MARINE ARCTIC SUPPLEMENTAL (SOS-2) FORM (ver. 28Feb13) Incident:_____ Page_____ of _____

1.GENERAL INFORMATION		**Date** (dd/mmm/yyyy)	**Time** (24h standard/daylight) _____:_____ to _____:_____	Tide Height (m) Low:_____ High:_____ (H / M / L) - (R / F /LS / HS)
Segment ID:		**Segment Name:**		
Ops Zone:	**Team #**	**Survey Type:**	**STR:**	
Survey By: Foot __ ATV__ Boat__ Helicopter__ Other _____			Weather: Sun / Clouds / Fog / Rain / Snow / Windy / Calm	
Season: Open-Water / Freeze-Up Transition / Frozen Period / Breakup-Thaw				

6. OILING DESCRIPTION*: Use letters A-Z, Indicate 100% overlapping oil zones in different tidal zones by numbering them (e.g. A1, A2)*

Zone ID	WP # Start	WP # End	Substrate Type(s) or ESI Code	Tidal Zone				Oil Cover						Oil Thickness					Oil Character							
								Area		Distribution		Size														
				LI	MI	UI	SU	Length (m)	Width (m)	Dist % (> 1)	or Number per unit area	Avg Size (cm)	Large Size (cm)	TO	CV	CT	ST	FL	FR	MS	TB	PT	TC	SR	AP	NO

7. SUBSURFACE OILING CONDITIONS: *Format: Indicate Zone ID in Pit #, e.g., A-1, B-2, B-3, (use only number if not in zone e.g. 4 , 5)*

Pit #	WP #	Substrate Type Surface/Subsurface	Tidal Zone				Pit Depth (cm)	Oiled Interval (cm-cm)	Subsurface Oil Character								Water or Frost Table (cm)	Sheen Color B,R,S,N	Clean Below Yes / No
			LI	MI	UI	SU			AP	OP	PP	OR	OF	TR	NO	%			
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8. COMMENTS: Cleanup Recommendations; Ecological/Recreational/Cultural/Economic Issues; Wildlife Observations; Other Descriptions

Sketch / Map: Yes / No Photos/Video: Yes / No Numbers: (-) Photographer Name: