

## Coast Guard Sector Anchorage 96 Hour Work/Rest History Form for Serious Marine Incidents

**Mail:** Coast Guard Sector Anchorage  
 Attn: Investigations Division  
 P.O. Box 5800  
 JBER, AK 99505-0800

**Email:** Sector.Anchorage@uscg.mil  
**Phone:** 907-428-4200  
**Fax:** 907- 428-4218

Name of Vessel	
Name of Individual Directly Involved	
Address	
Phone (specify type)	
Email	
Date of birth	
Position on this vessel	
How long working on this vessel (this contract/season/trip)?	
How long working on this vessel (overall)?	
Time working in this industry?	

**Directions:** Place an X in the “Day of Casualty” column beside the time the incident occurred. Then, using the key provided, work backwards for 96 hours, placing a letter representing your activity for each hour in the space provided beside the time. You may place more than one letter in a space if you participated in more than one of these activities in that hour.

**X** = Time of Incident      **O** = Other vessel work (Ashore or onboard)      **F** = Meal      **S** = Sleep      **A** = Free Time Ashore  
**W** = On watch      **D** = Alcoholic Drink      **R** = Recreation on Board

Date and Time of Incident:	2400-0100	0100-0200	0200-0300	0300-0400	0400-0500	0500-0600	0600-0700	0700-0800	0800-0900	0900-1000	1000-1100	1100-1200	1200-1300	1300-1400	1400-1500	1500-1600	1600-1700	1700-1800	1800-1900	1900-2000	2000-2100	2100-2200	2200-2300	2300-2400
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<b>4 Days Prior</b>																								
<b>3 Days Prior</b>																								
<b>2 Days Prior</b>																								
<b>1 Day Prior</b>																								
<b>Day of Incident</b>																								

**Additional Comments:** \_\_\_\_\_