

**U.S. Coast Guard**

**REPORT OF REQUIRED CHEMICAL DRUG AND ALCOHOL TESTING FOLLOWING A  
SERIOUS MARINE INCIDENT**

(See Instructions on reverse)

**SECTION I—VESSEL INFORMATION**

1. Name of vessel		2. Official Number	3. Call Sign	4. Nationality
5. Vessel Type (Freight, Towing, Fishing, MODU, etc.)		6. Length	7. Gross Tons	8. Year Built
9. Operating Company Name: Address: Telephone Number:		10. Master or Person in Charge Name: Address: Telephone Number:		

**SECTION II—INCIDENT INFORMATION**

11. Type of Serious Marine Incident (Check Appropriate Box(es)). (See Instructions on Reverse)

<input type="checkbox"/> a. Death (Append to Form CG-2692)	<input type="checkbox"/> e. Loss of uninspected, self-propelled vessel of over 100 gross tons (Append to Form CG-2692)
<input type="checkbox"/> b. Injury requiring medical treatment (Append to Form CG-2692)	<input type="checkbox"/> f. Discharge of oil of 10,000 gallons or more into U.S. waters
<input type="checkbox"/> c. Property damage in excess of \$100,000 (Append to Form CG-2692)	<input type="checkbox"/> g. Discharge of a reportable quantity of hazardous substance into U.S. waters
<input type="checkbox"/> d. Loss of inspected vessel (Append to Form CG-2692)	<input type="checkbox"/> h. Release of a reportable quantity of hazardous substance into U.S. environment

12. Date of Incident    13. Time (local) of Incident    14. Location of Incident (Latitude and Longitude or River and Milepost)

**SECTION III—PERSONNEL / TESTING INFORMATION**

15. Personnel Directly Involved In Serious Marine Incident				16. Drug and Alcohol Testing (See Instructions on reverse)							
15a. Name (Last, First, Middle Initial)	15b. Licensing/Certification			16a. Drug Test Urine Specimen provided within 32 hours?		16b. Alcohol Test Specimen provided within 2 hours?		16c. Alcohol Test Specimen Source			16d. Alcohol Test Results
	(Check Appropriate Box(es))			YES	NO	YES	NO	Saliva	Blood	Breath	
	USCG License	USCG MMD	Neither								
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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17. SAMHSA Accredited Laboratory Conducting Chemical Drug Tests  
Name:  
Address:  
Telephone Number:

18. Laboratory conducting blood alcohol test(s) or individual conducting saliva or breath alcohol test(s)  
Name:  
Address:  
Telephone Number:

19. Person Making This Report (Please Print)  
Name:  
Address:  
Telephone Number:

20. Signature  
Title:

21. Date

22. Remarks (See Instructions on Reverse)