

U.S. Coast Guard

**REPORT OF REQUIRED CHEMICAL DRUG AND ALCOHOL TESTING FOLLOWING A
SERIOUS MARINE INCIDENT**

(See Instructions on reverse)

SECTION I—VESSEL INFORMATION

1. Name of vessel		2. Official Number	3. Call Sign	4. Nationality
5. Vessel Type (<i>Freight, Towing, Fishing, MODU, etc.</i>)		6. Length	7. Gross Tons	8. Year Built
9. Operating Company Name: Address: Telephone Number:		10. Master or Person in Charge Name: Address: Telephone Number:		

SECTION II—INCIDENT INFORMATION

11. Type of Serious Marine Incident (*Check Appropriate Box(es). (See Instructions on Reverse)*)

a. Death (<i>Append to Form CG-2692</i>) b. Injury requiring medical treatment (<i>Append to Form CG-2692</i>) c. Property damage in excess of \$100,000 (<i>Append to Form CG-2692</i>) d. Loss of inspected vessel (<i>Append to Form CG-2692</i>)	e. Loss of uninspected, self-propelled vessel of over 100 gross tons (<i>Append to Form CG-2692</i>) f. Discharge of oil of 10,000 gallons or more into U.S. waters g. Discharge of a reportable quantity of hazardous substance into U.S. waters h. Release of a reportable quantity of hazardous substance into U.S. environment
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12. Date of Incident 13. Time (*local*) of Incident 14. Location of Incident (*Latitude and Longitude or River and Milepost*)

SECTION III—PERSONNEL / TESTING INFORMATION

15. Personnel Directly Involved In Serious Marine Incident				16. Drug and Alcohol Testing (<i>See Instructions on reverse</i>)						
15a. Name (<i>Last, First, Middle Initial</i>)	15b. Licensing/Certification			16a. Drug Test Urine Specimen provided within 32 hours?	16b. Alcohol Test Specimen provided within 2 hours?	16c. Alcohol Test Specimen Source			16d. Alcohol Test Results	
	(Check Appropriate Box(es))					YES	NO	YES		NO
	License	MMD	Neither							

17. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests Name: Address: Telephone Number:	18. Laboratory conducting blood alcohol test(s) or individual conducting saliva or breath alcohol test(s) Name: Address: Telephone Number:
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19. Person Making This Report (<i>Please Print</i>) Name: Address: Telephone Number:	20. Signature Title:	21. Date
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22. Remarks (*See Instructions on Reverse*)

**INSTRUCTIONS FOR COMPLETION OF FORM CG-2692B
REPORT OF REQUIRED CHEMICAL DRUG AND ALCOHOL TESTING
FOLLOWING A SERIOUS MARINE INCIDENT**

NOTE: When this form is being submitted along with a REPORT OF MARINE ACCIDENT, INJURY OR DEATH (Form CG-2692), Blocks 3-10 and Blocks 12-14 on Form CG-2692B need not be completed.

\$ QDJHQ P D QVFRQGFVFRVSRQV DQG D SHURQV QVWHXUHG VR UHVSRCG VR D FRDFVRQ RI LQIRUP DMRQXQDW LQGLSDV D YDQ 2 0 % FRQVROXP EHU 7KH & RDMW XDLG HMP DMV WDMWH DYHJH EXLGHQ IRUMLV UHSRUV KRXLV <RX P D V XEP LWDQ FRP P HQW FRGFHQWJ WH DFFXUDF RI WLV EXLGHQ HMP DMV RUDQ V XJH WVRQ IRUJHGXLQJ WH EXLGHQ VR & RP P DQGDQV* 0 2 \$ 8 6 & R W XDLG 6 W 6 : : D V K L Q V R Q ' & R U 2 I I I E H R I 0 D Q J H P H Q W D Q G % X G J H W 3 D S H L Z R U N 5 H G F V R Q 3 U R W F W : D V K L Q V R Q ' &

WHEN TO USE THIS FORM

1. 7KLV IRUP VDMILHV WH UHTXUHP HQW LQ WH & RGH RI) HGHUO 5 HJ XDMRQ IRUZ UMHQ UHSRUV RI FKHP IEDOGXJ DQG DGRKROMMMQJ RI LQGLYGDQY GLUFWO LQYROYHG LQ VHURXV P DULQ LQFLGHQW \$GRKRO WMMW DUH VR EH FRGGXFMG GRWDMUWDO KRXLV XQDW WHUH DUH FDVXQW GLUFWO UHDMG VDIHW FRGFHQW DQG GLXJ WMMWVSHFL HQV FRDFMVG GRWDMUWDO KRXLV DMU D 6 HURXV 0 DULQ ,QFLGHQW 3 XE QF YHMHQY DQG UHFUHMRCOYHMHQY DUH H FHSWVG IURP WHMH UHSRUVQ UHTXUHP HQW

SERIOUS MARINE INCIDENTS

2. 7KH WUP VHURXV P DULQ LQFLGHQW LQFLGHQW WH IRDZLQJ HYHQW LQYROYLQJ D YHMHQY FRP P HUFDOHUYEH

A. \$ Q P DULQ FDVXQW RUDFFLGHQW WDMV RFFXUV XSRQ WH QDYJ DEQI Z DMUJ RI WH 8 6 L V W M U R U H V R U S R W H M R Q V R U W D W I Q Y R O H V D 8 6 Y H M H Q D Q Z K H U H D Q G W D W H X O W L Q D Q R I W H I R D Z L Q

1. 2 QH RUP RUH GHDMV
2. \$ Q LQXU VR D FUHZ P HP EHU SDMVHQJ HU RURMHUSHUVRQ Z KLEK UHTXUHV SURHVMRCQOP HGFDOHDMV HQVEH RGG ILLWDLG DQG LQ WH FDVH RI D SHURQ HP SGA HG RQ ERDUG D YHMHQJ FRP P HUFDOHUYEH Z KLEK UHGHUJ WH LQGLYGDQXQJLVR SHURUP URXWGH YHMHQGXUHV
3. ' DP DJH VR SURSHUW DV GHILGHQ) 5 I LQ H FHV RI
4. \$ FVDRUFRQWKFVWH VMDQV RI DQ YHMHQXEMFVR LQVSHVRQXCGHU 8 6 & RU
5. \$ FVDRUFRQWKFVWH VMDQV RI DQ VHD SURSHQY YHMHQ GRVXEMFVR LQVSHVRQXCGHU 8 6 & RI JURV VRQ RUP RUH

B. \$ GLVKDJH RI RIORI J D Q V R U P R U H L Q V R W H QDYJ DEQI Z DMUJ RI WH 8 QLVG 6 VDMV DV GHILGHQ 8 6 & Z K H M H U R U G R V H X Q J I U R P D P D U L Q F D V X Q W

- C. \$ GLVKDJH RI D UHSRUDEQI TXDQW RI D KDJ DGRXV VXEWDQFH , Q V R W H Q D Y J D E Q I Z D M U J R I W H 8 Q L V G 6 V D M V Z K H M H U R U G R V U H X Q J I U R P D P D U L Q F D V X Q W
- D. \$ UHDMH RI D UHSRUDEQI TXDQW RI D KDJ DGRXV VXEWDQFH , Q V R W H H Q Y L R Q P H Q V R I W H 8 Q L V G 6 V D M V Z K H M H U R U G R V U H X Q J I U R P D P D U L Q F D V X Q W

INDIVIDUAL DIRECTLY INVOLVED IN A SERIOUS MARINE INCIDENT

3. 7HUP LQGLYGDQYGLUFWO LQYROYHG LQ DVHURXV P DULQ LQFLGHQW LQ DQ LQGLYGDQY KRWH RUGHU DFRQ RUI DQXUH VR DFRV GHMUP LQGH VR EH RUFDOQRVEH UXG R X W D V D F D X V D I Y H I D F V R U L Q W H H Y H Q W Q D G L Q J V R R U F D X V L Q J D V H U R X V P D U L Q L Q F L G H Q W

COMPLETION OF THIS FORM

4. 7KLV IRUP V K R X C E H I L Q G R X W D V F R P S O M M O D Q G D F F X U D M O D V S R W I E Q I 3 Q D V H W S H R U S U L Q V F O D U) L Q L Q D O E D Q V W D W D S S O V R W H N Q G R I L Q F L G H Q W D W D V D V R F F X U H G , I D T X H M R Q V L V G R V D S S O F E D E Q I W H D E E U H Y D M R Q 1 \$ V K R X C E H H Q M U H G L Q W D W S D F H , I D Q D Q Z H U , V X Q Q R Z Q D Q G F D Q R V E H R E V D I C H G W H D E E U H Y D M R Q 8 1 . V K R X C E H H Q M U H G L Q W D W S D F H , I 1 2 1 (L V W H F R U H F W U H V S R Q H W H Q H Q M U L V L Q W D W S D F H

5. , I P R U H W D Q S H U V R Q G H O D U H G L U F W O L Q Y R O Y H G L Q W H 6 H U R X V 0 D U L Q , Q F L G H Q W D Q D G L V R C D Q * % V K R X C E H F R P S O M M G

6. : K H Q W L V I R U P K D V E H H Q F R P S O M M G G H O Y H U R U P D L Q D V V R R Q D V S U D F W D E Q I V R W H & R D W W X D L G 0 D U L Q 6 D I H W R U 0 D U L Q , Q V S H F V R Q 2 I I I E H Q H U H W V R W H Q F D M R Q R I W H L Q F L G H Q W R U I L D W H D Q H U H W V R W H S R U V R I I L W D U L Y D O

7. 8 S R Q U H F H S W R I D U H S R U V R I F K H P I E D O W M M U H X O W W H P D U L Q H P S G H U V K D O V X E P L W D F R S R I W H W M M U H X O W I R U H D F K S H U V R Q Q M G L Q E G F N D R I W L V I R U P V R W H & R D W W X D L G 2 I I I E H U L Q & K D W J H 0 D U L Q , Q V S H F V R Q Z K H U H W H & * % Z D V V X E P L W M G 5 H) 5 G

8. \$ P S O L Q J L Q R U P D M R Q I R U F R P S O M M Q W H I R U P
 - A. % B F N ² 7 < 3 (2) 6 (5 , 2 8 6 0 \$ 5 , 1 (, 1 & , ' (1 7 & K H F N H D F K D S S U R S U D M E R [, I E R [D E F G R U H I V F K H F N H G R U D S S H Q G W L V I R U P V R W H U H T X U H G I R U P & * 5 (3 2 5 7 2) 0 \$ 5 , 1 (\$ & & , ' (1 7 , 1 - 8 5 < 2 5 ' (\$ 7 + D Q G V X E P I V E R V I R U P V D V L Q G F D M G L Q D E R Y H
 - B. % B F N ³ \$ / & 2 + 2 / 7 (6 7 5 (6 8 / 7 6 : K H Q W H D G R K R O M M W H X O W D U H D Y D L O E Q I W H D G R K R O F R G F H Q M D M R Q V K D O E H H S U H M H G Q X P H U F D O L Q S H U F H Q V E Z H J K W L H H M <
 - C. % B F N ² 5 (0 \$ 5 . 6 ' H M F U E H W H G W H V R I H D F K L Q G L Y G X D O D M G L Q D D V M H W P H R I L Q F L G H Q W L H P D V M U S I G R V F K L H H Q J L Q H U , I D Q L Q G L Y G X D O J H X V H V R S U R Y I G H W H U H T X U H G V S H F L P H Q V I L V S H F L P H Q V D U H Q R W V P H O R E V D I C H G R U G R V R E V D I C H G G H M F U E H W H F L U X P W D Q F H V F R P S O M M O

NOTICE: 7KH LQIRUP DMRQ FRDFMVG RQ WLV IRUP LV URXWGH DYDLOEQI IRUSXEQ LQVSHVRQ , WLV QHGHGEA WH & RDMW XDLG VR FDUJ RXWVV UHVSRCQV LQV LQYHMM DMV P DULQ FDVXQDW VR LQGHQMA KDJ DGRXV FRQVVRQV RUMVMDMRQV DQG VR FRGGXFMV WDMV WFDQGDQV LQ 7KH LQIRUP DMRQ LV XVHG VR GHMUP LQGH Z K H M H U G H Z R U H Y L V H G V D I H W L Q W D M H V D U H Q H F H W D V I R U M H S U R M F V R Q R I Q H R U S U R S H U W L Q W H P D U L Q H Q Y L R Q P H Q W