

DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard
**MARINE TRANSPORTATION SYSTEM RECOVERY
FACILITY STATUS**

OMB No.1625-0127

Expires: 01/31/2028

PRIVACY ACT STATEMENT

Authority: 46 U.S.C §70011, §70051, and 70103 authorize the collection of this information.

Purpose: To assess a disruption of Port activities.

Routine Uses: Information is used by authorized USCG officials to assess the condition of the Port, prioritize recovery efforts, and gauge the effectiveness of the response. Any external disclosures of information within this record will be made in accordance with DHS/USCG-013, Marine Information for Safety and Law Enforcement (MISLE), 74 Federal Register 30305 (June 25, 2009).

Disclosure: Furnishing this information is voluntary; however, the U.S. Coast Guard will not be able to properly assess the condition of the Port without this valuable input.

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 15 minutes. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: Commandant (CG-FAC), U.S. Coast Guard Stop 7501, 2703 Martin Luther King Jr Ave SE, Washington, DC 20593-7501 or Office of Management and Budget, Paperwork Reduction Project (1625-0127), Washington, DC 20503.

U.S. Coast Guard _____ is gathering critical facility status information for the port of _____ following _____.

Information you voluntarily provide will enable the U.S. Coast Guard (USCG) to understand your facility's current status and will be is used by the USCG Marine Transportation System Recovery Unit to prioritize port-wide recovery efforts.

We request you review the criteria below and provide the information to:

Name	via Fax	via Email
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SECTION I: FACILITY INFORMATION

1. Facility Name

2. Facility Status (Check one)

Fully Available Partially Available Not Available

3. Describe Reason the Facility is *Partially Available* or *Not Available* and at what % capacity the facility is operating and when you anticipate it being fully available. (*i.e. no utility service, channel closure, damage to pier, reduced personnel, damage to facility, cranes, pumps or cyber attack.*)

(continue on page 2)

4. If you do not receive your next scheduled ship/barge on time what is the significant impact? (*i.e. your facility supplies the fuel for all city busses or an airport.*)

(continue on page 2)

SECTION II: FACILITY CONTACT INFORMATION

5. Facility Point of Contact	6. Telephone	7. Fax	8. Email	9. Date
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MARINE TRANSPORTATION SYSTEM RECOVERY - FACILITY STATUS

Name of Event:

Facility Name:

SECTION 1. FACILITY INFORMATION (Cont.)