CCGA-M SAR CASE INFORMATION / GCAC-M Rapport de Mission SAR



To Contact / Contacter le JRCC Halifax: 800-565-1582 or 902-427-2102 or jrcchalifax@sarnet.dnd.ca To Contact / Contacter le CCGA Maritimes: 902-497-4994 or Regional.Office@ccga-m.ca or Fax 902-481-2749

*It is important to contact JRCC Halifax before departing for any SAR Incident, however, if action must be taken immediately, contact JRCC at the earliest opportunity. Failure to do so will result in the activity not being reimbursed



*Il est important de communiquer avec JRCC Halifax avant de partier pour tout cas SAR, cependant, si des mesures doivent ê prises immédiatement contactez JRCC le plus tôt possible. Ne pas le faire se traduira aux activités ne seront pas remboursées

| SAR Case # / Cas SAR #: Zone # / S | | Secteur: | ecteur: Date of Incident / Date de l'incident: | | cident: | | |
|---|----------------------------------|----------|--|--------------------|-------------------|----------------------|--|
| | | | | | | | |
| CCGA Vessel Captain / Capitain navire GCAC: | | | Phone / Téléphone: Email: | | | | |
| | | | | | | | |
| CCGA crew members / Équipage du navire GCAC: | | | Address / Adresse: | | | | |
| e e e e e e e e e e e e e e e e e e e | | | | | | | |
| | | | CCGA Vessel N | Jame / Nom | du navire GCAC: | Vessel Class: | |
| | | | | | du navire GEAC. | Classe Navire: | |
| Damage To CCGA Vessel? (circle one) Avaries au navire GCAC? | Y N | | (24 hour local ti Tasked / Assign | | p-heures locales) | | |
| Injuries To Members? (circle one) Y N Des blessures aux membres ? | | | Departed / Départ: | | | | |
| Position When Tasked | | | | • | | | |
| Position quand assigné | Ν | W | On scene / Sur I | Lieux: | | | |
| Location Description / Position quand assigné: | | | Task Completed: Opération terminée: | | | | |
| | | | Return to start Position: | | | | |
| | | | Retour au point départ: | | | | |
| Name of Disabled Vessel / Nom du navire assisté: | | | | | | | |
| | | | | | | | |
| Vessel Length in feet Vessel T | | | | Vessel Co | | | |
| Longuer du navire: Genre du | guer du navire: Genre du navire: | | | Couleur du navire: | | | |
| Owner Name: | | | | | | | |
| Nom du propriétaire: | | | | | | | |
| Owner Address: | | | | | | | |
| Address du propriétaire: | | | | | | | |
| Position Vessel found: N | 1 | W | Distance to Mas | aal / Diatawa | | | |
| Position le naivre trouvé | | | Distance to Vessel / Distance au navire: Distance Towed / Distance du remorqué: | | | | |
| # Persons on Board / No. de personnes à bord | 1: | | Distance Towed | | tu temorque. | | |
| Towed to / Remorqué à: | | | Towing Waiver Dérogation du r | | | Y N | |
| WIND (Dir/Spd) SEA (hei | (oht) | | VISIBILITY | 1 0 | AIR TEMP | • | |
| | Etat de la mer (Hauter) | | Visibilité | | | Température de l'air | |
| | | | | | | | |
| Case Summary – Comments / Sommaire du C | Las - Observatio | ons: | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| Member Signature / Signature du participant | • | | | Date: | | | |
| | | | Duc. | | | | |
| | | | | | | | |
| Please Remit this form to the Regional Office by Email or Fax/ Veuillez remettre ce formulaire au bureau régional par e-mail ou fax | | | | | | | |

| OFFICE USE ONLY / Usage interne seulement | | | | | | | | |
|---|--------------|-------------|----------------|-------------------|--|--|--|--|
| Authorized: | Date Rec'd: | Hours: | Rate/Hr: \$ | Total Payable: \$ | | | | |
| Autorisé : | Date Reçue : | Des heures: | Taux / heure : | Total à payer : | | | | |

I, the undersigned _______ declare being the _______, registered under the official number or registration or license number _______ do hereby request that the Canadian Coast Guard Auxiliary Vessel _______ (hereinafter: the "Search and Rescue unit or SAR Unit") provide my disabled vessel with towing assistance. In doing so, I declare being of sound body and mind and perfectly aware of the dangers and risks of a towing operation, for myself, for all persons on board the vessel, and for the vessel and its equipment.

I confirm that the Search and Rescue Unit has informed me of the details of the intended towing operation and the SAR Unit expectations from my vessel during the operation, including the requirement not to undertake any manoeuver or apply the engine or rudder unless it is ordered by the SAR Unit or the SAR Unit has been informed and agreed to the manoeuver.

I confirm that I am responsible for the safety of the crew and passengers onboard my disabled vessel and that I will take all reasonable steps to ensure their safety during towing operation. In addition, I have been informed of, and agree to the following:

□ The towing operation will be to the nearest place of refuge, or to a rendezvous position where the tow can be safely transferred;

□ If there is a more serious situation elsewhere, the towline will be released or transferred and the towing operation will be ended immediately;

□ The SAR Unit may release the towline and end the towing operation if such operation poses risks to its safety or the safety of its crew;

□ If adequate commercial assistance reaches the scene, the SAR Unit may hand over the tow. I will be liable to any charges from that commercial resource;

□ Upon arrival at the nearest place of refuge, the SAR Unit will release the towline and depart and it will be my responsibility to secure my own vessel; and,

□ The Canadian Coast Guard Auxiliary (volunteers), Canadian Coast Guard, the Department of Fisheries and Oceans Canada, the Government of Canada, Her Majesty the Queen in right of Canada and any of their employees or servants are not liable for damages suffered by my vessel, any of its equipment, its owner, master, operator, person in charge, crew or passengers, if the towing operation has to be abandoned, or if the damages occurred despite the exercise of due diligence and good seamanship practices of the master and crew of the Search and Rescue Unit.

Print Name: _____

Signature: _____

Date: _____

Witness (if any): _____

Note to the Commanding Officer of the SAR Unit:

If the circumstances so not allow the signature of this document, it should be read to the master or person in charge of the disabled vessel by radio and their verbal acceptance of this agreement and waiver should be noted in the SAR Unit's logbook. Any electronic recordings of the conversation and agreement shall be retained and safeguarded according to the established policy and procedures. In some circumstances it may be preferable to have a Maritime Communications and Traffic Services (MCTS) communicate with the disabled vessel. Commanding Officers should discuss the circumstances with the MCTS Officer as appropriate.