

**U.S. COAST GUARD AUXILIARY
AIDS TO NAVIGATION REPORT**

D5S-7054 (02/21)

VERIFICATION(s) #
 DISCREPANCY

SECTION I - MEMBER INFORMATION

MEMBER NUMBER	LAST NAME, FIRST NAME AND INITIAL	DIST-DIV-FLOT 054 - _ - _
OPCON 05-41926 ANT CAPE MAY	TELEPHONE NUMBER () -	EMAIL ADDRESS
DATE OBSERVED	TIME OBSERVED	

SECTION II - COAST GUARD NOTIFICATION

COAST GUARD UNIT NOTIFIED	DATE REPORTED	TIME REPORTED	METHOD OF REPORTING TO COAST GUARD <input type="checkbox"/> RADIO <input type="checkbox"/> TELEPHONE <input type="checkbox"/> EMAIL
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SECTION III - AID OWNER, IDENTIFICATION AND CHARACTERISTICS

AID NAME:	LLNR	PATON NO.	
POSITION:	LATITUDE (DDMMSS.SSS N/S)	LONGITUDE (DDMMSS.SSS E/W)	OBSERVED DEPTH (FT)
OWNERSHIP:	<input type="checkbox"/> COAST GUARD (30) <input type="checkbox"/> STATE (31) <input type="checkbox"/> PRIVATE (31) <input type="checkbox"/> OTHER (31)		
TYPE OF AID:	<input type="checkbox"/> BUOY <input type="checkbox"/> STRUCTURE <input type="checkbox"/> LIGHTED <input type="checkbox"/> SOUND <input type="checkbox"/> ELECTRONIC <input type="checkbox"/> SINGLE PILE MARKER <input type="checkbox"/> RADAR		
STRUCTURES:	<input type="checkbox"/> WOOD <input type="checkbox"/> METAL <input type="checkbox"/> OTHER	SOUND SIGNALS:	<input type="checkbox"/> BELL <input type="checkbox"/> GONG <input type="checkbox"/> HORN <input type="checkbox"/> WHISTLE
		LIGHT COLOR:	<input type="checkbox"/> RED <input type="checkbox"/> GREEN <input type="checkbox"/> WHITE <input type="checkbox"/> YELLOW

SECTION IV - DISCREPANCIES

LOCATION:

CONDITION:

LIGHTING:

DOCUMENTATION / PERMITS:

OTHER:

SECTION V - COMMENTS (LIST VERIFICATIONS)

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GENERAL This form is used by Coast Guard Auxiliary members to report checks performed on aids to navigation, including structures, daybeacons, lights, buoys and other assets. These checks are reported as either verifications (watching properly), or as a discrepancy requiring further action. Coast Guard approved navigation aids are owned by federal, state, private and other agencies, as listed in Light Lists and official navigation resources.

Reports of bridge discrepancies will be submitted on ANSC 7055.

This report will also be used to document Auxiliary Member activity as directed by FSO-NS or FSO-IS. It will be submitted and attached to the member's Activity Log in AuxData II.

SECTION: HEADER Check the correct box on the right for the activity being reported. Choose only ONE box, and if more than one verification is being reported on this form, enter the number. List the Name (LLNR and/or AID #) of each navigation aid verified in Section V. **Do not report both a Discrepancy and Verification(s) on the same form.**

SECTION: MEMBER INFORMATION Enter your **7-digit Auxiliary Member Number, last name, first name and initial, and District / Division / Flotilla**. Enter the OPCON number for your Coast Guard AOR, your telephone number and email address. Enter the date and time that you observed the navigation aid conditions being reported.

SECTION: COAST GUARD NOTIFICATION Enter the name of the CG unit or state agency initially notified. Enter the date and time of the initial report. **Check only ONE method.**

SECTION: AID OWNER, IDENTIFICATION AND CHARACTERISTICS Enter the **AID NAME** as listed in approved CG reference. Enter **LLNR and/or PATON number(s)** for reporting a single aid (if multiple verifications reported, list aid names/LLNR/PATON #s in Section V). Enter Position information **for Latitude & Longitude** in format (DDMMSS.SS), and **Observed Depth** (for lakes, note depth vs. Full Pool in comments). Enter **Ownership** for aid (check one box). Identify **Type of Aid** by checking all boxes that apply. Identify **Characteristics** by checking all boxes that apply.

SECTION: DISCREPANCIES Information about this navigation aid check can be entered into any of five text boxes. Notations about **Location Discrepancies**, including missing, off station, etc. Notations about **Condition Discrepancies**, including damaged or missing dayboards, leaning structures, etc. Notations about **Lighting Discrepancies**, including extinguished, weak or blocked, off-cycle display, etc. **Documentation / Permits Discrepancies**, including inconsistent 2554 information, lack of approved permit, wrong aid type, etc. **Other Discrepancies**, including missing sound or radar features.

SECTION: COMMENTS (and List of Verifications) Contact with PATON owners, actions pending, or issues are noted. Up to 10 Verifications may be listed. Photos (named and dated same as reported aids herein) are listed.

SUBMISSION of REPORT Complete this report within 72 hours of observations, and name as "Date - Name-of-AID – LLNR/AID#. Name photos likewise. Report one hour of activity (for completing this report) as directed in AuxData II. This report and related photos are to be attached to the ADII Activity Log in the Related/Files Section.

Time spent performing aids checks as part of an O1A or other reported mission is recorded in those mission details. Any other time performing navigation aids checks is reported on Activity Logs as code 99B.