**MEMORANDUM**

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| From: | First Name MI. Last Name of FOSC  Unit Name | | Reply to  Attn of: | Office Staff Symbol  First Name MI. Last Name  Phone: (###) ###-#### |
| To: | COMDT (CG-MER) | | | |
| Thru: | (1) Commander, (Servicing District (xx))  (2) Commander, (Servicing Area (LANT or PAC) | | | |
| Thru: |  | CG-5441 | | |
| Subj: | FOSC ANNUAL REPORT FOR CY YYYY – Unit Name | | | |
| Ref: |  | National Oil and Hazardous Substances Pollution Contingency Plan,  40 CFR part 300 | | |
|  |  | U.S. Coast Guard Marine Environmental Response and Preparedness Manual,  COMDTINST M16000.14 Series | | |
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1. UNIT AREA CONTINGENCY PLANNING STAFF. *Provide information on the unit staffing complement assigned to manage and/or execute any area contingency planning functions (size, composition, structure).*
2. ACTIVE AREA COMMITTEE MEMBERSHIP AND PARTCIPATION. *Please provide an inventory of active formal Area Committee member organizations.* ***All organizations listed must have attended/participated in at least one area committee meeting over the past calendar year*** *(documented in meeting minutes/attendee roster). [Add/delete rows if needed.]*

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| **Area Committee Members** | |
| Active Member Organization Name | Active Member Organization Name |
| Active Member Organization Name | Active Member Organization Name |
| Active Member Organization Name | Active Member Organization Name |
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| **Area Committee Industry Participants** | |
| Industry Participant Name | Industry Participant Name |
| Industry Participant Name | Industry Participant Name |
| Industry Participant Name | Industry Participant Name |
| Industry Participant Name | Industry Participant Name |
| Industry Participant Name | Industry Participant Name |
| Industry Participant Name | Industry Participant Name |
| Industry Participant Name | Industry Participant Name |
| Industry Participant Name | Industry Participant Name |

1. ACCOMPLISHMENTS. *Provide a description of the top two most significant accomplishments with respect to area contingency planning functions over the past year.*
   1. Significant Accomplishment 1:
   2. Significant Accomplishment 2:
2. BEST PRACTICES. *Describe the top two best practices that you believe are noteworthy to your area committee:*
   1. Best Practice 1:
   2. Best Practice 2:
3. CHALLENGES AND RECOMMENDATIONS. *Identify the two top challenges you have with respect to area contingency planning in your AOR and provide corresponding recommendations:*
   1. Challenge 1:
   2. Recommendation 1:
   3. Challenge 2:
   4. Recommendation 2:
4. COMPETION STATUS OF NATIONAL REVIEW PANEL IMPROVEMENT ACTIONS. *In the table below summarize the completion status of improvement actions (formally known as recommendations) identified by the Coast Guard National Review Panel (CGNRP) as presented in the most recent passback memo.*

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| **CGNRP Passback Memo: Improvement Action (IA) Completion Status** | | | |
| **CGNRP Review Year: 20XX** | | | |
| **Precept** | **CGNRP IA** | **% Complete** | **Comments** |
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