

INCIDENT NAME

**Shoreline Treatment Recommendation
Operational Permit to Work**

STR# _____

Segment: _____

Survey Date: _____

Start Latitude: _____

End Lat: _____

Start Longitude: _____

End Long: _____

Length (m): _____

Shoreline Type: *Primary* _____ *Secondary* _____

Oiled Areas for Treatment:

*Auto entry directly populated from data base of:
Zone: Shoreline Type, L x W, Oil % Dist, Oil Character, Oil Thickness, Oiling Category
e.g. Zone A: Salt marsh, 200 m x 1 m, 10% Fresh oil, pooled, Oiling Category: Heavy*

Cleanup Recommendations:

(Use standard terms and definitions from a Word document or populate database with these standard statements)

Staging and/or Logistics Constraints/Waste Issues:

Ecological Concerns:

Cultural / Historical Concerns:

Safety Concerns:

Attachments: Segment Map Sketch SCAT Form Fact Sheet Other

Prepared by: _____ Date Prepared: _____

Date
Time

to SOSC

to Land Mgr

to SHPO

to EU Leader

to _____

Final

Approval _____
State OSC Rep

Federal OSC Rep

EU Leader

Submitted

to OPS _____

**** When Treatment is completed, send a Segment Completion Report to SCAT ****