



WASHINGTON STATE
Department of Ecology
 Spill Prevention, Preparedness, and Response Program
 Prevention Section
 P.O. Box 47600, Olympia, WA 98504-7600
 Office Phone: (360) 407-7455 or toll free 1-800-664-9184

RATE A DELIVERERS - BOOM REPORTING FORM

Rate A deliverers (>500 gpm transfer rate) must complete and submit a Boom Reporting Form when it is not safe and effective to pre-boom, or when conditions develop during a pre-boomed transfer that require removal of the boom. The completed form must be submitted prior to the transfer or immediately if conditions change. It must be resubmitted every six hours for a transfer at a terminal and every four hours for a transfer at anchor.

The Boom Reporting Form is available in the ANT system or can be submitted by e-mail to OilTransferNotifications@ecy.wa.gov

Part I: Oil Transfer Information

Advance Notice of Transfer (ANT) number: _____

Delivering Facility or Vessel name: _____

Receiving Facility or Vessel name: _____

Transfer Location: _____

Transfer Start Date and Time: _____

Part II: Environmental and Safety Conditions Summary

BRF submission # (1, 2, 3, ...): _____

Describe the environmental and/or safety condition(s) at the time and location of the transfer that exceeds the thresholds found in the company's approved Safe and Effective Threshold Determination Report. For the form to be considered complete, information must be included in at least one of the fields in Part II.

Wave height (feet):	Sustained wind (knots) of more than 5 minutes duration & wind direction:	Water Current (knots):

Safety Issues that prevent the safe pre-booming of this transfer - describe events and/or conditions:

Other factors involved preventing the safe pre-booming this transfer - describe events and/or conditions:

Part III: Certification of Accuracy and Acknowledgement of Alternative Measures

Name of person making report: _____

Name of company associated with person making report: _____

Phone number: (_____) _____ --- _____

I submit that the information contained in this form is true and complete to the best of my knowledge and I acknowledge that the alternative measure resources are available within the timeframe(s) required under WAC 173-180-221 and 173-184-115.

 Signature of person making report Date Title

Additional information: