

# **APPENDIX F: INCIDENT SITUATION DISPLAY – STATUS BOARDS**

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## **TABLE OF CONTENTS**

Incident Name/Claims Phone Number.....	F-3
Incident Facts.....	F-4
Incident Facts Update.....	F-5
Weather, Tide and Sunrise/Sunset.....	F-6
Safety and Health.....	F-7
Mass Balance.....	F-8
En Route Resources.....	F-9
Assigned Resources.....	F-10
Available Resources.....	F-11
Out-of-Service Resources.....	F-12
Incident Objectives.....	F-13
Organization Assignment.....	F-14
Operational Period/Schedule of Meetings.....	F-15
General Plan Objectives.....	F-16
General Plan - I.....	F-17
General Plan - II.....	F-18
Incident Specific Plans.....	F-19
Requests for Assistance.....	F-20
Sensitive Areas.....	F-21
Permits / Plans.....	F-22

*[intentionally blank]*

**INCIDENT NAME  
STATUS BOARD**

**INCIDENT NAME:**

\_\_\_\_\_

**CLAIMS PHONE NUMBER  
STATUS BOARD**

**CLAIMS PHONE NUMBER:**

\_\_\_\_\_

## INCIDENT FACTS STATUS BOARD

DATE OF INCIDENT: \_\_\_\_\_ TIME OF INCIDENT: \_\_\_\_\_

LOCATION: Latitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " (N)

Longitude: \_\_\_\_\_ ° \_\_\_\_\_ ' \_\_\_\_\_ " (N)

Geographic: \_\_\_\_\_

NAME OF INVOLVED VESSEL(S)/FACILITY(IES): \_\_\_\_\_

DESCRIPTION OF INCIDENT: \_\_\_\_\_

TYPE OF MATERIAL SPILLED/EMITTED:

Crude Oil \_\_\_\_\_ Product \_\_\_\_\_ Chemical \_\_\_\_\_ Other: \_\_\_\_\_

AMOUNT OF MATERIAL SPILLED/EMITTED: \_\_\_\_\_

AMOUNT OF MATERIAL AT RISK: \_\_\_\_\_

STATUS OF SOURCE:      Controlled: \_\_\_\_\_ Continuing: \_\_\_\_\_ Other: \_\_\_\_\_

STATUS OF PERSONNEL: Casualties: \_\_\_\_\_ Injuries: \_\_\_\_\_ Other: \_\_\_\_\_

OTHER INFORMATION: \_\_\_\_\_



## WEATHER, TIDE AND SUNRISE/SUNSET STATUS BOARD

<b>Date:</b>			<b>Time:</b>		
<b>CURRENT WEATHER</b>					
<b>Wind Speed:</b>		MPH	<b>Wind Direction:</b>		MPH
<b>Air Temperature:</b>		°F	<b>Precipitation:</b>		
<b>Ceiling:</b>		FT.	<b>Water Temperature:</b>		
<b>Wave Height:</b>		FT.	<b>Wave Direction:</b>		
<b>Current Speed:</b>		MPH	<b>Current Direction:</b>		MPH
<b>Comments:</b>					
<b>WEATHER FORECAST</b>					
<b>Wind Speed:</b>		MPH	<b>Wind Direction:</b>		MPH
<b>Air Temperature:</b>		°F	<b>Precipitation:</b>		
<b>Ceiling:</b>		FT	<b>Water Temperature:</b>		
<b>Wave Height:</b>		FT	<b>Wave Direction:</b>		
<b>Current Speed:</b>		MPH	<b>Current Direction:</b>		MPH
<b>Comments:</b>					
<b>TIDES AND SUNRISE/SUNSET TODAY</b>					
<b>Location:</b>					
<b>High Tide:</b>	_____ AM/PM	_____ FT	<b>Low Tide:</b>	_____ AM/PM	_____ FT
<b>High Tide:</b>	_____ AM/PM	_____ FT	<b>Low Tide:</b>	_____ AM/PM	_____ FT
<b>Sunrise:</b>	_____ AM		<b>Sunset:</b>	_____ PM	

## SAFETY AND HEALTH STATUS BOARD

SAFETY OFFICER ON-SCENE?  YES  NO

NAME OF SAFETY OFFICER: \_\_\_\_\_

### SUMMARY OF RESULTS OF SITE CHARACTERIZATION(S)

CHEMICAL	PHYSICAL

Area Isolated?

Yes

No

Hazard Control Zones Established?

Yes

No

Hazard Control Zones Secured?

Yes

No

Medical Screening Established?

Yes

No

Personnel Training Levels Verified?

Yes

No

Decontamination Area(s) Established?

Yes

No

First Aid Areas Established?

Yes

No

LEVEL OF PPE REQUIRED: \_\_\_\_\_

### INCIDENT-SPECIFIC SITE SAFETY PLAN:

In Preparation

Estimated Time of Completion: \_\_\_\_\_

Completed and Approved

## MASS BALANCE STATUS BOARD

**FACTOR**

**LAST 24 HOURS**

**TO DATE**

**AMOUNT SPILLED/EMITTED**

\_\_\_\_\_

**AMOUNT RECOVERED  
(corrected)**

\_\_\_\_\_

**AMOUNT EVAPORATED  
(estimate)**

\_\_\_\_\_

**DISPERSED, NATURAL**

\_\_\_\_\_

**DISPERSED, CHEMICAL**

\_\_\_\_\_

**BURNED**

\_\_\_\_\_

**AMOUNT REMAINING:**

**ON WATER**

\_\_\_\_\_

**ON LAND**

\_\_\_\_\_











## ORGANIZATION ASSIGNMENT STATUS BOARD

COMMAND SECTION:	OPERATIONS SECTION:
Incident Commander _____	Chief _____
Unified Commanders _____	Deputy _____
Deputy _____	<b>Branch I:</b>
Safety Officer _____	Director _____
Information Officer _____	Deputy _____
Liaison Officer _____	Division/Group _____
Legal Officer _____	Division/Group _____
<b>PLANNING SECTION:</b>	Division/Group _____
Chief _____	Division/Group _____
Deputy _____	<b>Branch II:</b>
Resource Unit _____	Director _____
Situation Unit _____	Deputy _____
Environmental Unit _____	Division/Group _____
Documentation Unit _____	Division/Group _____
Demobilization Unit _____	Division/Group _____
Technical Specialists: _____	Division/Group _____
_____	Division/Group _____
_____	<b>Branch III:</b>
_____	Director _____
<b>LOGISTICS SECTION:</b>	Deputy _____
Chief _____	Division/Group _____
Deputy _____	Division/Group _____
<b>Support Branch:</b>	Division/Group _____
Director _____	Division/Group _____
Supply Unit _____	Division/Group _____
Facilities Unit _____	<b>Branch IV:</b>
Transportation Unit _____	Director _____
Security Unit _____	Deputy _____
<b>Service Branch:</b>	Division/Group _____
Director _____	Division/Group _____
Communications Unit _____	Division/Group _____
Medical Unit _____	Division/Group _____
Food Unit _____	Division/Group _____
Info Technology Unit _____	Division/Group _____
<b>FINANCE/ADMINISTRATION SECTION:</b>	<b>Air Operations Branch:</b>
Chief _____	Air Ops Branch Director _____
Deputy _____	_____
Time Unit _____	_____
Contracts Unit _____	_____
Claims Unit _____	_____
Cost Unit _____	_____

## OPERATIONAL PERIOD / SCHEDULE OF MEETINGS STATUS BOARD

### CURRENT OPERATIONAL PERIOD

STARTING DATE: \_\_\_\_\_ STARTING TIME: \_\_\_\_\_

ENDING DATE: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

### MEETINGS FOR CURRENT OPERATIONAL PERIOD

TIME: \_\_\_\_\_ MEETING: \_\_\_\_\_

TIME: \_\_\_\_\_ MEETING: \_\_\_\_\_

TIME: \_\_\_\_\_ MEETING: \_\_\_\_\_

TIME: \_\_\_\_\_ MEETING: \_\_\_\_\_

TIME: \_\_\_\_\_ MEETING: \_\_\_\_\_

TIME: \_\_\_\_\_ MEETING: \_\_\_\_\_

### NEXT OPERATIONAL PERIOD

STARTING DATE: \_\_\_\_\_ STARTING TIME: \_\_\_\_\_

ENDING DATE: \_\_\_\_\_ ENDING TIME: \_\_\_\_\_

### MEETINGS FOR NEXT OPERATIONAL PERIOD

TIME: \_\_\_\_\_ MEETING: \_\_\_\_\_

TIME: \_\_\_\_\_ MEETING: \_\_\_\_\_

TIME: \_\_\_\_\_ MEETING: \_\_\_\_\_

TIME: \_\_\_\_\_ MEETING: \_\_\_\_\_

TIME: \_\_\_\_\_ MEETING: \_\_\_\_\_

TIME: \_\_\_\_\_ MEETING: \_\_\_\_\_













