

CHAPTER 4. FACILITIES AND PATROLS

A. Facility Equipment and Inspections.

1. General. All Auxiliary operational facilities within the Eighth Coast Guard District Coastal Region (D8CR) must meet all requirements stated in the U. S. Coast Guard Auxiliary Vessel Examiner Manual, COMDTINST M16796.2 (series) and the Auxiliary Operations Policy Manual, COMDTINST M16798.3(series).
2. Facility Inspections and Offer for Use. New facilities may be inspected and offered for use at any time throughout the year. Re-inspections of facilities should normally be accomplished between 01 October and 31 December of the current year to receive patrol orders for missions in the following calendar year. Otherwise, patrol orders may not be issued for the following year until the facility is inspected and properly reported.
 - a. Surface Facilities. Surface facilities will use the Vessel Facility Inspection and Offer for Use Form, CG-2736 (Rev. 5-96) for initial and annual vessel inspections.

(1) Facility radio call signs shall consist of the vessel's length, type propulsion code, Division number, Flotilla number and the last three digits of the Auxiliarist's member number. Use the following numbers for Propulsion code:

1	Single engine, Outboard	6	Sail only
2	Single engine, Inboard/IO	7	Sail with outboard
3	Twin engines, Outboard	8	Sail with inboard
4	Twin engines, Inboard/IO	9	Jet drive, PWC
5	Jet drive, Non-PWC		

For example, an 18ft vessel with a single engine outboard from Division 4 Flotilla 1, last three member numbers 305 shall read as call sign number 18141305. This number is used for initial contact then it may be shortened for routine transmissions, e.g. 305 if no other flotilla is operating with the supporting radio unit, 1-305 if another flotilla is operating with the supporting radio unit, or 4-1-305 if more than one division is operating with the supporting radio unit.

- b. Radio Facilities. Radio facilities will use the Radio Facility Inspection and Offer for Use Form, CG-2736A (Rev. 3-95) for initial and annual radio inspections.
 - (1) DIRAUX will assign a seven-digit radio identification number to each Fixed-land and Land-mobile radio equipped unit. The first two digits will be the prefix "NF" for Fixed-land or "NM" for Land-mobile. The third and fourth digits will be "81" to identify the district and region. The fifth, sixth and seventh digits will be a sequential number between 001-999 assigned by DIRAUX (e.g. NM81001, NF81002). Radio facility identification numbers are utilized for the accountability of radio facilities within the AUXMIS database and shall not be used as an on the air call sign.

- c. Air Facilities. Air facilities will use the Auxiliary Pilot Qualification and Aircraft Facility Inspection Report, CG-2736B (5-98), Auxiliary Pilot Qualification and Aircraft Facility Inspection Report form for initial and annual aircraft inspections.
 - d. Special Purpose Facilities. In accordance with the Auxiliary Operations Policy Manual, COMDTINST M16798.3 (series), special purpose facility owners must submit a Special Purpose Facility Offer for Use Letter. If the special purpose facility is a Personal Watercraft (PWC), the Personal Watercraft Safety Check form, USCG AUX 204-A (3-97) must be submitted along with the above stated letter. Refer to Eighth District Instruction 16798.1 (series) for instruction on training, qualifications and currency requirements.
3. Withdrawn Facilities. The Flotilla Commander will notify DIRAUX when a facility is withdrawn from use. This notification should reach DIRAUX via letter, e-mail or fax as soon as possible after the owner withdraws the facility for use.

B. Patrols.

- 1. General. Patrol orders shall be issued by the designated order issuing authority (call out authority).
- 2. Operational Control. Order issuing authorities (call out authority) for D8CR facilities and flotillas are as follows:
 - a. U. S. Coast Guard Group Mobile, AL: Facilities within Divisions 1, 3 and 8.
 - (1) U. S. Coast Guard Station Panama City, FL: Facilities within Flotillas 11, 12, 13, 15, 16, 19 and 1-10.
 - (2) U. S. Coast Guard Station Destin, FL: Facilities within Flotillas 14 and 18.
 - (3) U. S. Coast Guard Station Pensacola, FL: Facilities within Flotillas 17 and 3-10.
 - (4) U. S. Coast Guard Station Mobile, AL: Facilities within Flotillas 32, 36 and 39.
 - (5) U. S. Coast Guard Station Pascagoula, MS: Facilities within Flotillas 37 and 38
 - (6) U. S. Coast Guard Aids to Navigation Team Eufaula, AL: Facilities within Flotillas 81 and 83
 - (7) U. S. Coast Guard Shore Side Detachment Demopolis, AL: Facilities within Flotillas 84, 85, 86, 87, 88, 89 and 8-10
 - b. U. S. Coast Guard Group New Orleans, LA: Facilities within Divisions 3 and 4.
 - (1) U.S. Coast Guard Station Gulfport, MS: Facilities within Flotillas 31, 33, 35, 37 and 38.

- (2) U. S. Coast Guard Station New Orleans, LA: Facilities within Division 4.
- c. U. S. Coast Group Galveston, TX: Facilities within Divisions 6 and 10.
- d. U. S. Coast Guard Group Corpus Christi, TX: Facilities within Divisions 2, 5 and 7.
- e. U. S. Coast Guard Air Station New Orleans, LA: Air facilities only within Divisions 1, 3, 4 and 8.
- f. U. S. Coast Guard Air Station Houston, TX: Air facilities only within Divisions 6 and 10.
- g. U. S. Coast Guard Aviation Training Center Mobile, AL: Air facilities only. Missions are limited to those involved in the unit's training missions.
- h. DIRAUX and CCGD8 (o): All facilities within all D8CR divisions as needed.

[**Note:** Local procedures for processing patrol orders shall be established in writing by call out authorities.]

3. Patrol Scheduling. All patrols, with the exception of Search and Rescue (SAR) shall be scheduled and approved in advance of the patrol in accordance with local procedures established by the respective callout authority. Call Out Authorities and their respective Division Operations Officers should prepare annual patrol plans to assist in prioritizing patrols within the limited funds available and ensure the funds are used wisely throughout the fiscal year.
4. Crew Requirements. Minimum crew requirements for patrols are listed below. Additional requirements may be specified in accordance with local procedures established by the respective callout authority.
 - a. Surface Facility. Requires a minimum of a Coxswain and one crewmember. The Coxswain and Crewmember are to be qualified in accordance with the Auxiliary Boat Crew Training and Qualification Guide – Crewman and Coxswain, COMDTINST M16798.28.
 - b. Radio Facility. Only one member qualified as a Communications Specialist may report a scheduled radio watch. Fixed-Land Auxiliary Radio Facility operators must complete the related communication portions of the Station Watchstander Personal Qualifications Standards (PQS). Order issuing authorities may prescribe further qualification requirements within the area of operation.
 - c. Air Facility. In accordance with the Auxiliary Operations and Policy Manual, COMDTINST M16798.3 (series), the minimum is a pilot plus an observer. The observer may be another pilot, qualified aircrew or observer, observer trainee or a member of the U. S. Coast Guard. A logistical mission only requires a pilot.

C. Patrol Orders Requests and Issue.

1. Patrol Order Request. Auxiliarists shall request patrol orders via their Division Operations Officer (SO-OP) or in accordance with local callout authority procedures. Refer to the Auxiliary Patrol Order Process Flow Chart, page 4-6.
2. Patrol Order Issue. Auxiliary patrol orders will be issued by the call out authority. Patrols of any type (reimbursable or non-reimbursable) must be approved in advance by the call out authority and the SO-OP. Upon approval, the call out authority will prepare the Coast Guard Auxiliary Patrol Order form, CG-5132 (rev. 1-00), assign a Departmental Accounting and Financial Information System (DAFIS) document number provided by DIRAUX and forward to the assigned coxswain. Unique patrol order numbers assigned by the SO-OP or call out authority as a tracking method for flotilla missions are not authorized for use as the patrol order document numbers (e.g. 399-xxx-012SP). Call out authorities are required to submit a weekly patrol order issuance report to DIRAUX via the most expeditious means. The weekly report shall include, but is not limited to, the coxswain/pilot name, the scheduled patrol date, DAFIS document number issued to the patrol and any cancelled patrol orders. Refer to Enclosure (1) for detailed instructions on the CG-5132. The revised CG-5132 is available on the National Auxiliary website forms page at <http://www.cgaux.org/cgauxweb/tbforms.shtml>.

D. Patrol Orders Reimbursement Claims.

1. Reimbursement Procedures. The assigned coxswain shall submit the original CG-5132 to the respective callout authority as soon as practical, but no later than thirty days after the completion of an authorized patrol to claim reimbursement. Receipts are required for fuel, tolls and launching fees when submitting the CG-5132 to the callout authority. In the event a receipt is lost or destroyed and the amount is \$25.00 or greater, a DIRAUX Form 21A, Certificate in Lieu of Receipt, may be used. Refer to Enclosure (2) for a sample DIRAUX Form 21A.
 - a. Subsistence. To qualify for reimbursement of subsistence (meals), an Auxiliarist must be begin the patrol prior to the scheduled meal hours and terminate the patrol after the scheduled meal hours (Breakfast - 0700, Lunch - 1200 and Dinner - 1800). Meal reimbursement begins from the time the patrol commences to the time the patrol terminates. If the patrol commences and terminates between 0001 - 0700, 0700 - 1200, 1200 - 1800 or 1800 - 2400 reimbursement for meals is not authorized. Auxiliarists shall be reimbursed via the Category (2) - Standard Meal Rate in accordance with the Subsistence Manual, COMDTINST M4061.3 (series). The current standard meal rate for category (2) personnel is \$1.50 for Breakfast, \$3.00 for Lunch and \$3.00 for Dinner. This rate is subject to change.
 - b. Mileage and Trailing. Auxiliarists shall be reimbursed mileage for trailing a facility in accordance with the Joint Federal Travel Regulations (JFTR) chartered under the Department of Defense. When trailing a facility, bridge tolls, ramp or hoist fees and park entrance fees may be claimed. The calculated reimbursement for trailing costs may be used on the Auxiliarist's cost for those items listed above or a

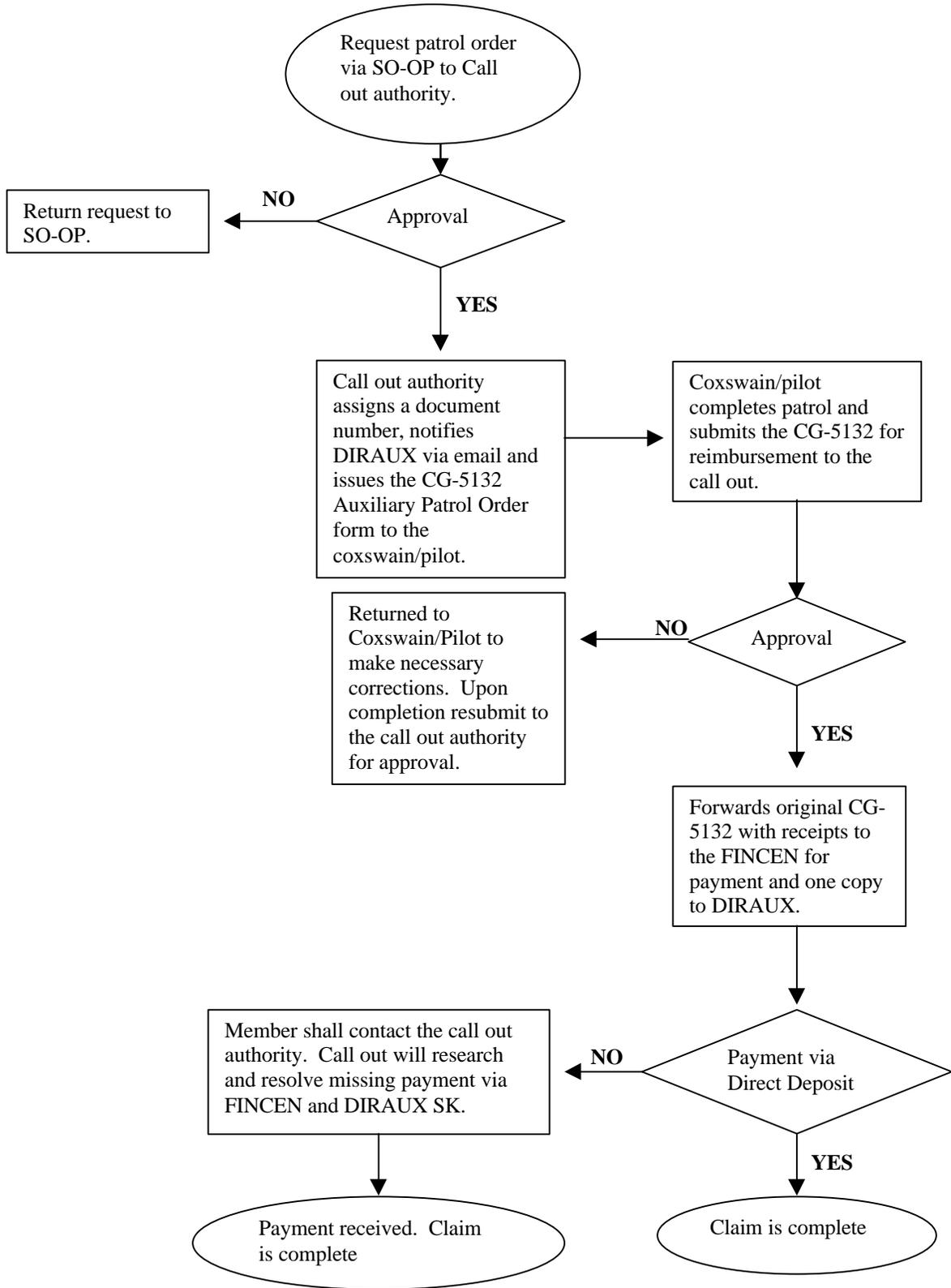
mileage payment may be authorized in lieu of vehicle gas plus authorized fees and tolls. If an Auxiliarist tows with a motor home, submit the gas receipts if this is more advantageous.

- c. Fuel and Oil. Facilities should refuel immediately following each patrol. Fuel receipts for **purchases of \$25.00 or greater** are required and must be submitted for reimbursement. Some Auxiliary facilities can perform numerous patrols without refueling (i.e. sailboats). In such cases, bulk fuel and oil purchases are permitted. Those wishing to utilize bulk purchases must follow the procedures listed:
 - (1) Commence the first patrol with a full tank of fuel. Submit the completed CG-5132 but DO NOT claim fuel reimbursement. DO make a note on the CG-5132 that a bulk fuel purchase was made stating the purchase date, number of gallons of fuel and the cost. Remember – a receipt must be included.
 - (2) Continue to submit future claims as noted above and keep a record of the fuel usage until another bulk fuel and oil purchase is needed. Complete the CG-5132 and this time DO claim fuel reimbursement in the amount of your initial bulk fuel and oil receipt. Note on the claim the previous patrols, including the document number, which used fuel and oil from this bulk fuel receipt.
- d. Aircraft reimbursement. Aircraft facilities will be reimbursed **fuel and maintenance cost** in accordance with the Auxiliary Aviation Facility Flat Rate Reimbursement, COMDTNOTE 16798 dated October 15, 1998.
- e. Lodging costs. Lodging may be authorized by the call out authority if an overnight stay is required to complete an authorized patrol. The statement, **RON Authorized**, must be entered in block 1 of the CG-5132.
- f. Call out authorities. Call out authorities are responsible for the following:
 - (1) Review the completed CG-5132 for completeness, ensuring the amounts claimed are accurate and in compliance with current reimbursable rates. Any incomplete patrol order claim must be returned to the respective coxswain/pilot for correction.
 - (2) Forward the original CG-5132 with original receipts to the U. S. Coast Guard Finance Center (FINCEN) within five working days after receipt. Forward one copy to DIRAUX and maintain one copy for the call out authority files.**
 - (3) Ensure patrol order claims are not delayed due to damage incurred during the authorized patrol. The patrol order reimbursement and damage claim payments are not related and must be filed separately.
 - (4) FINCEN will return the CG-5132 to the call out authority if corrections are required to process the reimbursement. After making the necessary corrections, the CG-5132 must be resubmitted to the FINCEN.

E. Non-Reimbursable Orders.

1. Call out authorities shall establish procedures such as maintaining a ledger or log to record authorized non-reimbursable orders patrols. A separate order numbering system for non-reimbursable patrol orders shall be established. Non-reimbursable orders must be requested and authorized in advance by the Order Issuing Authority. Should damage occur to the facility during the patrol, then a hard copy order shall be prepared and provided for filing with the associated damage claim.

Auxiliary Patrol Order Process Flow Chart



DEPARTMENT OF TRANSPORTATION U.S. COAST GUARD CG-5132 (Rev. 01/00)	COAST GUARD AUXILIARY PATROL ORDERS (Instructions and Privacy Act Statement on page 2)		TYPE	FY	DOCUMENT NUMBER							
			27									
SECTION I - AUTHORIZATION												
FROM (Order Issuing Authority):												
TO (Name and address of operator):			MEMBER #:									
			FACILITY #:									
			# CREW REQUIRED (Including operator):									
1. PERFORM THE FOLLOWING AUTHORIZED <input type="checkbox"/> REIMBURSABLE <input type="checkbox"/> NON-REIMBURSABLE DUTY PER CURRENT POLICY:												
2. ACCOUNTING DATA												
ITEM	AUTHORIZED	ESTIMATED COST	DIST	APPN	LIM	ALLOT	PRO ELEMENT	COST CENTER	OBJ. CODE			
FUEL COST	Yes <input type="checkbox"/> No <input type="checkbox"/>											
AIRCRAFT MAINT. COST	Yes <input type="checkbox"/> No <input type="checkbox"/>											
SUBSISTENCE COST	Yes <input type="checkbox"/> No <input type="checkbox"/>											
AUTO/TRAILERING COST	Yes <input type="checkbox"/> No <input type="checkbox"/>											
SIGNATURE OF ORDER ISSUING AUTHORITY:					DATE:							
SECTION II - CLAIM FOR REIMBURSEMENT												
1. ITINERARY	DATE	TIME	LOCATION				AUTO/TRAILER DATA					
Departed Home/Office							Miles:					
Arrived Launch Site							Cost:					
Facility in Use												
Facility Use Ended												
Departed Launch Site							Miles:					
Returned Home/Office							Cost:					
2. LIST NAMES AND MEMBER # (AS APPROPRIATE) OF ALL PERSONNEL ON BOARD (less operator)												
A.					E.							
B.					F.							
C.					G.							
D.					H.							
3. REIMBURSABLE EXPENSES	RECEIVED IN KIND (GOVERNMENT PROVIDED)	TOTAL CREW/TRAINEEES/AUTHORIZED PASSENGERS								TOTAL	GRAND TOTAL	
		OPR	A	B	C	D	E	F	G	H		
Breakfast	Yes <input type="checkbox"/> No <input type="checkbox"/>											
Lunch	Yes <input type="checkbox"/> No <input type="checkbox"/>											
Dinner	Yes <input type="checkbox"/> No <input type="checkbox"/>											
Fuel, Oil	Yes <input type="checkbox"/> No <input type="checkbox"/>											
Ice	Yes <input type="checkbox"/> No <input type="checkbox"/>											
Aircraft Flight Hours:		Type Aircraft:										
Trailer Costs, Ramp Fees, Lock Fees												
Other (Official Telephone Costs, etc.)												
I HEREBY CERTIFY that the above claim is accurate. My crew and I made these expenditures in the use of the Facility listed above, in carrying out the duties specified in this ORDER. No previous payment for this patrol has been received.												
SIGNATURE OF OPERATOR:										DATE		
MAIL CHECK TO (Name and address):								Signature of Claimant:				
								SSN:				
								MEMBER #				
SECTION III - ENDORSEMENT BY ORDER ISSUING AUTHORITY												
1. THIS CLAIM <input type="checkbox"/> FORWARDED, APPROVED FOR PAYMENT <input type="checkbox"/> RETURNED, DISAPPROVED FOR PAYMENT												
SIGNATURE OF ORDER ISSUING AUTHORITY:										DATE:		

Previous edition may be used

ANSC 7000

CG-5132 COAST GUARD AUXILIARY PATROL ORDER INSTRUCTIONS

1. **Order number (Document number)** – Call out authorities must enter the **DAFIS** document number issued by DIRAUX as follows:
 - a. **Document Type:** **27**
 - b. **Fiscal Year (FY):** Enter the last two digits of the FY the patrol will be performed (e. g. **2000 shall read FY00**).
 - c. **Order number:** Enter **2908P2---**. The third digit of the order number is the last digit of the respective FY. The dashes shall be replaced with a three-digit number assigned to the call out authority by DIRAUX (e. g. **27-00-2908P2X23**).

[Note: Unique patrol numbers assigned by the SO-OP or call out authority as a tracking method for flotilla missions are not authorized for use as the patrol order document number (e.g. 399-xxxx-021SP).]

2. **Section 1 – Authorization** – To be completed by the call out authority.
 - a. **From** – Enter the Order Issuing Authority (Call out) **unit** name.
 - b. **To** – Enter the name, address and social security number of the coxswain/pilot to receive the orders. [**Note:** This person may not always be the owner of the facility except if the owner is the qualified coxswain for this patrol].
 - c. **Member Number** - Enter the coxswain/pilot auxiliary member number
 - d. **Facility ID Number** - Enter the facility name and number
 - e. **Number of Crew Required** – Requirements as per Chapter 4.B.4
 - f. **Block 1 – Perform the Following Authorized:** Mark the appropriate box and enter the type of mission being performed. If a mission requires an Auxiliarist to stay overnight, the statement **RON Authorized** must be indicated.
 - g. **Block 2 – Accounting Data:** The accounting line data consists of the following codes:
 - (1) **District (DIST):** Enter **8** for all accounting lines with the exception of subsistence. Enter **P** for the subsistence cost accounting data line only.
 - (2) **Appropriation Code (APPN):** Enter **001**. The first digit normally represents the last character of the fiscal year, in this example 0 = 2000. The remaining two digits represent the Operating Expenses appropriation for the Coast Guard.

(3) Appropriation Limitation Code (LIM): Enter **108** for all accounting lines. Enter **299** for the subsistence cost accounting data line only.

(4) Allotment Fund Control Code (ALLOT): Enter **30/0** for all accounting lines. Enter **12/0** for the subsistence cost accounting data line only.

(5) Program Element (PRO ELEMENT): Enter **B3P2** for all accounting lines. Enter **12** for the subsistence cost accounting data line only.

(6) Cost Center: Enter **73500**.

(7) Object Code: Enter an object code from the following table:

- (a) 2637 - Vessel fuel, oil and ice
- (b) 2632 - Aircraft fuel, oil and ice
- (c) 2532 - Aircraft maintenance
- (d) 2596 - Trailing
- (e) 2596 – Subsistence

(8) Examples of accounting data lines – 8/001/108/30/0/B3P2/73500/2637.
P/001/108/12/0/12/73500/2596.

i. Signature – **Must** be signed by the call out.

3. **Section II – Claim for Reimbursement** – To be completed by the coxswain/pilot.

a. Block 1 – Itinerary. Enter the appropriate dates, time and locations. Enter the one-way trailing mileage for the departure and return in the Miles blocks. In accordance with JFTR, the member will be reimbursed at the current rate of \$.325 per mile. This rate is subject to change.

b. Block 2 – Personnel on Board. Enter the name(s) and auxiliary member number(s), if applicable, of personnel on board during the patrol with the exception of the coxswain.

c. Block 3 – Reimbursable Expenses. Enter appropriate information. [**Note**: If the Coast Guard provided meals during the patrol, mark the YES block under RECEIVED IN KIND (GOVERNMENT PROVIDED)].

d. Signature of Operator – **MUST** be signed by the Coxswain

e. Mail Check To – Enter the name and address of the person to receive the reimbursement.

f. Signature of Claimant – **MUST** be signed by the person to receive the reimbursement.

g. SSN – Enter the claimant's social security number

h. Member's Number – Enter the claimant's member number.

4. **Section III – Endorsement by Order Issuing Authority** – This section must be completed by the call out authority. Upon completion, the call out authority will forward the original CG-5132 with original receipts, if applicable, to FINCEN.
5. **FINCEN Address**: Auxiliary, USCG Finance Center, P. O. Box 4104, Chesapeake, VA 23327-4104.

