

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
FIXED OCS FACILITY INSPECTION REPORT

OMB Number: 1625-0044
Exp. Date: 08/31/2018

Facility Name	<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	Number of Persons on Board	OCS Area/Block	Lease No.
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Person in Charge	Operator(s)	Owner(s)
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Facility Telephone	Name and Address:	Name and Address:
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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) & (c)				a. Type:			
3. Personnel Landings 33 CFR 143.105				approval number: _____			
4. Means of Escape 33 CFR 143.101				location: _____			
primary (number of) _____				condition: _____			
secondary (number of) _____				equipment/markings: _____			
5. Helo Deck Perimeter 33 CFR 143.110(b)				servicing date: _____			
6. Lights/Warning Devices 33 CFR 143.15				launching devices: _____			
7. Firefighting Equip 33 CFR 145:				weight test date: _____			
portable: _____				operation test date: _____			
semi-portable: _____				b. Type:			
fixed: _____				approval number: _____			
location: _____				location: _____			
size: _____				condition: _____			
agent: _____				equipment/markings: _____			
INSPECTION ITEMS-UNMANNED FACILITIES				servicing date: _____			
8. Lifesaving Equipment 33 CFR 144.10-1				launching devices: _____			
9. Other Lifesaving Equipment 33 CFR 144.10-10				weight test date: _____			
				operation test date: _____			
				c. Type:			
INSPECTION ITEMS-MANNED FACILITIES				approval number: _____			
10. Emer. Comms. Equip. 33 CFR 144.01-40				location: _____			
11. Station Bill 33 CFR 146.130				condition: _____			
12. Emergency Drills 33 CFR 146.125				equipment/markings: _____			
conducted monthly				servicing date: _____			
record keeping				launching devices: _____			
13. Life Preservers 33 CFR 144.01-20				weight test date: _____			
number: _____				operation test date: _____			
equipment: _____				d. Type:			
markings: _____				approval number: _____			
stowage: _____				location: _____			
14. Work Vests 33 CFR 146.20				condition: _____			
number: _____				equipment/markings: _____			
stowage: _____				servicing date: _____			
15. Ringbuoys 33 CFR 144.01-25				launching devices: _____			
number: _____				weight test date: _____			
equipment: _____				operation test date: _____			
markings: _____				21. Personnel Record Locations 33 CFR 141.35			
stowage: _____							
16. General Alarm System 33 CFR 146.105 markings 33 CFR 146.135							
17. Manning of Survival Craft 33 CFR 146.120							
18. First Aid Kit 33 CFR 144.01-30							
19. Litter 33 CFR 144.01-35							

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

FACILITY OWNER'S OR OPERATOR'S ACKNOWLEDGEMENT

NAME	TITLE	SIGNATURE	DATE
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INSTRUCTIONS

General

Facility Name	Enter official facility name/designation.
Manned/Unmanned	Check the space which indicates facility status at the time of the inspection. A new self-inspection form shall be completed when a facility changes status.
Persons on Board	Enter number of persons on board on the day of the inspection.
Person in Charge	Enter the full name of the person in charge.
Operator	Fill in name and address of company operating the facility.
Owner	Fill in name and address of leaseholder or operating partner.
OCS Area/Block	Enter standard OCS area abbreviation and block number.
Facility Telephone	Enter 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

7 Enter the number of portable/semi-portable fire extinguishers and/or fixed fire fighting equipment on board in the appropriate spaces. The number of portable/semi-portable fire extinguishers should meet the requirements of 33 CFR 145. For location, size, and agent - use Table 33 CFR 145.05(c) and 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 BSEE/OCMI determined time frame for correction in the Comments section where applicable (see 33 CFR 140.105(c)).

NOTE: fixed pertains to fixed fire suppression systems (CO₂, FM-200, etc.)
firewater/hose reels are not considered fixed for this definition.

9 Any 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.

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

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

17 Personnel assigned and designated on the Station Bill.

20 Fill 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 test (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 BSEE/OCMI determined time frame for correction in the Comments section where applicable (see 33 CFR 140.105(c) & (d)).

21 Personnel 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-CVC), U.S. Coast Guard, Stop 7501, 2703 Martin Luther King Jr. Ave, SE, Washington D.C. 20593-7501 or Office of Management and Budget, Paperwork Reduction Project (1625-0044), Washington, DC 20503.

Privacy Act Statement

Authority: 43 U.S.C. §1333, 1348, 1350, 1356 authorize the collection of this information.

Purpose: The Coast Guard, Bureau of Safety and Environmental Enforcement, and the facility owner or operator will use this information to conduct a safety inspection on a Fixed OCS (Outer Continental Shelf) Facility.

Routine Uses: The information will be used by and disclosed to Coast Guard personnel and contractors or other agents who need the information to assist in activities related to Fixed OCS Facilities. Any external disclosures of data within this record will be made in accordance with DHS/USCG-013, United States Coast Guard Marine Information for Safety and Law Enforcement, 74 Federal Register 30305, June 25, 2009.

Disclosure: Furnishing this information is mandatory; failure to furnish the requested information may result in appropriate enforcement measures by the agency conducting the inspection, and possible restrictions on the operation of the facility.