

COAST GUARD- SECTOR DELAWARE BAY/ 5TH NORTHERN AUXILIARY



PATROL/BOAT MOVEMENT RECORD/REPORT

ORDER NUMBER: _____

COAST GUARD AUXILIARY OPFAC # _____ DESCRIPTION _____

WEATHER	MISSION	FLOAT PLAN/AOR
Air Temp H _____ L _____ Underway _____	<input type="checkbox"/> SAFETY/MOM <input type="checkbox"/> SAR <input type="checkbox"/> TRAINING	_____ _____ _____
Water Temp U/W _____	<input type="checkbox"/> QE/CHECKRIDE <input type="checkbox"/> TRANSIT	_____ _____
PPE REQUIREMENTS/WAIVER INFO	OTHER	_____ _____

DATE	UNDERWAY	PLANNED TIME	ACTUAL U/W TIME	TIME MOORED	TOTAL HRS
_____	_____	_____	_____	_____	_____

PLANNING WEATHER	SUNRISE/SUNSET	TIDES/LOCAL
_____	_____/_____	_____ _____

BOAT CREW INFO PRE MISSION	GAR MODEL RISK ASSESSMENT	CASUALTY
COX'N: _____	SUPERVISION _____	
CREW 1: _____	PLANNING _____	
CREW 2: _____	TEAM SELECTION _____	
CREW 3: _____	TEAM FITNESS _____	
BREAK IN/TRNE: _____	ENVIRONMENT _____	
BREAK IN/TRNE: _____	EVENT/EVOL CMLPX _____	
COXN cell phone # _____	TOTAL RISK SCORE _____	
	023 G 23-44 A 44-60 R	

TRAINING/ ACCOMPLISHMENTS	REGATTA INFORMATION - REPORTING
<input type="checkbox"/> BOAT HANDLING	POINT OF CONTACT _____ CONTACTED PRIOR? _____
<input type="checkbox"/> DAY NIGHT	POINT OF CONTACT PH# _____ TIME: _____
<input type="checkbox"/> MAN OVERBOARD	MARINE EVENT NUMBER _____
<input type="checkbox"/> NAV/PLOTTING	REPORTING LOCATION _____
<input type="checkbox"/> STERN TOW/ALONGSIDE TOW	ON-SCENE TIME _____
<input type="checkbox"/> SECURE BOAT	AOR _____
<input type="checkbox"/> SEARCH PATTERN - PS	REPORT OBSERVATIONS & INFO OF USE TO STATION/WATERWAYS
<input type="checkbox"/> SEARCHPATTERN - CS	_____
<input type="checkbox"/> SEARCH PATTERN - TSR	_____
<input type="checkbox"/> SEARCH PATTERN - VS	_____
<input type="checkbox"/> SEARCH PATTERN - SS	_____
<input type="checkbox"/> SEARCH PATTERN - M	_____

ADDITIONAL NOTES FOR ADMIN:

PLEASE SUBMIT COPY WITH YOUR 5132 TO THE ADSO-OPS PRIOR TO PATROL AND TO STATION/OIA IF REQUIRED.