

U.S. DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD CG-5136E-3 (06-04)	<b>POLLUTION INCIDENT DAILY RESOURCE REPORT</b>	CONTRACTOR/ SUBCONTRACTOR MATERIALS/OTHER EXPENSES Page ____ of ____ (RCN-16451-1)
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FPN/CERCLA NUMBER \_\_\_\_\_
DATE \_\_\_\_\_

CONTRACTOR: \_\_\_\_\_
PO/CONTRACT NO: \_\_\_\_\_

If information described below is documented separately, in a form or format previously reviewed and found acceptable by the National Pollution Funds Center and the Contracting Officer, this form need not be completed.

**SUBCONTRACTORS**

Were any subcontractors hired?   YES ☐   NO ☐   If yes, list them below and attach subcontractor Daily Reports

CLIN	SUBCONTRACTOR'S NAME	COST	ADMIN FEE	TOTAL COST

TOTAL COST OF SUBCONTRACTORS FOR THIS DATE: \_\_\_\_\_

**MATERIALS USED/OTHER EXPENSES**

CLIN	DESCRIPTION	UNITS	UNITS USED	UNIT COST	OFFICE USE

TOTAL COST OF MATERIALS USED/OTHER EXPENSES FOR THIS DATE: \_\_\_\_\_

**CONTRACTOR'S CERTIFICATION:**

I certify that this report is a true and complete record of the materials, labor, equipment and subcontractors provided by the contractor on the date listed above for the project number cited above:

Contractor's Authorized Representative

**ON SCENE COORDINATOR'S/LEAD TRUSTEE'S REVIEW:**

I certify that inspection and acceptance of the listed items has been made by me or under my supervision, except as noted herein or on supporting documents.

FOSC/Lead Trustee

# **POLLUTION INCIDENT DAILY RESOURCE REPORT -- CG-5136E-3** **CONTRACTOR/SUBCONTRACTOR/MATERIALS/OTHER EXPENSES**

This form should be completed by the contractor for costs incurred by subcontractors, and for materials and other expenses for each day of removal activities.

## **How to complete form:**

1. **FPN/CERCLA Number:** The FPN OR CERCLA case number assigned to the incident.
2. **Date:** Report the date costs were incurred.
3. **Contractor:** Name of contractor. Indicate if supporting documentation is attached.

## **Subcontractors**

Indicate whether subcontractors were hired. If marked Yes, complete the remainder of the subcontractors section and attach copies of the subcontractor's Daily Resource Reports. Subcontractors should complete CG-5136E (1-3) or CG-5136E-EZ forms as applicable.

4. **CLIN:** The applicable contract line item number.
5. **Subcontractor's Name:** Name of the Subcontractor.
6. **Cost:** Costs incurred by the subcontractor for this date.
7. **Admin. Fee:** Fee charged for administering the subcontractor.
8. **Total Cost:** The sum of subcontractor costs and administration costs.
9. **Total Cost Of Subcontractors For This Date:** The sum of the amount entered in the Total Cost column.

## **Materials Used/Other Expenses**

10. **CLIN:** The applicable contract line item number.
11. **Description:** Description of material or item used or purchased.
12. **Units Used:** Units of material or items used or purchased.
13. **Unit Cost:** Cost per unit.
14. **Total Cost:** Units used multiplied by the Unit Cost.
15. **Total Cost Of Materials Used/Other Expenses For This Date:** The sum of the amount entered in the Total Cost column.
16. **Subcontractor's Name:** Name of the subcontractor.
17. **Contractor's Certification:** Contractor's certification of the validity of the information presented.
18. **FOSC/Trustee Signature:** Certification by FOSC/Lead Trustee. The FOSC certifies that the items listed were authorized for the date reported. **The FOSC does not certify contract rates or costs.**