

Coast Guard Sector Anchorage 96 Hour Work/Rest History Form for Serious Marine Incidents

Mail: Coast Guard Sector Anchorage
 Attn: Investigations Division
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Name of Vessel	
Name of Individual Directly Involved	
Address	
Phone (specify type)	
Email	
Date of birth	
Position on this vessel	
How long working on this vessel (this contract/season/trip)?	
How long working on this vessel (overall)?	
Time working in this industry?	

Directions: Place an X in the “Day of Casualty” column beside the time the incident occurred. Then, using the key provided, work backwards for 96 hours, placing a letter representing your activity for each hour in the space provided beside the time. You may place more than one letter in a space if you participated in more than one of these activities in that hour.

X = Time of Incident **O** = Other vessel work (Ashore or onboard) **F** = Meal **S** = Sleep **A** = Free Time Ashore
W = On watch **D** = Alcoholic Drink **R** = Recreation on Board

Date and Time of Incident:	2400-0100	0100-0200	0200-0300	0300-0400	0400-0500	0500-0600	0600-0700	0700-0800	0800-0900	0900-1000	1000-1100	1100-1200	1200-1300	1300-1400	1400-1500	1500-1600	1600-1700	1700-1800	1800-1900	1900-2000	2000-2100	2100-2200	2200-2300	2300-2400
4 Days Prior																								
3 Days Prior																								
2 Days Prior																								
1 Day Prior																								
Day of Incident																								

Additional Comments: _____
