

# CALIFORNIA OIL SPILL CONTINGENCY PLAN -LARGE MOTOR YACHT- (300 Gross Tons or Greater)

The Owner or Operator of the vessel for which this Plan covers is the Plan Holder.  
Read the instruction sheet before completing this document. This plan is submitted and approved in accordance with Government Code §8670.28 and §8670.29 and California Code of Regulation sections 825.01 *et seq.*

Date of plan: \_\_\_\_\_ Vessel Name: \_\_\_\_\_

Submittal type:

New plan

Existing Plan # 08-05-\_\_\_\_\_

- Renewal
- Revision
- Add vessel
- Delete vessel
- Change region of operation
- Change contractor
- Other (specify) \_\_\_\_\_

Geographic Region(s) of Operation or Transit Routes:

\_\_\_\_\_ Area 1 North Coast - Del Norte, Humboldt, Mendocino

\_\_\_\_\_ Area 2 San Francisco - SF, Marin, Napa, Contra Costa, Alameda, Santa Clara, San Mateo, Yolo, San Joaquin, Solano, Sacramento

\_\_\_\_\_ Area 3 Central Coast – Santa Cruz, Monterey

\_\_\_\_\_ Area 4 Northern Sector – San Luis Obispo, Santa Barbara, Ventura

\_\_\_\_\_ Area 5 Southern Sector – Los Angeles, Orange

\_\_\_\_\_ Area 6 San Diego – San Diego

\_\_\_\_\_ Statewide

**SECTION A. PLAN HOLDER INFORMATION**

**1. Plan Holder Name:** \_\_\_\_\_

Plan Holder is the \_\_\_\_\_ Owner \_\_\_\_\_ Operator of the vessel in this plan.

Street Address (street, number, city, state, country, postal code): \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**2. Correspondence Address (if different from above)**

Company: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Addresses: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**3. Agent for Service of Process in California:**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mail Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**SECTION B. VESSEL INFORMATION**

**1. Vessel Name:** \_\_\_\_\_  
Flag IMO number: \_\_\_\_\_ Registry Number: \_\_\_\_\_  
Call Sign: \_\_\_\_\_ Country of Registry: \_\_\_\_\_  
Vessel Type: Large Motor Yacht or Other: \_\_\_\_\_  
Classification Society: \_\_\_\_\_ Year built: \_\_\_\_\_  
Tonnage (registered): \_\_\_\_\_  
Dimensions (in meters): Beam \_\_\_\_\_ Length \_\_\_\_\_ Draft \_\_\_\_\_

**2. California Certificate of Financial Responsibility (COFR)**

Valid COFR: Yes No

**3. Vessel Oil Capacity Information (in bbls)**

Largest Fuel Tank: \_\_\_\_\_ Type of Fuel: \_\_\_\_\_ Total Fuel Capacity: \_\_\_\_\_  
Lubrication Oil Volumes: \_\_\_\_\_

**4. Vessel Principals in Addition to the Plan Holder (e.g. owners, operators, managers)**

Name: _____	Name: _____
Street Address: _____	Street Address: _____
_____	_____
Mail Address: _____	Mail Address: _____
_____	_____
Phone Number: _____	Phone Number: _____
Fax Number: _____	Fax Number: _____
Email Address: _____	Email Address: _____

Check:  Owner  Operator  Manager  Other Check:  Owner  Operator  Manager  Other

**5. Attached Documents**

- Copy of signed evidence of a contract or agreement with an OSRO for the services listed in this Plan.
  
- Copy of signed evidence of a contract or agreement with a vessel emergency services/salvage provider.

**SECTION C. NOTIFICATION AND CONTRACTOR INFORMATION**

*Notifications shall be initiated immediately or within 30 minutes in case of an oil spill:*

- **National Response Center:** 1 (800) 424-8802
- **California Emergency Management Agency:** 1 (916) 845-8911 or 1 (800) 852-7550
- **Qualified Individual (QI)**
- **Rated Oil Spill Response Organization (OSRO)**
- **Spill Management Team (SMT)**

**1. Qualified Individual (QI) or Person to Initiate Spill Notifications**

Company: \_\_\_\_\_  
Name: \_\_\_\_\_ Alternate Person: \_\_\_\_\_  
24-hour Phone Number: \_\_\_\_\_ 24-hour Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**2. Primary Rated Oil Spill Response Organization (OSRO)**

Company: \_\_\_\_\_  
Company: \_\_\_\_\_  
Company: \_\_\_\_\_

**3. Spill Management Team (SMT)**

Company: \_\_\_\_\_  
Name: \_\_\_\_\_ Alternate Person: \_\_\_\_\_  
24-hour Phone Number: \_\_\_\_\_ 24-hour Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**4. Vessel Emergency Services/Salvor**

Company: \_\_\_\_\_  
Name: \_\_\_\_\_ Alternate Person: \_\_\_\_\_  
24-hour Phone Number: \_\_\_\_\_ 24-hour Phone Number: \_\_\_\_\_  
Fax Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION D. SPILL REPORTING CHECKLIST**

All notifications will be made pursuant to the SOPEP Initial Notification Checklist for this vessel.

**or**

Attached spill reporting checklist that complies with SOPEP requirements to be used in case of a threatened or actual oil spill.

## SECTION E. CERTIFICATION

**By signing below, I certify:**

- a. I am an executive or other person within the Plan Holder's management who is authorized to fully implement this oil spill contingency plan. I have reviewed the plan for accuracy.
- b. Plan Holder will maintain a level of readiness that will allow effective implementation of this contingency plan.
- c. Plan Holder has a contract with at least one Rated OSRO identified in Section C of this Plan who is rated for the Geographic Region(s) where the vessel may operate in California, the appropriate vessel response planning volume(s), and response times for deployment.
- d. Plan Holder has a contract with a vessel emergency service provider or salvor that will respond to the Geographic Regions(s) within the required timeframes.
- e. The vessel covered by this Plan complies with all applicable International Safety Management Codes, established by the International Maritime Organization, and such certifications are available for review.
- f. Plan Holder will use and integrate into the Incident Command System established during a drill or actual spill, and will use the communication plan developed during the incident.
- g. Each environmentally sensitive site will be protected as described in the U.S. Coast Guard Area Contingency Plans or Shoreline Protection Tables applicable for each Geographic Region.
- h. Plan Holder will use the Oiled Wildlife Care Network for care of oiled wildlife.
- i. Plan Holder staff and employees will be trained in the use of this Plan.
- j. The Plan will be available to response personnel and to State and Federal agencies for inspection and review.
- k. The Plan will be periodically reviewed and updated as necessary, and will be re-submitted to OSPR every 5 years from the date of approval, if the Plan Holder intends to re-enter California marine waters.
- l. Elements of this Plan will be drilled at least annually, and the entire Plan drilled once every 3 years, if the Plan Holder intends to re-enter California marine waters.
- m. The plan will include initial shipboard response actions necessary to minimize the impact of a spill on marine waters.
- n. Under penalty of perjury under the laws of the State of California, the vessel information contained in this contingency plan is true and correct and that the plan as a whole is both feasible and executable.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**LARGE MOTOR YACHT  
OIL SPILL CONTINGENCY PLAN  
INSTRUCTIONS  
(Version 5/2012)**

A nontank vessel of 300 gross registered tons or greater that carries petroleum fuel or oil but not as cargo shall not operate in California marine waters unless the owner or operator has an approved oil spill contingency plan for the Geographic Regions in which the nontank vessel transits or operates. This includes Large Motor Yachts of 300 gross registered tons or greater with petroleum fuel that are not used for commercial purposes. The plan must be submitted to the Administrator of the Office of Spill Prevention & Response (OSPR) for review and approval. *A complete, signed plan document must be submitted electronically.*

The accompanying document is your oil spill contingency plan for compliance with Title 14 California Code of Regulations (CCR) Section 825.01 *et seq.*, and Government Code §8670.28 and §8670.29. This document may also be used to revise or renew an existing contingency plan. ***The plan must be submitted a minimum of 7 days before the vessel named on the plan operates in California marine waters.*** Upon approval, the completed document serves as the oil spill contingency plan and, along with the approval letter, must be kept on board the vessel while in California marine waters.

All sections of the plan must be completed unless otherwise indicated on the document or in these instructions. ***You may also add additional provisions that you consider helpful to your employees or staff, or others who may refer to the plan during a spill; such provisions must not conflict with any statutory or regulatory requirements.***

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**Date** of the plan. **Name** of the vessel. Enter the name of the vessel in all capital letters.

### ***Submission Type***

Check one box to indicate the plan document type. Enter the existing plan number if a resubmittal (renewal) or revision. If a revision, check all applicable boxes to describe the type of revision.

### ***Region(s) of Operation***

Check all applicable boxes to identify the region(s) in which the vessel(s) may operate. Check “Statewide” if the vessel(s) intends to operate in all 6 Geographic regions. All vessels must have Rated Oil Spill Response Organization (OSRO) coverage for all regions and ports in which the vessel operates.

## **Section A. Plan Holder Information**

- 1. Plan Holder details** — Enter the name and contact information for the company (existing company if renewal or revision) who will be the Plan Holder for the vessel, taking responsibility for response actions during a drill, an actual spill, or a threatened spill from the vessel. Check one box indicating owner or operator. The Plan Holder must own, have an ownership interest in, operate, charter by demise, or lease the vessel.
- 2. Correspondence** – List the name, address, phone number, fax number, and email address if available, of the person to whom correspondence should be sent.
- 3. Agent for Service of Process** – Enter the name and contact information for an agent for service of process. The agent must be designated to receive legal documents on behalf of the Plan Holder and the vessel covered by the plan. Such agent shall be located in California. 14 CCR Section 827.02(a) (3)

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### **Section B. Vessel Information**

**1. Vessel Particulars** – Enter the following information for only one vessel per oil spill contingency plan:

- Vessel Name – The vessel’s name.
- Vessel Flag – The nation of registry; do not substitute home port.
- Lloyd’s Number – The vessel’s 7-digit Lloyd’s registration number or IMO number (leave off “IMO” prefix). If the vessel has no Lloyd’s/IMO number, enter “N/A.”
- Official Number – The vessel’s official number issued by the nation of registry.
- Call Sign – The vessel’s current radio call sign.
- Vessel Type –LARGE MOTOR YACHT. If OTHER please give a brief description in the blank.

- **Classification Society** – Enter one of the following:

ABS American Bureau of Shipping	IROS International Register of Shipping
ACS Asia Classification Society	KR Korean Register of Shipping
BKI Biro Klasifikasi Indonesia	LR Lloyd's Register
BV Bureau Veritas	NK Nippon Kaiji Kyokai (ClassNK)
CCS China Classification Society	PRS Polish Register of Shipping (Polski Rejestr Statków)
CR China Corporation Register of Shipping	RBNA Registro Brasileiro de Navios (Brazilian Register of Shipping)
CRS Hrvatski Registar Brodova (Croatian Register of Shipping)	RINA Registro Italiano Navale
DNV Det Norske Veritas	RINAVE Registro Internacional Naval SA
GL Germanischer Lloyd	RS Russian Maritime Register of Shipping
HRS Hellenic Register of Shipping for Greece	GBS Guardian Bureau of Shipping
ICS Iranian Classification Society	SCM Ships Classification (Malaysia) Sdn Bhd
IRS Indian Register of Shipping	

- **Year Built** – The date the ship was completed.
  - **Gross Tons** – The vessel's registered tonnage.
  - **Beam** – Width of the ship at the widest point, or a point alongside the ship at the mid-point of its length in meters.
  - **Length** – Actual length (or LOA) of the ship measured in meters.
  - **Draft** – Depth of the ship's keel below the waterline in meters.
- 2. California Certificate of Financial Responsibility (COFR)** – Check if the vessel has a current COFR. If it does not, one is required before the vessel may enter California marine waters.
- 3. Vessel Oil Capacity Information** – Enter all volumes in barrels. 1 barrel = 42 U.S. gallons = 0.1590 cubic meters.
- Largest fuel tank of the vessel.
  - Type of Fuel – Enter the type of fuel used for main propulsion.
  - Maximum Amount of Fuel – Enter the maximum fuel capacity of the vessel.
  - Lubrication Oil Volume – Enter the total volume of lubricating oils on board.
- 4. Vessel Principals** – Enter the name and address of any other owners and operators of the vessel, other than the Plan Holder.
- 5. Attachments** – The plan must be accompanied by several documents, electronically submitted:
- *Oil Spill Response Organization (OSRO) Contract* – Include a copy of a document that is signed by the OSRO that indicates the OSRO has been retained to provide the Plan Holder's vessel with the types of spill response coverage needed in the Geographic Regions where the ship may operate as indicated on page 1 and in Section C.
  - *Vessel Emergency Services / Salvage Contract* – Include a copy of a document that is signed by a vessel emergency services provider or salvor for rendering all services to save the vessel and cargo from any marine peril that could reasonably be expected to cause a discharge of oil into the marine waters, and including actions necessary to control or stabilize the vessel or cargo.

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### Section C. Notification and Contractor Information

**1. Qualified Individual (QI)** – List a shore-based QI representative of the vessel. The QI can be an individual or company that provides QI services. The QI must be fluent in English, located in the continental United States, available on a 24-hour basis, and have full written authority to implement the contingency plan. A person stationed on a fixed, off-shore platform is considered to be shore-based for purposes of this definition. A QI is not necessarily the responsible party unless otherwise considered a responsible party. [See 14 CCR Section 790] The duties of the QI shall include:

- Activating and engaging in contracting with required oil spill response organizations;
- Acting as liaison with, and following the orders of, the State Incident Commander and/or Federal On-Scene Coordinator through the Unified Command during all phases of spill response. This includes the ability to make changes to the plan when so ordered by the Administrator or the Federal On-Scene Coordinator;
- Obligating, either directly or through prearranged contracts, any funds necessary to carry out all required or directed oil spill response activities detailed in the contingency plan or specified by order of the State Incident Commander and/or Federal On-Scene Coordinator.

**Person Responsible for Spill Notification** – Enter the title and contact information for the person or position or main office directly responsible for initiating the spill notification process. Often, the Qualified Individual will provide this service. This person must be available on a 24 hour basis, and must be fluent in English.

**2. Primary Oil Spill Response Organization (OSRO)** – List the primary OSRO that covers the majority of your Response Planning Volume and services. List other OSRO's providing specific services.

**3. Spill Management Team (SMT)** – List the SMT that will staff the organizational structure and will manage all aspects of response, containment, and clean-up, and is able to fully integrate into an Incident Command/Unified Command structure.

**4. Vessel Emergency Services / Salvage** – List the company that will render services to save the vessel and cargo from any marine peril that could reasonably be expected to cause a discharge of oil into the marine waters of the state, including actions necessary to control or stabilize the vessel or cargo.

### **Section D. Spill Reporting Checklist**

This is a checklist of information that should be reported about a spill; other important facts or information should also be reported, depending upon the incident.

Use your existing initial spill notification checklist that is part of your Shipboard Oil Pollution Emergency Plan (SOPEP), if it is consistent with the International Maritime Organization’s RESOLUTION MEPC.85(44), adopted on 13 March 2000, entitled “ *Guidelines For The Development Of Shipboard Marine Pollution Emergency Plans For Oil And/Or Noxious Liquid Substances*”. [MEPC 44/20, ANNEX 7]

If you do not have a SOPEP, then you must include an initial spill notification checklist that is consistent with the SOPEP *Guideline* initial spill notification requirements. For an example, see page 15, Annex II, of the *Guidelines*.

Spills must be reported within 30 minutes. During a spill, do not delay reporting solely to gather all the information in the checklist. Updated estimates of the volume of oil spilled and the volume immediately at risk of spilling must be reported to the California Emergency Management Agency whenever there is a significant change in those amounts, but not less than every 12 hours within the first 48 hours of response.

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### **Section E. Certification**

The plan must be signed under penalty of perjury by an executive or other person within the Plan Holder's management who is authorized to fully implement the oil spill contingency plan and who can commit the resources necessary to implement the plan. This person must review the plan for accuracy, feasibility, and executability. It is preferred this person has some training, knowledge, or experience in the area of oil spill prevention and response.

### **Questions?**

A complete, signed plan document shall be submitted electronically.

Please submit questions about vessel oil spill contingency plans to the staff in the OSPR Readiness Unit:

*Office of Spill Prevention & Response  
Preparedness Branch, Readiness Unit  
1700 K Street, Suite 250  
Sacramento, CA 95811 USA  
Phone: (916) 327-9943  
FAX: (916) 327-0907  
Email: [idoty@ospr.dfg.ca.gov](mailto:idoty@ospr.dfg.ca.gov)*

For information about Certificate of Financial Responsibility (COFR) requirements for nontank vessels or the nontank vessel fee, please call the OSPR reception desk and ask for the COFR Unit: (916) 445-9338.

Additional information about nontank vessel spill planning and financial responsibility regulations may be found at <http://nrm.dfg.ca.gov/FileHandler.ashx?DocumentID=21990&inline=true>

**NOTIFICATION CHECKLIST**

*(To Be Used In Case Of a Threatened or Actual Oil Spill)*

- VESSEL NAME \_\_\_\_\_
- CALL SIGN \_\_\_\_\_
- OFFICIAL NUMBER \_\_\_\_\_
- LOCATION OF INCIDENT \_\_\_\_\_
  
- INCIDENT DATE \_\_\_\_\_ TIME \_\_\_\_\_
- COURSE \_\_\_\_\_ SPEED \_\_\_\_\_ INTENDED TRACK \_\_\_\_\_
  
- NATURE OF INCIDENT \_\_\_\_\_
  
- ESTIMATED VOLUME OF OIL SPILL \_\_\_\_\_
- TYPE OF OIL SPILLED AND KNOWN HAZARDS \_\_\_\_\_
  
- SIZE AND APPEARANCE OF SLICK \_\_\_\_\_
  
- WEATHER AND SEA CONDITION \_\_\_\_\_
  
- ACTIONS TAKEN \_\_\_\_\_
  
- CURRENT CONDITION OF VESSEL \_\_\_\_\_
  
- INJURIES AND FATALITIES \_\_\_\_\_
  
- OTHER INFORMATION \_\_\_\_\_
  
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_