

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5136E (06-04)	<b>POLLUTION INCIDENT DAILY RESOURCE REPORT</b>	GOVERNMENT SHORT FORM (RCN-16451-1)
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FPN/CERCLA NUMBER _____	DATE _____
PARENT UNIT _____	FOSC/REP/LEAD TRUSTEE SIGNATURE _____

PERSONNEL						
NAME (LAST, FIRST)	PAY GRADE	DUTY	HOURS	STANDARD RATE	TOTAL	OFFICE USE

Total Cost This Date: \_\_\_\_\_

EQUIPMENT							
ITEM DESCRIPTION	RATE BASIS	# UNITS	RATE/UNIT	RATE CHARGE	NON-RATE CHARGE	TOTAL	OFFICE USE

Total Cost This Date: \_\_\_\_\_

PURCHASES/EXPENDABLES			
Were any purchase orders completed?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many: _____
If yes, are they attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many: _____
			If no, complete information below
DESCRIPTION OF ITEM	PURCHASE ORDER NUMBER	COST	OFFICE USE

Total Cost This Date: \_\_\_\_\_

TRAVEL ORDERS				
Were travel orders issued?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many: _____	
If yes, are copies attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, complete below information	
Are the liquidated travel claims attached?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, how many: _____	
			If no, submit when liquidated	
NAME (LAST, FIRST)	TRAVEL ORDER NO.	ISSUED BY	EST. COST	OFFICE USE

Estimated Total Travel Cost: \_\_\_\_\_

CONTRACTORS			
Are contractor services authorized for this date?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list contractors hired
NAME	P.O./CONTRACTOR NUMBER	OFFICE USE	

OTHER FEDERAL/STATE/LOCAL AGENCIES INVOLVED			
(For FOSC or Lead Trustee Use)			
Were agencies authorized to act?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, list other agencies and attach copy of authorization
NAME	AGREEMENT NUMBER	OFFICE USE	

# **POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136E** **GOVERNMENT SHORT FORM (May be used as a CG-5136(B-D)).**

## How to complete form:

1. **FPN/CERCLA Number:** The FPN or CERCLA case number assigned to the incident.
2. **Date:** The date which costs are reported.
3. **Parent Unit:** The parent unit of the party completing the form. The command for Coast Guard reports (i.e., MSO Hampton Roads, Station Portsmouth) or the Regional Office, division and field office for EPA (i.e., Region X, Emergency Response Division, Portland Field Office).
4. **FOSC or Representative/Lead Trustee Signature:** Certification by the FOSC. The FOSC certifies that the items listed were authorized for the date reported.

## **Government Personnel** Supply the following information for each person involved in removal activities.

5. **Name:** First and last names of government personnel involved in removal activities.
6. **Pay Grade/ Labor Category:** Pay grade or labor category of the personnel involved in removal activity.
7. **Duty:** Specific duty during removal activity (i.e., monitor, driver, FOSC).
8. **Hours:** Hours spent performing removal duty.
9. **Standard Rate:** The standard rate for the pay grade/labor category in accordance with OMB A-87.
10. **Total Cost:** The standard rate multiplied by the hours.
11. **Office Use:** Used by NPFC Staff.
12. **Total Personnel Cost For This Date:** The sum of the amounts entered in the Total column.
13. **Remarks:** Amplifying information considered important by the FOSC for this particular day.

## **Government Equipment** Supply the following information for each piece of equipment used in removal activities.

14. **Item Description:** Description of the equipment used for removal activities.
15. **Rate Basis:** The basis used for charging equipment costs (i.e., hourly, daily, weekly).
16. **# Unit:** The number of units the equipment was used for defined in terms of the rate basis (i.e., number of hours, days, weeks).
17. **Rate/Unit:** The rate charged per unit, attach the agency's standard rate table or a computation showing how the rate was derived.
18. **Rate Charges:** The rate per unit multiplied by the number of units.
19. **Non-Rate Charges:** The total charges related to the equipment, not charged on a per unit basis (i.e., mileage, fuel, setup/takedown charges).
20. **Total:** The sum of the rate charges and the non-rate charges.
21. **Office Use:** Used by NPFC Staff.
22. **Total Equipment Costs For This Date:** The sum of the amounts entered in the Total column.
23. **Remarks:** Any amplifying information considered important by the FOSC for this particular day.

## **Purchases/Expendables** Indicate the number of purchase orders and copies attach to this form. Also, indicate the total purchases/expendables for the date reported. If copies of purchase orders are not attached, complete the remainder of the Purchase/Expendables section.

24. **Description of Item:** Description of item purchased.
25. **Purchase Order Number:** Purchase order number issued for the item.
26. **Cost:** The cost of the item purchased.
27. **Office Use:** Used by NPFC Staff.
28. **Total Purchases/Expendables For This Date:** The sum of items purchased.

## **Travel Orders** Indicate whether travel orders were issued, and the number of travel orders attached. If copies are not attached, complete the remainder of the travel order section. Also indicate the number of liquidated travel claims attached. If the claims are not attached, submit copies when claims have been liquidated.

29. **Name:** First and last name of traveler.
30. **Travel Order No.:** The number assigned to the travel orders.
31. **Issued By:** The agency issuing the travel order.
32. **Estimated Cost:** This is the estimated cost on each individual travel order.
33. **Office Use:** Used by NPFC Staff.

## **Contractors** Indicate whether contractors were authorized to perform services on the date reported. Only list contractors who are contracted and paid through your agency. If marked YES, complete the following for each authorized contractor.

34. **Name:** Indicate name of company.
35. **P.O./Contract Number:** List the contract, purchase order, and delivery order numbers for this contract.

## **Other Agencies Involved (For FOSC Use)** Indicate whether other government agencies were authorized to perform removal activities on the date reported. If marked Yes, complete the following information for each agency:

36. **Name:** Agency name.
37. **Agreement Number:** The applicable Pollution Removal Funding Authorization number, attach copies of authorizations with other agencies (if not previously submitted).