## **U.S.** Department of the Interior

Bureau of Safety and Environmental Enforcement (BSEE)

## FACILITY/EQUIPMENT DAMAGE REPORT

Use this form to submit the damage report required by 30 CFR 250.192. Send completed form via e-mail or telefax within 48 hours after you complete your initial evaluation of the damage. Submit monthly reports thereafter and immediately whenever damage or estimated return to service information submitted in previous reports changes. In the final report, provide the date the item was returned to service. Submit the report to:

report to: **GOMR POCSR AKOCS** E-MAIL: EVACSTATS@BSEE.gov E-MAIL: damagereport@bsee.gov E-MAIL: TELEFAX: Primary - (504) 736-5796 or TELEFAX: (805) 389-7592 BSEEAlaskaReports@bsee.gov (Alternate) - (504) 736-2426 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: Report time:** Report date:

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.

**BSEE** Form BSEE-0143 (Aug/2014 - Supersedes all previous versions of this form which may not be used.)

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OMB Control Number: 1014-0022

OMB Approval Expires: 08/31/2017

| Name<br>◊   | Area | Block /<br>Lease | Type #          | Damage<br>Description +                                   | Assessment       | (BPD and/or<br>MMCFPD)    | (BPD and/or<br>MMCFPD)   | to Return to<br>Service (days) * |
|---|------|------------------|-----------------|---|------------------|---------------------------|--------------------------|----------------------------------|
|   |      |                  |                 |   |                  |                           |                          |                                  |
|   |      |                  |                 |   |                  |                           |                          |                                  |
|   |      |                  |                 |   |                  |                           |                          |                                  |
|   |      |                  |                 |   |                  |                           |                          |                                  |
|   |      |                  |                 |   |                  |                           |                          |                                  |
|   |      |                  |                 |   |                  |                           |                          |                                  |
|   |      |                  |                 |   |                  |                           |                          |                                  |
|   |      |                  |                 |   |                  |                           |                          |                                  |
| <ul> <li>♦ If the damaged facility is a pipeline, provide the BSEE pipeline segment number.</li> <li># Provide the type of damage (e.g., platform or other facility, production equipment, pipeline).</li> <li>+ Use separate sheet if needed.</li> <li>Φ Either major, medium, or minor.</li> <li>* Need not be provided until availability of hardware and repair capability has been established (not to exceed 30 days from initial report).</li> </ul> |      |                  |                 |   |                  |                           |                          |                                  |
| CERTIFIC penalties  |      |                  | at the informat | tion submitted is complete and accurate to the best of my | knowledge. I und | lerstand that making a fa | lse statement may subjec | ct me to the criminal            |

Initial

**Production Rate** 

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Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

ocs

Cumulative

**Estimated Time**