**ECM Data Form 13**

 **ECM IMT TTX Questionnaire**

Please provide as much of the following information as possible. Please send questions regarding ECM’s IMT Table Top Exercise (TTX) program to Aaron Meadows-Hills or Jodie Jensen at [ecm@ecmmaritime.com](file:///C%3A%5CUsers%5CStephen%20Edinger%5CDesktop%5Cecm%40ecmmaritime.com).

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| **A.**  | **Company Information:** |
| 1. | Company Name |       |
| 2. | Point of Contact (POC) and company position |       |
|  | 2.a. | Company POC Telephone |       |
|  | 2.b. | Company POC Email |       |
| 3. | Secondary POC, as applicable |       |
|  | 3.a. | Secondary POC Telephone |       |
|  | 3.b. | Secondary POC Email |       |
| 4. | Location of meeting room where exercise will occur (complete address) |       |
| 5. | Please provide any other relevant information as necessary: |
|       |

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| **B.**  | **Exercise Information:** |
| 1. | Proposed Date of Exercise (please allow a minimum of 30 days to schedule the exercise) | Choose date. |
| 2. | Do you desire ECM attendance in your office? | [ ]  Yes | [ ]  No |
| 3. | In addition to an oil spill, please select other elements you would like included in the scenario  |
|  | [ ]  | Collision | [ ]  | Fire/Explosion |
|  | [ ]  | Allision (bridge or pier) | [ ]  | Terrorism/Security |
|  | [ ]  | Grounding | [ ]  | Tank Overflow/Pipeline leak |
|  | [ ]  |       | [ ]  |       |
| 4. | Please provide any other relevant information as necessary: (please specify below) |
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| **C.** | **Vessel Information:** |
| 1. | Vessel Involved in scenario (please note the vessel does not need to be in the US at the time of the exercise) |       |
| 2. | US port of call – City, State, Facility |       |
| 3.  | Will vessel be in ballasted or loaded condition? | [ ]  Ballasted | [ ]  Loaded |
| 4. | Will vessel be inbound or outbound? | [ ]  Inbound | [ ]  Outbound |
| 5.  | Cargo, if loaded |       |

Note: Based on the scenario requested, consider providing additional information on the following:

- Fuel Oil Information (types & amounts) - Cargo Information (types & amounts)
- Stowage/Cargo Loading Plan - Crew List

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| **D.** | **Other Parties Involved:** |
| 1. | Will the Master or crew actually be involved in scenario play? | [ ]  Yes | [ ]  No |
|  | 1.a. | If No, will a company staff member be available to serve as Master during the exercise? | [ ]  Yes | [ ]  No |
| 2. | Will media issues be included?  | [ ]  Yes | [ ]  No |
|  | 2.a. | If Yes, will your media consultant participate, if applicable? | [ ]  Yes | [ ]  No |
|  | 2.b. | If Yes, would you like us to contact your media consultant? | [ ]  Yes | [ ]  No |
| 3. | Do you want your contracted SMFF provider to participate? | [ ]  Yes | [ ]  No |
|  | 3.a. | If Yes, would you like us to request SMFF attendance? | [ ]  Yes | [ ]  No |
| 4. | List any other outside parties involved in exercise (e.g., SMFF, P&I, H&M, Charterer, Manning Agent, etc.): (please specify below) |
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| 5. | ECM will play the QI, USCG, affected State, agent and media, as needed. Please list any other roles you’d like ECM to play, if applicable: (please specify below) |
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| **E.** | **Contacts of other Involved Parties:** |
| **Party Involved/Role** | **Phone** | **Email** |
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| **F.** | **Specific Exercise Objectives:** |
| In addition to exercising the Crisis Management Team’s (CMT’s) management ability, and suitability of facilities for an emergency response incident, please select other objectives to be included in the exercise: |
| Begin drill with Master’s initial notification to ECM as the Qualified Individual (QI)  | [ ]  | Begin drill with QI’s initial call to company’s CMT | [ ]  |
| Test ability of CMT to manage salvage-related issues with contracted Salvage and Marine Fire Fighting (SMFF) provider | [ ]  |
| Prepare a preliminary outline of salvage and repair plan with SMFF provider | [ ]  |
| Test the CMT’s and/or media consultant’s response to media inquiries through simulated press calls | [ ]  |
| Prepare an initial company Press Release | [ ]  |
| Other: (please specify below) | [ ]  |
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