

F. **How To Complete Page 1 – IRAT.**

1. **Instructions on completing Page 1.**

- **From:** Insert the unit's name, not an individual's name.
- **Date:** Insert the date report is completed.
- **To:** Director, National Pollution Funds Center.
- **Subj:** Insert the FPN/CPN/DPN.

2. **Incident Information.**

- **FPN/CPN/DPN:** Insert the Federal, CERCLA, or Disaster Project Number.
- **Date of Incident:** Insert the date the incident occurred, was reported, or discovered.
- **MISLE Information:** Enter the "Case Number".
- **Date of OPA/CERCLA/Disaster Actions Started:** Insert the date unit commenced operations.
- **MISLE Information:** Enter the "Incident Investigation Activity Number".
- **Date of OPA/CERCLA/Disaster Actions Completed:** Insert the date unit concluded removal operations.
- **Location of Incident:** Provide the location of the incident, for example, insert the St. Lawrence River, off Alexandria Bay, New York.
- **Check the box if actual discharge or substantial threat of a discharge.**
- **Source of the Discharge:** (Outfall, vessel, tank farm, vehicle, etc.)
- **Product Involved (oil/hazmat):** Enter type of product.
- **Quantity Discharged:** Insert the amount of oil or hazardous substance discharged (best estimate).
- **Water or Resource Affected:** Enter the body of water affected by the discharge (including any tributaries).
- **Describe the incident:** Give a brief description of the incident and any relevant details.

3. **Financial Information.**

- **Total Authorized Ceiling:** Insert the dollar amount of the final removal ceiling for this incident.
- **Total CG Direct Costs:** Insert the total dollar amount of all Coast Guard obligations (contractors, PRFAs, purchases, TONOs, etc.). If these obligations are closed-out (UDO's), then the true costs will be reported.
- **Total CG Indirect Costs:** Insert the total dollar amount of all CG resources (personnel, boats, aircraft, and cutters).

4. **Checklist of most comment questions on a response.** Answer "YES" if completed.

5. **IRAT submitted.** Provide name of primary point of contact and phone number.

6. **Signature for submission to NPFC.**

- Signature of Federal On-Scene Coordinator (FOSC) or Response Department Head only.

G. How To Complete Page 2 – Source Information.

1. **Identification – Vessel.** Complete this section when the source of the discharge is a vessel. The FOSC is required to collect as much information on the owner/operator of the source of the discharge to support cost recovery efforts.
 - **Vessel Name:** Insert the name of the vessel involved in the incident.
 - **Flag/Nationality:** Insert the legal flag of the vessel involved.
 - **Official Number/Call Sign/State Number:** Insert the official number, call sign, or the state number of a vessel involved in an incident.
 - **Gross Tons:** Insert the gross tonnage of a vessel (if applicable).
 - **Home Port:** Insert the official home port of the vessel.
 - **Type of Vessel:** Insert the type of vessel (e.g., fishing vessel, tank vessel, freight vessel, or pleasure craft).
 - **Master's Name:** Insert the name of the Master of the vessel, or on small vessels, the name of the person operating the vessel (if applicable).
 - **Source Identified:** If you have identified the source of the discharge, check “yes”. This is usually followed by the Pollution Responder (PR) or Federal On-Scene Coordinator Representative (FOSCR) issuing a Notice of Federal Interest (NOFI) to the owner of the source. If the source has not been identified, check “no”. Occasionally, this is delayed until the Marine Safety Lab (MSL) finalizes the oil sample analysis (if applicable).
 - **U.S. Agent:** For commercial vessels having an agent in port, insert the name of the agency.
 - **Address:** Insert the complete address of the local agent.
 - **Contact:** Insert the name of the contact at the U.S. agency office.
2. **Identification – Facility.** Complete this section when the source of the discharge is a facility.
 - **Facility Name:** Insert the complete legal name for the facility (e.g., ABC Facility at Bayway, NJ).
 - **Facility Address:** Insert the complete mailing street address of the facility.
 - **Type of Facility:** Insert the type of facility (i.e., tank storage, gas station, or private home).
 - **Source Identified:** Check the appropriate block.
3. **Responsible Parties.** (Owner and Operator. Can be an individual, company, or both. Each may be represented by an Insurance Company or other parties).
 - **Company Name:** Insert the name of the company that owns, operates, or insures the facility or vessel. If the owner is a private individual, insert their name.
 - **Company Address:** Insert the complete address on record for the owner, operator, or insurer.
 - **Contact Name:** Insert the name of the person at the company with whom you have made contact.
 - **Contact Phone Number:** Insert the contact person's phone number.
 - **Notice of Designation:** The Pollution Responder/FOSCR must coordinate with the NPFC Case Officer for any Notice of Designation issues. This applies to all the sections below.
 - **Notified of Designation:** If the owner, operator, or insurer were notified of the need to advertise for claims, check “yes”.
 - **Date Notified:** Insert the date of the letter providing notification.
 - **Accepted Designation:** If the owner, operator, or insurer formally accepted designation as a source, check “yes”. If the owner either rejected designation, or simply did not reply to designation, check “no”.
 - **Rejected Designation:** Party formally rejected designation as a source, check “yes”. If the owner either accepted designation or simply did not reply to designation, check “no”.
 - **Advertised:** Party advertised in accordance with instruction given to him in the designation letter, check “yes”. If the owner did not advertise, or if the advertisement was not in accordance with the instructions given, check “no”. Provide copy of Ad's.

How To Complete Page 3 – Contractors.

1. Complete one page for each contractor involved in the pollution incident. Attach copy of certified contractor's invoice.
 - **Company:** List the name of the company that was hired to assist and operate in removal activities under the direction of the FOSC.
 - **Address:** List the formal address of the company.
 - **Contact:** Provide the name of the person with whom the FOSC or staff dealt with on-scene.
 - **Telephone:** Provide the contact person's telephone number.
 - **Authorized Ceiling Amount:** Provide the total ceiling amount the FOSC authorized for the contractor's activity.
 - **Contract Number:** This is the document control number (DCN), normally the purchase order number assigned for the specific job under a BOA Contract (i.e., 24/16/84/6/V/XN/024). It is not the BOA contract number.
2. Use this cover page for each contractor hired on a project.
3. All Coast Guard vendors shall be registered in the **System for Award Management (SAMS)** to receive payments (see <http://www.sam.gov>). SAM is a Federal government owned and operated free web site.
4. The **Data Universal Numbering System (DUNS)** number is the primary identifier in SAMS. Contractors are identified in SAMS by the DUNS number, therefore, to facilitate payment, the contractor must ensure the DUNS number is recorded on any invoice submitted to the U.S. Coast Guard.

H. How To Complete Page 4 – Other Government Agencies (OGAs).

1. Complete one page for each agency involved in the pollution incident. Attach this page to each Pollution Removal Funding Authorization as a cover page.
 - **Agency:** Provide the name of the agencies involved. For example, U.S. Environmental Protection Agency, Commonwealth of Massachusetts Department of Environmental Protection, etc.
 - **Unit:** Provide the particular part or subunit that was involved in the operations. For example, State Parks Enforcement, County Emergency Management, etc.
 - **Address:** Provide the address of the unit responding.
 - **Contact:** Provide the name of the person with whom the FOOSC or his staff dealt with at that agency.
 - **Telephone:** Provide the telephone number of the contact.
 - **Authorized Ceiling Amount:** Insert the total ceiling authorized to this agency for its activities in removal operations.
 - **Comments:** Provide explanatory comments, as necessary, so that the case team and subsequent parties involved understand the relationship of this agency to the removal effort. Attached copies of certified agency invoice(s).

2. Each State or Local agency needs to submit an SF-1080 with their reimbursement request. Each Federal agency needs to submit an SF-1081 with their reimbursement request. Each agency must also provide the following financial information (see also Chapter 7 in this TOP):
 - Federal agencies:
 - Agency Location Code (ALC).
 - Tax ID Number.
 - DUNS.
 - Treasury Account Symbol (TAS).
 - Must be registered in SAMS.

 - State and Local agencies:
 - Tax ID number.
 - DUNS.
 - Must be registered in SAMS.

3. All Coast Guard vendors (including other government agencies) shall be registered in the **System for Award Management (SAMS)** to receive payments (see <http://www.sam.gov>). SAM is a Federal government owned and operated free web site.

4. The **Data Universal Numbering System (DUNS)** number is the primary identifier in SAMS. All government agencies and contractors are identified in SAMS by the DUNS number, therefore, to facilitate payment, the government agency or contractor must ensure the DUNS number is recorded on any invoice submitted to the U.S. Coast Guard.

I. **How To Complete Page 5 – Key Parties.**

1. This section is provided so that other people, who did not work directly for the FOSC, but were involved in removal activities can be identified. Examples of this type of entity would be witnesses to the removal effort; state and local agencies that assisted, but did not request funding; and private individuals or voluntary organizations that assisted, and did not request funding.
 - **Person/Agency/Company:** Provide the appropriate entry.
 - **Address:** Provide the complete address of the person/agency/company noted.
 - **Contact:** For an agency or company, provide the name of the person with whom the FOSC or his staff dealt with during the incident.
 - **Telephone:** Provide the contact person's number.
 - **Relationship To Case:** Describe what effect this person had on the removal efforts, and what the relationship of this person/agency/company is to the removal activity.
2. Use as many pages as needed.

J. How To Complete Page 6 – List of Enclosures to the IRAT.

1. As stated at the beginning of this section, the IRAT is a transmittal document that allows numerous documents to be submitted to the NPFC. This page allows the unit to include several relevant documents to complement the case.