

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	Saliva	Blood	Breath
	USCG License	USCG 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.

\$ Q DJ HQ P D Q RVFRQGFV RVUSRQVRU DQG D SHURQV LV QRWHTXUHG VR UHVSRCG VR D FRDFVRQ RI LQIRUP DMRQXQDW LVLVSDA V D YDGG 2 0 % FRQVRQXP EHU 7KH & RDWV XDLG HMP DMV WDVWVH DYHJUH EXLGHQ IRUMLV UHSRUVV KRXLV <RX P D V XEP LWDQ FRP P HQW FRGFHULQJ WH DFFXUDF RI WLV EXLGHQ HMP DMV RUDQ VXJHWRQ/IRUJHGXLQJ WH EXLGHQVR & RP P DQGDQV* 0 2 \$ 8 6 & RVW XDLG 6W6: : DVKLQVRQ' & RU2 IIIEH RI 0 DQJHP HQW DGG % XGJ HW3 DSHLZ RUN 5 HGXVRQ 3 URVFW : DVKLQVRQ' &

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 LQGYLGDQY GLUFWO LQYROYHG LQ VHURXV P DULQ LQFLGHQW \$GRKRO WMMV DUH VR EH FRGGXFMG QRWDMUWDO KRXLV XQDW WHUH DUH FDVXDQW GLUFWO UHDMG VDIHW FRGFHULQJ DQG GLXJ WMMVSHFLP HQV FRDFMVG QRWDMUWDO KRXLV DMU D 6HURXV 0 DULQ ,QFLGHQW 3 XE QF YHMHQV DQG UHFUHMRCDOYHMHQV DUH H FHSWVG IURP WHMH UHSRUVQJ UHTXUHP HQW

SERIOUS MARINE INCIDENTS

2. 7KH WUP VHURXV P DULQ LQFLGHQW/LQFQGHV WH IRQZLQJ HYHQW LQYROYLQJ D YHMHQJ FRP P HUFDOHUYEH

A. \$ Q P DULQ FDVXDQW RUDFFLGHQW/DVWRFFXUV XSRQ WH QDYJ DEQI Z DMU/RI WH 8 6 LV WMMUWUHV RUSRVWHMRQ/ RU WDVWVQYROYHV D 8 6 YHMHQDQ ZKHUH DQG WDVWHVXQW LQ DQ RI WH IRQZLQJ

- 1. 2 QH RUP RUH GHDMV
- 2. \$ Q LQYU VR D FUHZ P HP EHU SDMVHQJ HU RURVHUSHUVRQ ZKLEK UHTXUHV SURHVMRCQDP HGFDOHDMV HQVEH RGG ILLWDLG DQG LQ WH FDVH RI D SHURQHP SGA HG RQ ERDUG D YHMHQJ FRP P HUFDOHUYEH ZKLEK UHQGHU WH LQGYLGDQXQVLRV SHURUP URXWGH YHMHQGXUHV
- 3. ' DP DJHV VR SURSHUW DV GHILGHQ) 5 I LQ H FHV RI
- 4. \$ FVADRUFRQWKFVWH VMDQBRV RI DQ YHMHQXEMFVR LQVSHFVRQXCGHU 8 6 & RU
- 5. \$ FVADRUFRQWKFVWH VMDQBRV RI DQ VHD SURSHQY YHMHQ GRVXEMFVR LQVSHFVRQXCGHU 8 6 & RI JURV VRQ/ RUP RUH

B. \$ GLVKDJH RI RIORI J DQV/ RUP RUH LQV WH QDYJ DEQI Z DMU/RI WH 8 QLVG 6 VDMV DV GHILGHQ 8 6 & ZKHMHURUQRVWHVXQV IURP DP DULQ FDVXDQW

- C. \$ GLVKDJH RI D UHSRUDEQI TXDQW RI D KDJ DGRXV VXEMDQFH ,QR WH QDYJ DEQI Z DMU/RI WH 8 QLVG 6 VDMV ZKHMHURUQRV UHVXQV IURP DP DULQ FDVXDQW
- D. \$ UHDMH RI D UHSRUDEQI TXDQW RI D KDJ DGRXV VXEMDQFH ,QR WH HQYURQP HQV RI WH 8 QLVG 6 VDMV ZKHMHURUQRV UHVXQV IURP DP DULQ FDVXDQW

INDIVIDUAL DIRECTLY INVOLVED IN A SERIOUS MARINE INCIDENT

3. 7HUP LQGYLGDQYGLUFWO LQYROYHG LQ DVHURXV P DULQ LQFLGHQW LV DQ LQGYLGDQZ KRWH RUGHU DMRQ RUIDLQVH VR DFWW GHMUP LQGH VR EH RUFDOQRVEH UXQG RXVDV D FDVXDQW I DFRULQ WH HYHQW QDGLQJ VR RUFDXVLQJ D VHURXV P DULQ LQFLGHQW

COMPLETION OF THIS FORM

4. 7KLV IRUP VSRXQ EH ILQJ RXWDV FRP SMMO DQG DFFXUDM DV SRWIEQI 3 QDVH WSH RUSULQVFDU) LQ LQ DQEDQV WDVWSSO VR WH NLG RI LQFLGHQW/DVWRKDV RFFXUHG ,I D TXHMRQ LV QRWSSQDEQI WH DEEUHDMRQ 1 \$ VSRXQ EH HQMUHG LQ WDVWSDFH ,I DQ DQZ HU ,V XQQRZ Q DQG FDQRVEH REVOLGH WH DEEUHDMRQ 81. VSRXQ EH HQMUHG LQ WDVWSDFH ,I 1 2 1 (LV WH FRUHFVWHVSRQV WHHQ HQMULVQ WDVWSDFH

5. ,I P RUH WDO SHURQGHODUH GLUFWO LQYROYHG LQ WH 6HURXV 0 DULQ ,QFLGHQW/DQ DQVRCQ* % VSRXQ EH FRP SMMG

6. KHQ WLV IRUP KDV EHQ FRP SMMG GHYHURUP DLQDV VRRQ DV SUDFVDEQI VR WH & RDWV XDLG 0 DULQ 6 DIHW RU 0 DULQ ,QVSHFVRQ 2 IIIEH QDUHMMVR WH QDFMRQ RI WH LQFLGHQW RI IL DWH D QDUHMMVR WH SRVRI ILLWDLQYDO

7. 8 SRQ UHFHSWRI D UHSRUVRI FKHP IEDOWMMUHVXQV WH P DULQ HP SGA HU WDVWVXEP LWD FRS RI WH WMMUHVXQV IRUHDFK SHURQ QLVG LQ EGRN D RI WLV IRUP VR WH & RDWV XDLG 2 IIIEHU LQ & KDWH 0 DULQ ,QVSHFVRQ ZKHUH WH & * % ZDV VXEP LWHG 5 H) 5 G

- 8. \$ P SDQ LQ LQIRUP DMRQ IRUFRP SMMQJ WH IRUP
 - A. %BFN ² 7 < 3 (2) 6 (5, 286 0 \$ 5, 1 (, 1 & , ' (17 & KHFN HFK DSSURSUDM ER , I ER D E F G RUH LV FKFNHG RUDSSHQ WLV IRUP VR WH UHTXUHG IRUP & * 5 (3 2 5 7 2) 0 \$ 5, 1 (\$ & , ' (17 , 1 - 8 5 < 2 5 ' (\$ 7 + DQG VXEP LV ERV IRUP V DV LQGFDMGLQ DERYH
 - B. %BFN ³ \$ / & 2 + 2 / 7 (6 7 5 (6 8 / 7 6 : KHQ WH DGRKROMMWHVXQV DUH DYDDEQI WH DGRKRO FRGFHULQV WDVWDEH H SUHMHG QP HUFDO LQ SHUHQVE ZHJ KWLH H F <
 - C. %BFN ² 5 (0 \$ 5 . 6 ' HMFUEH WH GXWH RI HFK LQGYLGDQDMMGLQ D DMVH VP H RI LQFLGHQW/LH P DMMU SGRVFKLH HQ LQHJU ,I DQ LQGYLGDQJHXVH VR SURYGH WH UHTXUHG VSHFLP HQV IL VSHFLP HQV DUH QRW HP HO REVOLGH RUCRVREVOLGH GHMFUEH WH FLVXP WDCFHV FRP SMMO

NOTICE: 7KH LQIRUP DMRQ FRDFMVG RQ WLV IRUP LV URXWHD DYDDEQI IRUSXE QF LQVSHFVRQ , WLV QHGHGE WH & RDWV XDLG VR FDUJ RXVWV UHVSRCVLEQV VR LQYHMM DMV P DULQ FDVXDQW WH VRLGHQW KDJ DGRXV FRQVVRQ/ RUMVDMRQ/ DQG VR FRGGXFMVDMVDFDQDQV 7KH LQIRUP DMRQ LV XVHG VR GHMUP LQGH ZKHMHUHZ RUHYLVHG VDIHW LQWDMV DUH QHFWMDV IRUWH SURVVRQ RI QH RUSURSHUW LQ WH P DULQ HQYURQP HQW