SHORELINE OILING SUMMARY (SOS) FORM - for _____ Spill Page _____of _____

1 GENERAL INFORMATION	Date (dd/mm/yy)	Time (24h): standard/daylight	Tide Height
Segment ID:			
Operations Division:		hrs to hrs	rising / falling

Survey by: Foot / ATV / Boat / Helicopter / Overlook / _____ | Sun / Clouds / Fog / Rain / Snow / Windy / Calm | Air Temp + / - ____ deg C

2 SURVEY TEAM # _____	***name***	***organization***	***contact phone number***

3 SEGMENT ***Total Segment Length _____ m*** ***Segment Length Surveyed _____ m*** ***Maximum Intertidal Width_____m***

Start GPS: LATITUDE _____deg. _____min. LONGITUDE _____deg. _____min. ***Datum:***_____

End GPS: LATITUDE _____deg. _____min. LONGITUDE _____deg. _____min.

4A SHORELINE TYPE (UITZ) ***SELECT only one primary (P) shoreline type and any number of secondary (S) types. CIRCLE those OILED***

BEDROCK: Cliff_____ Ramp_____ Platform_____	***Sediment BEACH:*** Sand_____ Mixed_____ Pebble/Cobble_____ Boulder_____
MAN-MADE: Solid_____Permeable_____ (Type)_____	***Sediment FLAT***: Mud_____ Sand _____ Mixed_____ Pebble/Cobble/Boulder___
WETLAND:_____	***OTHER:*** *If snow and ice use Winter SOS*

4B COASTAL/BACKSHORE CHARACTER - select only one primary(P) and any number of secondary(S) ***complete for (P) primary only***

Cliff/Hill:____est height ____m	Flat / Lowland: ___	Beach ____	Dune ____	River Inlet/Channel ___
Sloped:___ (>5º)(15º)(30º	Man-Made ____ (type) _____	Delta ____	Lagoon ____	Marsh/Wetland_____

Substrate Type: _____

Forested / Vegetated / Bare

5 OPERATIONAL FEATURES Suitable backshore **staging** Y/N **Access**: Direct from backshore Y / N Alongshore from next segment Y / N

Debris: Y / N oiled Y / N amount _____bags or _____trucks access restrictions _____

Current dominated channel _____ Other Features:

6 SURFACE OILING CONDITIONS ***begin with "A" in the lowest tidal zone - circle the zone/s that correspond to primary shoreline type***

OIL ZONE	TIDAL ZONE				OIL COVER			OIL THICKNESS					OIL CHARACTER								SUBST. TYPE(S)
					Length	*Width*	*Distrib.*														
ID	LI	MI	UI	SU	m	m	%	TO	CV	CT	ST	FL	FR	MS	TB	PT	TC	SR	AP	NO	
A																					

7 SUBSURFACE OILING CONDITIONS ***use letter for ZONE location plus Number of pit or trench — e.g., "A1"***

TRENCH or PIT	TIDAL ZONE				MAX. PIT DEPTH	OILED ZONE	SUBSURFACE OIL CHARACTER							WATER TABLE	SHEEN COLOUR	CLEAN BELOW	SUBST. TYPE(S)
NO.	LI	MI	UI	SU	cm	cm-cm	SAP	OP	PP	OR	OF	TR	NO	cm	B, R, S, N	Yes / No	

8 COMMENTS ***ecological/recreational/cultural/economic constraints - shorezone biota and wildlife observations - cleanup recommendations***

(for ALL sub-segments record: sub-segment ID, length, length surveyed,and GPS start/end fixes)

Sketch Yes/No **Photos** Yes/No (Roll # _____ Frames_____) **Video Tape** Yes/No (tape #_____) **Spill Version:** (name/date)