



**TANGAPAN NG KOMANDANTE
(OFFICE OF THE COMMANDANT)
PUNONGHIMPILAN TANOD BAYBAYIN NG PILIPINAS
(HEADQUARTERS PHILIPPINE COAST GUARD)
139 25th Street, Port Area
1018 Manila**

11 February 2000

**HPCG/CG-8
STANDING OPERATING PROCEDURE
NUMBER.....01-00**

INITIAL INCIDENT REPORT

I. PURPOSE:

This SOP prescribes the procedures and guidelines in the immediate submission of an initial report following the receipt of the knowledge on the occurrence of the following incident categories:

- A. Maritime Incident
- B. Unusual Incident
- C. MARPOL Incident
- D. Vessel Detention

II. SCOPE:

This SOP applies to all PCG units in whose area of operation (AOR) any incident of the above categories exclusively related to their peculiar mission and functions occurs and to those that have received any information on the occurrence of same even if not in their AOR.

III. DEFINITION OF TERMS:

- A. Immediate Submission** – refers to the submission to higher headquarters through fastest means of an incident report immediately after receipt of knowledge on the occurrence of any of the four (4) incidents listed in paragraph I.
- B. Late Submission** – refers to the submission to higher headquarter of an incident report that has been overtaken by the events following the receipt of knowledge on the occurrence of the incident.
- C. Maritime Incident** – shall mean any incident involving any vessel which occurs within the navigable waters of the Republic of the Philippines or any incident involving any Philippine vessel, which occurs outside the Philippine territorial waters. A maritime incident shall include any occurrence involving a vessel which results in damage to

the vessel, its apparel, and gear, and/ or passenger and crew, and inter alia includes sinking, collision, stranding, grounding, foundering, heavy weather damage, fire, explosion, failure of gear and equipment and any other damage which might effect and/ or impair the seaworthiness thereof.

- D. **Unusual Incident** – Shall mean any incident involving the general conduct of PCG organic personnel as well as damage to PCG property either through man-made or natural causes of any unusual occurrence within ports and harbors (i.e., labor strikes, piracy, lighthouse failure, etc.)
- E. **MARPOL Incident** – shall mean any incident involving damage to the marine environment either through the intentional or unintentional introduction of oil and other hazardous substances.
- F. **Vessel Detention** – shall mean the detention in any port or in an anchorage area by a PCG unit of any vessel other than naval vessel after establishing clear grounds that the vessel is not seaworthy to undertake the voyage intended.

IV. **RESPONSIBILITIES:**

- A. The following PCG units shall submit reports of incidents that fall under their cognizance as indicated and shall be responsible in the reproduction of the corresponding report formats:

- 1. **PCG Districts/ Stations/ Detachments**

- a. Maritime Incident
- b. Unusual Incident
- c. MARPOL Incident
- d. Vessel Detention

- 2. **Other PCG Major/ Special Units/ Offices**

- a. Unusual Incident

- 3. **Units Afloat**

- a. Maritime Incident
- b. Unusual Incident
- c. MARPOL Incident

- B. **District Commanders shall:**

- 1. Ensure compliance by their units of the provisions of this SOP.
- 2. Review, as necessary, District policies and provide further guidelines to ensure continued adherence to this SOP by their units.

- C. **Other Major/ Special Unit Commanders/ Heads of Offices shall:**

- 1. Ensure compliance by their units of the provisions of this SOP.

2. Review, as necessary, unit policies and provide further guidelines to ensure continued adherence to this SOP by their units/ offices.

D. The Commanders of the Coast Guard Stations and/ or Detachments shall:

1. If not equipped with fax machines, identify offices within their AOR that are equipped with such equipment.
2. Establish an agreement with the same office for the availability of the service of such machines and/ or telephones for the immediate submission of reports during the occurrence of incidents. A primary back-up office shall be so identified and established.
3. Submit to HPCG (Attn: CGOC) within three (3) days upon publication of this SOP the numbers of the telephone/ fax machines (primary and back-up) established, and any contact person if possible.
4. Report changes in the working number of telephones/ fax machines as maybe necessary, or as a result of the telephone/ fax machine becoming in operational/ defective.

E. Commanding Officers of Units Afloat shall:

1. Submit reports of incidents under their cognizance primarily through their onboard radio communications equipment. If not equipped with telephone or fax machines, identify other ships or land-based installations/ offices within their present location that are equipped with such equipment to serve as back-up should their radio equipment fail.
2. Establish an agreement with the same installation/ office for the availability of service of such machines to ensure the immediate submission of reports after receipt of information on the occurrence of incidents.
3. Submit to HPCG (Attn: CGOC) within three (3) days upon publication of this SOP the numbers of telephone and fax machines established, and any contact person if possible.
4. Assist reporting units in the refund of expenses incurred solely for the submission of the initial reports in coordination with AC of S, CG-6.
5. Maintain records of incident reports received and furnish the Office of the Assistant Chief of Staff for Maritime Safety Affairs (O/CG-8) reports on maritime incidents/ vessel detention and the Office of the Assistant Chief of staff for Marine

Annexes:

- A- Maritime Incident Report Format
- B- Unusual Incident Report Format
- C- MARPOL Incident Format
- D- Vessel Detention Format

MARITIME INCIDENT REPORT
(SOP No. _____ Form A)

(PCG Reporting Unit)

A. NATURE OF INCIDENT/CAUSE, IF ESTABLISHED

B. INFO SOURCE OF REPORTING UNIT

C. NAME OF VES/ GRT/ NT

D. DATE/ TIME/ PLACE OF INCIDENT (INCL LAT/ LONG)

E. OWNER/S OF VES

F. REGISTRY/HOMEPORT/ADDRESS

G. NAME OF SHIP'S CAPT

H. WEATHER CONDITION IN TH ACCIDENT AREA

I. TOTAL NUMBER OF CREW/PASSENGER ON BOARD

J. CARGO ON BOARD

K. PORT OF ORIGIN

L. PORT OF DESIGNATION

M. COMMERCIAL VES FIRST TO RESPOND AND/OR ON-SCENE

N. OTHER CONCERNED AGENCIES ON-SCENE

O. ON-SCENE COMMANDER

P. ACTION TAKEN BY REPORTING UNIT (OTHER RELEVANT INFO)

FOR SAR OPERATION ONLY:

Q. TOTAL NUMBER OF SURVIVORS RESCUED _____
R. NUMBER OF CASUALTIES RECOVERED _____
S. NUMBER OF
MISSING _____

REPORT SUBMITTED BY:

(SIGNATURE OVER PRINTED NAME)

REPLY TEL/ FAX NUMBER:

UNUSUAL INCIDENT REPORT
(SOP No. _____ Form B)

(PCG Reporting Unit)

A. DATE/TIME OF
REPORT _____
B. NATURE OF INCIDENT/CAUSE, IF ESTABLISHED

C. PLACE OF
INCIDENT _____
D. INFO SOURCE OF REPORTING
UNIT _____

FOR PERSONAL INVOLVEMENT:

E. NAME OF PERSON/ INVOLVED _____

F. STATUS/CONDITION OF PERSON/ INVOLVED _____

G. ACTION TAKEN BY REPORTING PCG UNIT _____

H. NUMBER OF CASUALTY/IES (IDENTIFY AS FRIENDLY OR ENEMY)

FOR UNIT/ PROPERTY INVLOVEMENT:

I. IDENTIFY UNIT/ PROPERTY INVOLVED _____
J. STATUS OF UNIT/ PROPERTY INVOLVED _____
K. ACTION TAKEN BY REPORTING UNIT _____

L. _____ EST _____ AMT _____ OF
DAMAGE _____

FOR OTHER UNUSUAL OCCURRENCES:

M. IDENTITY OF PERSON/ GROUP INVOLVED _____

N. NAME OF COMPANY/ IES AFFECTED _____

O. DEMANDS INVOLVED (IF ANY) _____

P. FRIENDLY AND/ OR OTHER FORCES ENGAGED _____

Q. _____ ASSESSMENT _____ OF
THREAT _____

REPORT _____ SUBMITTED _____ BY:

(SIGNATURE OVER PRINTED NAME)

REPLY _____ TEL/ _____ FAX _____ NUMBER:

MARPOL INCIDENT REPORT
(SOP No. _____ Form C)

(PCG Reporting Unit)

A. _____ DATE/TIME _____ OF
REPORT _____

B. _____ INFO _____ SOURCE _____ OF _____ REPORTING
UNIT _____

C. PLACE OF INCIDENT (LAT/ LONG) _____

D. TYPE OF POLLUTION (OIL, OTHERS) _____

E. _____ CAUSE _____ OF
POLLUTION _____

F. _____ APPROX _____ QTY
SPILLED _____

G. _____ EXTENT _____ OF _____ AFFECTED
AREA _____

H. PREVAILING SEA/ WEATHER CONDITION _____

I. NAME OF VES/ GRT/ NT _____

J. TYPE OF VES/ OFF SHORE INSTALLATION _____

K. ADDRESS _____ REGISTRY/ _____ HOMEPORT/ _____

L. ORIGIN _____ PORT _____ OF _____
M. DESTINATION _____ PORT _____ OF _____
N. COMMANDER _____ ON-SCENE _____
O. ACTION TAKEN BY REPORTING UNIT _____

P. OTHER REMARKS

REPORT _____ SUBMITTED _____ BY: _____

(SIGNATURE OVER PRINTED NAME)

REPLY _____ TEL/ _____ FAX _____ NUMBER: _____
