

U.S. Coast Guard

**REPORT OF REQUIRED CHEMICAL DRUG AND ALCOHOL TESTING FOLLOWING A
SERIOUS MARINE INCIDENT**

(See Instructions on reverse)

SECTION I—VESSEL INFORMATION

1. Name of vessel		2. Official Number	3. Call Sign	4. Nationality
5. Vessel Type (<i>Freight, Towing, Fishing, MODU, etc.</i>)		6. Length	7. Gross Tons	8. Year Built
9. Operating Company Name: Address: Telephone Number:		10. Master or Person in Charge Name: Address: Telephone Number:		

SECTION II—INCIDENT INFORMATION

11. Type of Serious Marine Incident (*Check Appropriate Box(es). (See Instructions on Reverse)*)

a. Death (<i>Append to Form CG-2692</i>) b. Injury requiring medical treatment (<i>Append to Form CG-2692</i>) c. Property damage in excess of \$100,000 (<i>Append to Form CG-2692</i>) d. Loss of inspected vessel (<i>Append to Form CG-2692</i>)	e. Loss of uninspected, self-propelled vessel of over 100 gross tons (<i>Append to Form CG-2692</i>) f. Discharge of oil of 10,000 gallons or more into U.S. waters g. Discharge of a reportable quantity of hazardous substance into U.S. waters h. Release of a reportable quantity of hazardous substance into U.S. environment
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12. Date of Incident 13. Time (*local*) of Incident 14. Location of Incident (*Latitude and Longitude or River and Milepost*)

SECTION III—PERSONNEL / TESTING INFORMATION

15. Personnel Directly Involved In Serious Marine Incident				16. Drug and Alcohol Testing (<i>See Instructions on reverse</i>)							
15a. Name (<i>Last, First, Middle Initial</i>)	15b. Licensing/Certification			16a. Drug Test Urine Specimen provided within 32 hours?		16b. Alcohol Test Specimen provided within 2 hours?		16c. Alcohol Test Specimen Source			16d. Alcohol Test Results
	(Check Appropriate Box(es))			YES	NO	YES	NO	Saliva	Blood	Breath	
	USCG License	USCG MMD	Neither								

17. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests Name: Address: Telephone Number:	18. Laboratory conducting blood alcohol test(s) or individual conducting saliva or breath alcohol test(s) Name: Address: Telephone Number:
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19. Person Making This Report (<i>Please Print</i>) Name: Address: Telephone Number:	20. Signature Title:	21. Date
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22. Remarks (*See Instructions on Reverse*)

**INSTRUCTIONS FOR COMPLETION OF FORM CG-2692B
REPORT OF REQUIRED CHEMICAL DRUG AND ALCOHOL TESTING
FOLLOWING A SERIOUS MARINE INCIDENT**

NOTE: When this form is being submitted along with a REPORT OF MARINE ACCIDENT, INJURY OR DEATH (Form CG-2692), Blocks 3-10 and Blocks 12-14 on Form CG-2692B need not be completed.

\$ Q DJ HQ P D Q RVFRQGXFRVUSRQVRU DQG D SHURQV LQ GRVHTXUHG VR UHVSRCG VR D FRDFVRQ RI LQIRUP DMRQXQD W LQGLSDA V D YDGG 2 0 % FRQVRQXP EHU 7KH & RDMW XDLG HMP DMV WDVWVH DYHJUH EXLGHQ IRUMLV UHSRUVW KRXLV <RX P D V XEP LWDQ FRP P HQW FRGFHULQJ WH DFFXUDF RI WLV EXLGHQ HMP DMV RUDQ VXJJHWVRQ/IRUJHGXLQJ WH EXLGHQVR & RP P DQGDQV* 0 2 \$ 8 6 & R W XDLG 6 W 6 : : D V K L Q V R Q ' & R U 2 I I I E H R I 0 D Q D J H P H Q W D G G % X G J H W 3 D S H L Z R U N 5 H G F V R Q 3 U R V F W : D V K L Q V R Q ' &

WHEN TO USE THIS FORM

1. 7KLV IRUP VDMILHV WH UHTXUHP HQW LQ WH & RGH RI) HGHUO 5 HJ XDMRQ/IRUZ UMHQ UHSRUV RI FKHP IEDOGXJ DQG DGRKROMMMQJ RI LQGLYGDQY GLUHFV LQYROYHG LQ VHURXV P DULQ LQFLGHQW \$GRKRO WMMW DUH VR EH FRGGXFMG GRVDMUWDO KRXLV XQD W WHUH DUH FDVXDQW GLUHFV UHDMG VDIHW FRGFHULQJ DQG GLXJ WMMWVSHFL HQV FRDFWNG GRVDMUWDO KRXLV DVMU D 6 HURXV 0 DULQ ,QFLGHQW 3 XE QF YHMHQV DQG UHFUHDVRCDOYHMHQV DUH H FHSWNG IURP WHMH UHSRUVQJ UHTXUHP HQW

SERIOUS MARINE INCIDENTS

2. 7KH WUP VHURXV P DULQ LQFLGHQW/LQFLGHQW WH IRDZLQJ HYHQW LQYROYLQJ D YHMHQJ FRP P HUFDOHUYEH

A. \$ Q P DULQ FDVXDQW RUDFFLGHQW/DVWVRFXU/ XSRQ WH QDYJ DEQI Z DMU/ RI WH 8 6 LW WMLUWUHV RUSRWVHMRQ/ RU WDVWVQYROYH V D 8 6 YHMHQDQ Z KHUH DQG WDVWVH XOW LQ DQ RI WH IRDZLQJ

1. 2 QH RUP RUH GHDMV
2. \$ Q LQXU VR D FUHZ P HP EHU SDMVHQJ HU RURVHUSHUVRQ Z KLEK UHTXUHV SURHVMRQDOP HGFDOHDMV HQVEH RGG ILLWDLG DQG LQ WH FDVH RI D SHURQ HP SGA HG RQ ERDUG D YHMHQJ FRP P HUFDOHUYEH Z KLEK UHQGHU/ WH LQGLYGDQXQVLRV SHURUP URXWGH YHMHQGXUHV
3. ' DP DJ HV SURSHUW DV GHILGHQJ &) 5 I LQ H FHV RI
4. \$ FVDRUFRQWVWVWH VMDQGRV RI DQ YHMHQXEMFVR LQVSHFVRQXCGHU 8 6 & RU
5. \$ FVDRUFRQWVWVWH VMDQGRV RI DQ VHD SURSHQJ YHMHQ GRVXEMFVR LQVSHFVRQXCGHU 8 6 & RI JURV WVRQ/ RUP RUH

B. \$ GLVKDJH RI RIORI J DGRQ/ RUP RUH LQV WH QDYJ DEQI Z DMU/ RI WH 8 QLVG 6 VDMV DV GHILGHQJ 8 6 & Z KHMHURUQRVWHXQDJ IURP DP DULQ FDVXDQW

- C. \$ GLVKDJH RI D UHSRUDEQI TXDQW RI D KDJ DGRXV VXEMDQFH ,QR WH QDYJ DEQI Z DMU/ RI WH 8 QLVG 6 VDMV Z KHMHURUQRV UH XQDJ IURP DP DULQ FDVXDQW
- D. \$ UHDMH RI D UHSRUDEQI TXDQW RI D KDJ DGRXV VXEMDQFH ,QR WH HQYLRQ P HQV RI WH 8 QLVG 6 VDMV Z KHMHURUQRV UH XQDJ IURP DP DULQ FDVXDQW

INDIVIDUAL DIRECTLY INVOLVED IN A SERIOUS MARINE INCIDENT

3. 7HUP LQGLYGDQYGLUHFV LQYROYHG LQ DVHURXV P DULQ LQFLGHQW LQ DQ LQGLYGDQY KRWH RUGHU DFRQ RUI DQXUH VR DFWW GHMUP LQGH VR EH RUFDOQRVEH LKGG RXWDV D FDVXDQW I DFRULQ WH HYHQW QDGLQJ VR RUFDXVLQJ D VHURXV P DULQ LQFLGHQW

COMPLETION OF THIS FORM

4. 7KLV IRUP V KRXG EH ILQJ RXWDV FRP SMMO DQG DFFXUDM DV SRWIEQI 3 QDVH WSH RUSULQVFDU) LQ LQ DQ DQDQV WDVWSSO VR WH NLG RI LQFLGHQW/DVWVWV RFFXUHG , I D TXHMRQ/IRUFRVSSQDEQI WH DEEUHDMRQ 1 \$ V KRXG EH HQMUHG LQ WDVWVDFH , I DQ DQZ HU , V XQQRZ Q DQG FDQRVEH REVOLGH WH DEEUHDMRQ 8 1 . V KRXG EH HQMUHG LQ WDVWVDFH , I 1 2 1 (LV WH FRUHFVWVSRQVH WHHQ HQMULVQ WDVWVDFH

5. , I P RUH WDO SHURQGHODUH GLUHFV LQYROYHG LQ WH 6 HURXV 0 DULQ ,QFLGHQW/DQ DQGLVRCQ* % V KRXG EH FRP SMMG

6. KHQ WLV IRUP KDV EHQ FRP SMMG GHYHURUP DQDQV VRRQ DV SUDFVDEQI VR WH & RDMW XDLG 0 DULQ 6 DIHW RU 0 DULQ ,QVSHFVRQ 2 I I I E H Q D U H W V R W H Q F D M R Q R I W H L Q F L G H Q W R U I L D W H D Q D U H W V R W H S R U V R I I L W D U L Y D O

7. 8 SRQ UHFHSWRI D UHSRUVRI FKHP IEDOWMMUHXOW WH P DULQ HP SGA HU WDVWVXEP LWD FRS RI WH WMMUHXOW IRU HDK SHURQ QLVG LQ EGFN D RI WLV IRUP VR WH & RDMW* XDLG 2 I I I E H U L Q & KDJH 0 DULQ ,QVSHFVRQ Z KHUH WH & * % Z DV VXEP LWHG 5 H) 5 G

8. \$ P SQA LQ LQIRUP DMRQ/IRUFVRP SMMQJ WH IRUP
 - A. %BFN ² 7<3 (2) 6 (5,286 0 \$ 5,1 (,1&,' (17 &KHFNHDFK DSSURSUDM ERJ , I ERJ D E F G RUH LV FKFNHG RUDSSHQ WLV IRUP VR WH UHTXUHG IRUP &* 5 (3 2 5 7 2) 0 \$ 5,1 (\$ &&,' (17 ,1-85 < 25 ' (\$ 7+ DQG VXEP LV ERV IRUP V DV LQGFDMGLQ DERYH
 - B. %BFN ³ \$ / & 2 + 2 / 7 (6 7 5 (6 8 / 7 6 : KHQ WH DGRKROMMWHXOW DUH DYDQDEQI WH DGRKRO FRGFHULQVRCQ WDOEH HJ SUHMHG QP HUFDO LQ SHUHQVE Z HJ KWLH H M <
 - C. %BFN ² 5 (0 \$ 5 . 6 ' HMFUEH WH GWHV RI HDK LQGLYGDQYGLUHFV D DVMH V P H R I L Q F L G H Q W L H P D V M U S I G R V F K L H H Q J L Q H U , I D Q L Q G L Y G D Q J H X V H V R S U R Y I G H W H U H T X U H G V S H F L P H Q V I L V S H F L P H Q V D U H Q R V W P H O R E V D Q G H R U Q R V R E V D Q G H G H M F U E H W H F L U F X P W D Q F H V F R P S M M O

NOTICE: 7KH LQIRUP DMRQ/FRDFWNG RQ WLV IRUP LV URXWGH DYDQDEQI IRUSXE QF LQVSHFVRQ , WLV QHGHGE WH & RDMW XDLG VR FDUJ RXWLV UHVSRCQV LQV LQYHMM DMV P DULQ FDVXDQW WH LQGHQW KDJ DGRXV FRQVVRQ/ RUMVDMRQ/ DQG VR FRGGXFMVDMVDFDQDQV 7KH LQIRUP DMRQ/ LV XVHG VR GHMUP LQGH Z KHMHUHZ RUHYLVHG VDIHW LQWDMV/ DUH QHFWMDV IRUWH SURVVRQ RI QH RUSURSHUW LQ WH P DULQ HQYLRQ P HQW