Report date:

Bureau of Safety and Environmental Enforcement (BSEE)

OMB Control Number: 1014-XXXX
OMB Approval Expires: XX/XX/XXXX

FACILITY/EQUIPMENT DAMAGE REPORT

Use this form to submit the damage report required by 30 C complete your initial evaluation of the damage. Submit most service information submitted in previous reports changes. report to:	nthly reports thereafter and immediately wl	nenever damage or estimated return to							
GOMR	POCSR	AKOCS							
	E-MAIL: damagereport@bsee.gov TELEFAX: (805) 389-7592	E-MAIL: BSEEAlaskaReports@bsee.gov TELEFAX: (907) 334-5302							
Or telefax BSEE Headquarters (if the appropriate regional office is closed) - (703) 787-1093									
GENERAL INFORMATION									
Company name:	Event/Event date:								
Contact:	Telephone number:								

Paperwork Reduction Act of 1995 (PRA) Statement: The PRA (44 U.S.C. 3501 *et seq.*) requires us to inform you that BSEE collects this information to rapidly assess damage and project any disruption of oil and gas supplies from the OCS. Responses are mandatory (43 U.S.C. 1331 *et seq.*). No proprietary information is collected. An agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. Public reporting burden for this form is estimated to average 3 hours for the initial response, and estimated to average 1 hour per updated response, including the time for reviewing instructions, gathering and maintaining data, and completing and reviewing the form. You may direct comments regarding the burden estimate or any other aspect of this form to the Information Collection Clearance Officer, Bureau of Safety and Environmental Enforcement, 381 Elden Street, Herndon, VA 20170.

Report time:

BSEE Form BSEE-0143 (Month/Year - Supersedes all previous versions of this form which may not be used.)

Page 1 of 2

Facility Name	OCS Area	OCS Block / Lease	Damage Type #	Damage Description +	Initial Damage Assessment Φ	Production Rate at Time of Shut-In (BPD and/or MMCFPD)	Cumulative Production Shut-In (BPD and/or MMCFPD)	Estimated Time to Return to Service (days) *

If the damaged facility is a pipeline, provide the BSEE pipeline segment number.
 Provide the type of damage (e.g., platform or other facility, production equipment, pipeline).
 Use separate sheet if needed.

Φ Either major, medium, or minor.

^{*} Need not be provided until availability of hardware and repair capability has been established (not to exceed 30 days from initial report).