

ENCLOSURE 2



Coast Guard Sector New Orleans

REMAINING IN PORT CHECKLIST REPORTING TOOL

Fax to VTS Lower Mississippi River 504-365-2519 or
Email to D08-PF-VTSNEWORLEANS-LMR@USCG.MIL

Date: _____ Vessel Has Completed Checklist in Enclosure 1: ___ Yes ___ No

Vessel Name: _____ Call Sign: _____ Official Number: _____

Nationality: _____

(Length: _____, Draft: _____, Gross Tonnage: _____, Horsepower: _____)

Master: _____ Agent: _____

Phone Number/ Fax: _____

Email Address _____, (24-Hour Contact) _____

Departure Date: _____

Persons Onboard Vessel (#): _____

Reason(s) for staying in port: _____

Anchorage/Berth/Location: _____

Ballasted: YES/NO

Cargo type/Amount _____

Number of Tugs _____

Name of Tugs: _____

Mooring or Anchoring Plan (Explain general plans and arrangements:)

Vessels shall maintain a radio watch on VHF Channel 67 and Channel 16 at ALL TIMES

You may e-mail or fax this form to D08-PF-VTSNEWORLEANS-LMR@USCG.MIL or (504) 365-2519.