AFTER COMPLETION OF THE CHECKLIST PLEASE SEND THE COMPLETED COPY TO THE REGIONAL OPERATIONS CENTRE.

ROC1COR1@dfo-mpo.gc.ca

IF YOU HAVE QUESTIONS YOU CAN CONTACT THE ROC AND ASK TO SPEAK TO THE DUTY OFFICER (DO). $\label{eq:contact}$

Weather:			
Stage of tide (flood, ebb, slack): Flooding O Ebbing O Slack O			
On-scene weather (wind, sea state, visibility):			
Location / potential source / oil appearance: Signs of Pollution, where is it potentially coming from, possible source if one has not been identified:			
Pollution Location and potential size (potential amount on board or amount on water-reference oil on water volumes chart):			
Color-tick which box(s) apply:			
Silver/Gray (S) ○ Metallic (M) ○ Transitional(T) ○			
Rainbow (R) O Dark (D) O Mousse (E)			
Distribution of oil - tick which box(s) apply:			
Streamers (st) Convergence Zone (co) Windrows (wr) Patches (pa) Tarballs (tb) No Structure (ns)			

	ole? (if yoι	u put an adso	rbent pad	in it, does it recover
product?):	YES 🔾	NO 🔾	UNS	ure 🔾
Smell? (Is there	e a smell d	coming off the	e pollutior	n in the water in the air)
Gasol	ine 🔘	Diesel 🔘	Oil 🔾	Unknown 🔾
	Source: (Owners name, contact information; vessel name, description and reg number; is the vessel or OHF actively discharging?):			
Owners Name	/ Contact	Information		
Vessel Name /	Registrati	on Number		
Vessel Size and	Descripti	on		
Is the source a	ctively dis	charging? No	○ Yes ○	
If yes contact the ROC 1-800-889-8852				
Owner/ Source Questions to ask: Amount of fuel, chemicals, and oil on board Pollutant type and amounts:				
Gasoline			raulic Oil	
Diesel			ne Oil	
Chemicals types and amounts				
Other pollutants types and amounts:				

Does the owner have insurance: No \bigcirc Yes \bigcirc
If yes – insurance company info
Owners Actions (what are they doing on scene when you arrived)
Owners Intentions (is there a salvage or recovery plan? Do they have
pollution mitigation equipment or plan?):

Additional comments or noted information:		
on assessing:		
Time:		
Email:		

AFTER COMPLETION OF THE CHECKLIST PLEASE SEND THE COMPLETED COPY TO THE REGIONAL OPERATIONS CENTRE.

ROC1COR1@dfo-mpo.gc.ca

Weather:			
Stage of tide (flood, ebb, slack): Flooding O Ebbing O Slack O			
On-scene weather (wind, sea state, visibility):			
Location/ potential source/ oil appearance: Signs of Pollution, where is it potentially coming from, possible source if one has not been identified:			
Pollution Location and potential size (potential amount on board or amount on water-reference oil on water volumes chart):			
Color of oil - tick which box(s) apply:			
Silver/Gray (S) ○ Metallic (M) ○ Transitional(T) ○			
Rainbow (R) O Dark (D) O Mousse (E)			
Distribution of oil - tick which box(s) apply: Streamers (st) ○ Convergence Zone (co) ○ Windrows (wr) ○ Patches (pa) ○ Tarballs (tb) ○ No Structure (ns) ○			

	ole? (if you p	out an adsorb	ent pad	in it, does it recover
product?):	YES 🔾	NO 🔾	UNS	URE (
Smell? (Is ther	e a smell co	ming off the	pollution	n in the water in the air)
Gaso	line 🔾 D	iesel 🔘	Oil (Unknown 🔘
	Source: (Owners name, contact information; vessel name, description and reg number; is the vessel or OHF actively discharging?):			
Owners Name	/ Contact In	formation		
Vessel Name /	Registration	1 Number		
Vessel Size and	l Description	າ		
Is the source a	-) Yes ()
If yes contact t	If yes contact the ROC 1-800-889-8852			
Owner/ Source Questions to ask: Amount of fuel, chemicals, and oil on board Pollutant type and amounts:				
Gasoline			ulic Oil	
Diesel		Engine	e Oil	
Chemicals types and amounts				
Other pollutants types and amounts:				

Does the owner have insurance: No \bigcirc Yes \bigcirc			
If yes – insurance company info			
Owners Actions (what are they doing on scene when you arrived)			
Owners Intentions (is there a salvage or recovery plan? Do they have pollution mitigation equipment or plan?):			

Additional comments or noted information:		
Contact information for person assessing:		
Date:	Time:	
Name:		
Phone:	Email:	

AFTER COMPLETION OF THE CHECKLIST PLEASE SEND THE COMPLETED COPY TO THE REGIONAL OPERATIONS CENTRE.

ROC1COR1@dfo-mpo.gc.ca

Weather:			
Stage of tide (flood, ebb, slack): Flooding O Ebbing O Slack O			
On-scene weather (wind, sea state, visibility):			
Location/ potential source/ oil appearance: Signs of Pollution, where is it potentially coming from, possible source if one has not been identified:			
Pollution Location and potential size (potential amount on board or amount on water-reference oil on water volumes chart):			
Color of oil - tick which box(s) apply:			
Silver/Gray (S) Metallic (M) Transitional(T)			
Rainbow (R) O Dark (D) O Mousse (E)			
Distribution of oil - tick which box(s) apply:			
Streamers (st) Convergence Zone (co) Windrows (wr) Patches (pa) Tarballs (tb) No Structure (ns)			

	ole? (if you	ı put an adso	rbent pad	in it, does it recover
product?):	YES 🔾	NO (UNS	URE (
Smell? (Is there	e a smell c	coming off the	e pollution	n in the water in the air)
Gasol	ine 🔘	Diesel 🔘	Oil 🔾	Unknown (
Source: (Owne and reg number				essel name, description ischarging?):
Owners Name	/ Contact	Information		
Vessel Name /	Registratio	on Number		
Vessel Size and	Description	on		
Is the source a	ctively dis	charging? No	○ Yes ○	
If yes contact the ROC 1-800-889-8852				
Owner/ Source Questions to ask: Amount of fuel, chemicals, and oil on board Pollutant type and amounts:				
Gasoline			aulic Oil	
Diesel			ne Oil	
Chemicals types and amounts				
Other pollutants types and amounts:				

Does the owner have insurance: No \bigcirc Yes \bigcirc			
If yes – insurance company info			
Owners Actions (what are they doing on scene when you arrived)			
Owners Intentions (is there a salvage or recovery plan? Do they have pollution mitigation equipment or plan?):			

Additional comments or noted information:		
Contact information for person assessing:		
Date:	Time:	
Name:		
Phone:	Email:	

AFTER COMPLETION OF THE CHECKLIST PLEASE SEND THE COMPLETED COPY TO THE REGIONAL OPERATIONS CENTRE.

ROC1COR1@dfo-mpo.gc.ca

Weather:			
Stage of tide (flood, ebb, slack): Flooding O Ebbing O Slack O			
On-scene weather (wind, sea state, visibility):			
Location/ potential source/ oil appearance: Signs of Pollution, where is it potentially coming from, possible source if one has not been identified:			
Pollution Location and potential size (potential amount on board or amount on water- reference oil on water volumes chart):			
Color of oil - tick which box(s) apply:			
Silver/Gray (S) Metallic (M) Transitional(T)			
Rainbow (R) O Dark (D) O Mousse (E)			
Distribution of oil - tick which box(s) apply:			
Streamers (st) Convergence Zone (co) Windrows (wr) Patches (pa) Tarballs (tb) No Structure (ns)			

Is oil recoverable? (if you put an adsorbent pad in it, does it recover				
product?):	YES 🔾	NO 🔾	UNS	URE (
Smell? (Is there a smell coming off the pollution in the water in the air)				
Gasol	ine 🔘	Diesel 🔘	Oil 🔾	Unknown 🔾
Source: (Owne and reg number				essel name, description ischarging?):
Owners Name	/ Contact	Information		
Vessel Name /	Registrati	ion Number		
Vessel Size and	Descripti	ion		
Is the source a	ctively dis	scharging? No	○ Yes ○	
If yes contact t	he ROC 1-	-800-889-885	2	
Owner/ Source Questions to ask: Amount of fuel, chemicals, and oil on board Pollutant type and amounts:				
Gasoline			raulic Oil	
Diesel			ne Oil	
Chemicals types and amounts				
Other pollutants types and amounts:				
1				

Does the owner have insurance: No \bigcirc Yes \bigcirc		
If yes – insurance company info		
Owners Actions (what are they doing on scene when you arrived)		
Our our laterations (is thous a solver of a recovery also 2 Do they have		
Owners Intentions (is there a salvage or recovery plan? Do they have pollution mitigation equipment or plan?):		

Additional comments or noted info	ormation:		
Contact information for person assessing:			
Date:	Time:		
Name:			
Phone:	Email:		

AFTER COMPLETION OF THE CHECKLIST PLEASE SEND THE COMPLETED COPY TO THE REGIONAL OPERATIONS CENTRE.

ROC1COR1@dfo-mpo.gc.ca

Weather:			
Stage of tide (flood, ebb, slack): Flooding O Ebbing O Slack O			
On-scene weather (wind, sea state, visibility):			
Location/ potential source/ oil appearance: Signs of Pollution, where is it potentially coming from, possible source if one has not been identified:			
Pollution Location and potential size (potential amount on board or amount on water- reference oil on water volumes chart):			
Color of oil - tick which box(s) apply:			
Silver/Gray (S) Metallic (M) Transitional(T)			
Rainbow (R) O Dark (D) O Mousse (E)			
Distribution of oil - tick which box(s) apply:			
Streamers (st) Convergence Zone (co) Windrows (wr) Patches (pa) Tarballs (tb) No Structure (ns)			

Is oil recoverable? (if you put an adsorbent pad in it, does it recover				
product?):	YES 🔾	NO 🔾	UNS	URE (
Smell? (Is there a smell coming off the pollution in the water in the air)				
Gasol	line 🔘	Diesel 🔘	Oil 🔘	Unknown (
Source: (Owne and reg number				essel name, description ischarging?):
Owners Name	/ Contact	Information		
Vessel Name /	Registrat	ion Number		
Vessel Size and	Descript	ion		
Is the source a	ctively di	scharging? No	○ Yes ○	
If yes contact the ROC 1-800-889-8852				
Owner/ Source Questions to ask: Amount of fuel, chemicals, and oil on board Pollutant type and amounts:				
Gasoline			raulic Oil	
Diesel			ne Oil	
Chemicals types and amounts				
Other pollutants types and amounts:				
Since points and dinodinos				

Does the owner have insurance: No \bigcirc Yes \bigcirc		
If yes – insurance company info		
Owners Actions (what are they doing on scene when you arrived)		
Our are intentions (is there a salvage or resource plan? Do they have		
Owners Intentions (is there a salvage or recovery plan? Do they have pollution mitigation equipment or plan?):		

Additional comments or noted info	ormation:		
Contact information for person assessing:			
Date:	Time:		
Name:			
Phone:	Email:		