**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:\Users\Stephen%20Edinger\Desktop\ecm@ecmmaritime.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 | |
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| 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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