2. Rails/Guards/Grating 33 CFR 143.110				a. Type:			
3. Personnel Landings 33 CFR 143.105				Lifefloat____ Liferaft____ Lifeboat____			
4. Means of Escape 33 CFR 143.101				approval number _____			
primary-				location _____			
secondary-				condition _____			
5. Helo Deck Perimeter 33 CFR 143.110				equipment/markings _____			
6. Lights/Warning Devices 33 CFR 143.15				servicing (date _____)			
7. Firefighting Equip 33 CFR 145:				launching devices _____			
portable_____ -				weight test (date _____)			
semi-portable_____ -				operational test (date _____)			
fixed_____ -				b. Type:			
location-				Lifefloat____ Liferaft____ Lifeboat____			
size-				approval number _____			
agent-				location _____			
INSPECTION ITEMS-UNMANNED FACILITIES				condition _____			
8. Lifesaving Equipment 33 CFR 144.10-1				equipment/markings _____			
9. Other Lifesaving Equipment 33 CFR 144.10		(See Instructions)		servicing (date _____)			
INSPECTION ITEMS-MANNED FACILITIES				launching devices _____			
10. Emer. Comms. Equip. 33 CFR 144.01-40				weight test (date _____)			
11. Station Bill 33 CFR 146.130				operational test (date _____)			
12. Emergency Drills 33 CFR 146.125				c. Type:			
conducted monthly-				Lifefloat____ Liferaft____ Lifeboat____			
record keeping _____				approval number _____			
13. Life Preservers 33 CFR 144.01-20				location _____			
number:_____ -				condition _____			
equipment <input type="checkbox"/>				equipment/markings _____			
markings-				servicing (date _____)			
stowage-				launching devices _____			
14. Work Vests 33 CFR 146.20				weight test (date _____)			
number:_____ -				operational test (date _____)			
separate stowage-				d. Type:			
15. Ringbuoys 33 CFR 144.01-25				Lifefloat____ Liferaft____ Lifeboat____			
number:_____ -				approval number _____			
equipment-				location _____			
markings-				condition _____			
stowage <input type="checkbox"/>				equipment/markings _____			
16. General Alarm System 33 CFR 146.105				servicing (date _____)			
markings 33 CFR 146.135-				launching devices _____			
17. Manning of Survival Craft 33 CFR 146.120				weight test (date _____)			
18. First Aid Kit 33 CFR 144.01-30				operational test (date _____)			
19. Litter 33 CFR 144.01-35				21. Personnel Record Location 33 CFR 141.35			

LIST OF OUTSTANDING ITEMS/COMMENTS (Attach additional pages as necessary)

FACILITY OWNER'S OR OPERATOR'S ACKNOWLEDGEMENT

NAME	TITLE	SIGNATURE	DATE

INSTRUCTIONS

General

Facility Name.....Enter official facility name/designation.
Manned/UnmannedCheck the space which indicates facility status at the time of the inspection.
Persons on Board.....Enter number of persons on board on the day of the inspection.
Person in ChargeEnter the full name of the person in charge.
OperatorFill in name and address of company operating the facility.
Owner.....Fill in name and address of leaseholder or operating partner.
OCS Area/BlockEnter standard OCS area abbreviation and block number.
Facility TelephoneEnter telephone number if so equipped.

Inspection Items

Def. -Refers to the total number of deficiencies per item found during this inspection.
Cor. -Refers to the number of deficiencies per item that were corrected this inspection.
Out. -Refers to number of deficiencies per item remaining outstanding/uncorrected.

Enter the number of deficiencies found, the number of deficiencies corrected, and the number of deficiencies that remain outstanding for each item in the appropriate box (Cor. + Out. = Def.)
Enter N/A for any item that is not applicable.

ITEM NUMBERS 1 THROUGH 7 MUST BE COMPLETED FOR ALL FACILITIES, BOTH MANNED AND UNMANNED

ITEMS NUMBERS 8 AND 9 MUST BE COMPLETED FOR ALL UNMANNED FACILITIES.

ITEM NUMBERS 10 THROUGH 21 MUST BE COMPLETED FOR ALL MANNED FACILITIES.

Instructions for Specific Item Numbers

7Enter the number of portable/semi-portable fire extinguishers and/or fixed firefighting equipment on board in the appropriate spaces. For location, size, and agent-use Table 33 CFR 145.10(a) to determine compliance. Deviations from the requirements of 33 CFR Part 145 should be considered deficiencies. Enter description of deficiencies and the OCMI determined time frame for correction in the Comments section where applicable (see 33 CFR 140.105(c)).

9Any lifesaving equipment on an unmanned platform that is not required by 33 CFR 144.10-1 must meet the standards contained in 144.01-1 through 144.01-40. Where such additional equipment is installed/located on the facility the appropriate item should be completed under the INSPECTION ITEM-MANNED FACILITY section of the form.

10Emer. Comms. Equip.-refers to emergency communication equipment.

13, 14, 15 .Number-enter the number of preservers/vests/buoys on board in the appropriate spaces.

20Fill in one subsection (a, b, c and d) for each piece of primary lifesaving equipment.
type-check the appropriate space.
servicing-enter the date the item was last serviced.
weight/- (for davit launched equipment) enter the date of the last test.
operational test-for self propelled equipment enter the date of the last test.

Enter description of deficiencies and the OCMI determined time frame for correction in the Comments section where applicable (see 33 CFR 140.105(c)).

21Personnel Record Location-enter the address of the location of the required record.

If additional space is needed for any item, enter the applicable item number and the appropriate data in the comments section.

List of Outstanding Items/Comments

Enter a brief description of each outstanding deficiency and the proposed corrective action.
Enter comments as appropriate. Attach additional pages as necessary.

Owner's/Operator's Acknowledgement

Enter name, title, and signature/date of owner's/operator's representative acknowledging the particulars of the inspection.

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

The Coast Guard estimates that the average burden for this report is 1.5 hours. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-543), U.S. Coast Guard, 2100 2nd St., SW, Stop 7581, Washington D.C. 20593-7581 or Office of Management and Budget, Paperwork Reduction Project (1625-0044), Washington, DC 20503.