



U. S. COAST GUARD AUXILIARY 7054 - Aid to Navigation Report

Check the report type:

<input type="checkbox"/> Discrepancy Report	Aids Checked
<input type="checkbox"/> Verification Report	

Report as a Mission 30 or 31 to AUXDATA

SECTION 1 - MEMBER INFORMATION

REPORTER'S LAST NAME, FIRST NAME, MIDDLE INITIAL		AV QUAL	TELEPHONE NUMBER	UNIT (DIST-DIV-FLOT)
DATE OBSERVED	TIME OBSERVED	OPCON NUMBER OR CG UNIT NAME	E-MAIL ADDRESS	

SECTION 2 - COAST GUARD NOTIFICATION

PRIVATE AIDS ARE NORMALLY REPORTED AS ROUTINE.

COAST GUARD UNIT NOTIFIED	TIME REPORTED	DATE REPORTED	COMMUNICATION METHOD USED FOR REPORTING TO CG UNIT
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SECTION 3 - AID IDENTIFICATION

AID OWNERSHIP - select one:

LLNR	P/ATON'S NAME (Aid Name in the Light List or IATONIS)	AID NUMBER	MILE M	CHART NO.	ED	LNM DATE
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SECTION 4 - HORIZONTAL AND VERTICAL LOCATIONS

LATITUDE [DDMMSS.SSS]	N/S	LONGITUDE [DDDMMSS.SSS]	E/W	GPS DATUM	METHOD USED TO TAKE FIX	QC CHECK	QC READING	U/M	TIME WHEN TAKEN
OFFICIAL NAME OF LOCATION		GPS MANUFACTURER AND MODEL NUMBER		GPS OPERATION	CH. DEPTH	U/M	DEPTH DIFFERENCE		
METHOD USED for DEPTH		MANUFACTURER and MODEL NUMBER	OBSERVED DEPTH	TRNSDCR. CORR.	HEIGHT of TIDE	CORR. DEPTH	TIME of OBSERVATION		

SECTION 5 - AID TO NAVIGATION CHARACTERISTICS

CHECK OFF EACH CHARACTERISTIC THAT DESCRIBES THE AID.

TYPE OF AID	<input type="checkbox"/> Buoy	<input type="checkbox"/> Fixed Structure	<input type="checkbox"/> Lighted	<input type="checkbox"/> Sound capability	<input type="checkbox"/> Electronic devices	<input type="checkbox"/> Radar reflector
TYPE OF BUOY	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Foam	<input type="checkbox"/> Plastic	<input type="checkbox"/> Other, explain in Comments.	
STRUCTURE TYPE	<input type="checkbox"/> Wood	<input type="checkbox"/> Metal	<input type="checkbox"/> Single Pile	<input type="checkbox"/> Multiple Pile	<input type="checkbox"/> Dolphin	<input type="checkbox"/> Other (Explain)
COLOR OF AID	<input type="checkbox"/> Red	<input type="checkbox"/> Green	<input type="checkbox"/> White	<input type="checkbox"/> Yellow	<input type="checkbox"/> Other, explain in Comments.	
SOUNDING DEVICE	<input type="checkbox"/> Bell	<input type="checkbox"/> Gong	<input type="checkbox"/> Horn	<input type="checkbox"/> Whistle	<input type="checkbox"/> Electronic	<input type="checkbox"/> Other (Explain)
ELECTRONIC DEVIC	<input type="checkbox"/> RACON	<input type="checkbox"/> Fog Detector	<input type="checkbox"/> Wind Generator	<input type="checkbox"/> Transformer Station	<input type="checkbox"/> Meteorological Station	<input type="checkbox"/> Wind Measuring Mast

SECTION 6 - DISCREPANCIES OBSERVED ON AID TO NAVIGATION

CHECK OFF EACH DISCREPANCY THAT YOU OBSERVE ON THE AID.

LOCATION DISCREPANCIES	LIGHTING DISCREPANCIES	DAYBOARD DISCREPANCIES
1 <input type="checkbox"/> Aid is off station. (Explain) 2 <input type="checkbox"/> Aid is adrift. (Explain action taken.) 3 <input type="checkbox"/> Aid is missing. (Explain method used.) 4 <input type="checkbox"/> Aid is not marking the best water.	1 <input type="checkbox"/> Improper light characteristics on a lighted aid. (Explain) 2 <input type="checkbox"/> Light is obscured or extinguished. 3 <input type="checkbox"/> Light is burning dim. 4 <input type="checkbox"/> Light is obscured by a dayboard. (Photo) 5 <input type="checkbox"/> Lantern is damaged. (Photo) 6 <input type="checkbox"/> Battery pack is missing or damaged. (Photo) 7 <input type="checkbox"/> Solar Panel is damaged. (Photo) 8 <input type="checkbox"/> Solar Panel is oriented incorrectly. (Explain) 9 <input type="checkbox"/> Missing or damaged vent valve. (Photo) 10 <input type="checkbox"/> Lamp is the wrong color. (Explain) 11 <input type="checkbox"/> Lantern is missing. (Photo and Explanation)	1 <input type="checkbox"/> Dayboard(s) is missing. (Photo) 2 <input type="checkbox"/> Dayboard(s) is damaged (Photo) 3 <input type="checkbox"/> Dayboard(s) is faded so color is compromised. (Photo) 4 <input type="checkbox"/> Dayboard is delaminating. (Photo) 5 <input type="checkbox"/> Dayboard is obscured by foliage or brush. 6 <input type="checkbox"/> Improper dayboard displayed per aid specification.
CONDITION DISCREPANCIES	OTHER DISCREPANCIES	
1 <input type="checkbox"/> Aid is sinking. (Photo) 2 <input type="checkbox"/> Aid is stranded. (Photo) 3 <input type="checkbox"/> Aid is capsized. (Photo) 4 <input type="checkbox"/> Aid is damaged by vessel collision. 5 <input type="checkbox"/> Extensive bird fowling on aid. (Photo) 6 <input type="checkbox"/> Peeling or rust is obscuring color. 7 <input type="checkbox"/> Numbers are missing on a lateral aid. 8 <input type="checkbox"/> Number or letters damaged on aid. 9 <input type="checkbox"/> Retro-reflective material problem. 10 <input type="checkbox"/> Fixed aid is leaning more than 15°.	1 <input type="checkbox"/> Sound signal discrepancies. 2 <input type="checkbox"/> Radio beacon is off the air. 3 <input type="checkbox"/> Radio beacon is emitting the wrong signal. 4 <input type="checkbox"/> RACON is not operating.	
DOCUMENTATION AND SPECIFICATION CHECKS		
Check your observations against the Light List and, if charted, against the abbreviations and symbols on the NOAA chart. 1 <input type="checkbox"/> Observed aid does not match the entry for this aid in the Light List. (Explain) 2 <input type="checkbox"/> Observed aid does not match the symbols and abbreviations for this aid appearing on the NOAA chart. (Explain) 3 <input type="checkbox"/> Observed lateral aid does not comply with the IALA Aid to Navigation System for region. (Photo and Explanation) 4 <input type="checkbox"/> Observed aid does not comply with data shown in the Coast Pilot. (Explain)		

SECTION 7 - NON-PERMITTED AIDS TO NAVIGATION DATA

Enter the following information for Non-permitted Aids to Navigation Reports.

OWNER'S NAME	OWNER'S TELEPHONE NUMBER	OWNER'S E-MAIL ADDRESS
OWNER'S STREET ADDRESS	CITY	ST
	ZIP CODE	CONTACT E-MAIL ADDRESS
LOCAL WATERWAY ADMINISTRATOR / HARBORMASTER	TELEPHONE NUMBER	WATERWAY ADMINISTRATOR'S E-MAIL ADDRESS

SECTION 8 - COMMENTS

Always add an accuracy statement with your report for credibility.

DATE SUBMITTED