

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

OMB No. 1625-0044
Exp. Date: 09/30/2021

Facility Name	<input type="checkbox"/> Manned <input type="checkbox"/> Unmanned	Number of Persons on Board	OCS Area/Block	Lease No.
Person in Charge	Operator(s)		Owner(s)	
Facility Telephone	Name and Address		Name and Address	

INSPECTION ITEMS: ALL FACILITIES	DEF.	COR.	OUT.	INSPECTION ITEMS	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)				20a. Type:			
3. Personnel Landings 33 CFR 143.105				Approval Number: _____			
4. Means of Escape 33 CFR 143.101: Primary (# of): _____ Secondary (# of): _____				Location: _____			
5. Helo Deck Perimeter 33 CFR 143.110(b)				Condition: _____			
6. Lights/Warning Devices 33 CFR 143.15				Equipment/Markings: _____			
7. Firefighting Equip 33 CFR 145: Portable: _____ Semi-Portable: _____ Fixed: _____ Location: _____ Size: _____ Agent: _____				Servicing Date: _____			
				Launching Devices: _____			
				Weight Test Date: _____			
				Operation Test Date: _____			
				20b. Type:			
				Approval Number: _____			
				Location: _____			
				Condition: _____			
				Equipment/Markings: _____			
				Servicing Date: _____			
				Launching Devices: _____			
				Weight Test Date: _____			
				Operation Test Date: _____			
				20c. Type:			
				Approval Number: _____			
				Location: _____			
				Condition: _____			
				Equipment/Markings: _____			
				Servicing Date: _____			
				Launching Devices: _____			
				Weight Test Date: _____			
				Operation Test Date: _____			
				20d. Type:			
				Approval Number: _____			
				Location: _____			
				Condition: _____			
				Equipment/Markings: _____			
				Servicing Date: _____			
				Launching Devices: _____			
				Weight Test Date: _____			
				Operation Test Date: _____			
16. General Alarm System 33 CFR 146.105; Markings 33 CFR 146.135				21. Personnel Record Locations 33 CFR 141.35:			
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)

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FACILITY OWNER'S OR OPERATOR'S ACKNOWLEDGEMENT

Name	Signature	Date
Title		

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

- | | |
|---------------------|--|
| Deficiencies (Def.) | Refers to the total number of deficiencies per item found during this inspection. |
| Corrected (Cor.) | Refers to the number of deficiencies per item that were corrected this inspection. |
| Outstanding (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 1-7:** MUST BE COMPLETED FOR ALL FACILITIES, BOTH MANNED AND UNMANNED.
 - **ITEMS NUMBERS 8&9:** MUST BE COMPLETED FOR ALL UNMANNED FACILITIES.
 - **ITEM NUMBERS 10-21:** 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.
- 13-15. 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 Enter the date of the last weight test (*for davit launched equipment*).
 - Operational Test Enter the date of the last operational test (*for self propelled equipment*).
- 21. Enter the address of the location of the required record.
 - **NOTE:** If additional space is needed for any item, enter the applicable item number and the appropriate data in the comments section.

LIST OF OUSTANDING ITEMS/COMMENTS

- 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)). Also 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 ACKNOWLEDGMENT

- 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.

