

DEPARTMENT OF HOMELAND SECURITY  
US COAST GUARD  
**DEFECT/NONCOMPLIANCE REPORT**

OMB No: 1625-0010  
Exp. Date: 08/31/2026

**Privacy Act Statement**

**AUTHORITY:** 46 U.S.C. §4310; 46 CFR 160.076; and 33 CFR 179.13(a)(2).

**PURPOSE:** The United States Coast Guard will use this information to identify boats, inboard engines, outboard motors, stern drive units, and inflatable personal floatation devices recalled for repair and replacement of defects or in noncompliance of safety standards for recreational vessels.

**ROUTINE USES:** United Coast Guard personnel will use the document defects or noncompliance of safety standards for recreational vessels. For more information on how USCG uses this information, please see DHS/USCG PIA-008 Marine Information for Safety and Law Enforcement (MISLE), available at <https://www.dhs.gov/privacy>.

**DISCLOSURE:** Furnishing this information is mandatory. Failure to provide the information requested within 30 days after the manufacturer discovers or acquires information of the defect or failure to comply with applicable regulation(s) may result in a civil penalty.

I acknowledge that I have read and understand the above disclaimer: \_\_\_\_\_

An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The Coast Guard estimates that the average burden for this report form is one hour. You may submit any comments concerning the accuracy of this burden estimate or any suggestions for reducing the burden to: U.S. Department of Homeland Security, Commandant (CG-BSX-23), U.S. Coast Guard Stop 7501, 2703 Martin Luther King Jr Ave SE, Washington DC 20593-7501 or Office of Management and Budget, Paperwork Reduction Project (1625-0010) Washington, DC 20503.

**CAMPAIGN NUMBER** (*Campaign number assigned upon Coast Guard approval of this report.*)

1. NAME AND ADDRESS OF COMPANY CONDUCTING DEFECT NOTIFICATION CAMPAIGN (*include ZIPCODE*)

2. NAME, PHONE NUMBER, AND E-MAIL OF PERSON TO CONTACT

3. IF DEFECTIVE COMPONENT, MANUFACTURER NAME AND ADDRESS

4a. IDENTIFICATION OF BOATS POTENTIALLY INVOLVED (*COMPLETE LIST OF ALL POTENTIALLY INVOLVED HINS SHALL BE ATTACHED TO THIS DOCUMENT*)

MODEL	Number potentially Involved
MODEL	Number potentially Involved
MODEL	Number potentially Involved
MODEL	Number potentially Involved
MODEL	Number potentially Involved
MODEL	Number potentially Involved
MODEL	Number potentially Involved
MODEL	Number potentially Involved
MODEL	Number potentially Involved

4b. IF PRODUCTS INVOLVED ARE NOT BOATS (*use other means or additional space on Page 2 if necessary*)

MODEL	SERIAL NOS.	YEAR
MODEL	SERIAL NOS.	YEAR
MODEL	SERIAL NOS.	YEAR
MODEL	SERIAL NOS.	YEAR
MODEL	SERIAL NOS.	YEAR
MODEL	SERIAL NOS.	YEAR

5. DESCRIPTION OF DEFECT OR NONCOMPLIANCE

6. DEGREE OF DANGER TO THE PUBLIC WITH CONTINUED USE OF THE PRODUCT WITHOUT REPAIR OR CORRECTION

7. MANNER IN WHICH PRODUCTS RECALLED WILL BE CORRECTED *(use additional space on Page 2 if necessary)*

8. DESCRIPTION OF PROPOSED CORRECTION

a. Who will perform corrections?

b. Where will corrections be performed?

c. When will corrections be performed?

9. ACTIONS TAKEN TO DATE TO CORRECT THIS DEFECT OR NONCOMPLIANCE

10. CURRENT STATUS OF CAMPAIGN (a=b+c+d+e)

a. Number of units which might contain the problem: \_\_\_\_\_

b. Number of units sold to consumers: \_\_\_\_\_

c. Number of units at the factory: \_\_\_\_\_

d. Number of units at dealers: \_\_\_\_\_

e. Location(s) and Number of other units (if applicable): \_\_\_\_\_

f. Have any units been corrected to date: \_\_\_\_\_

11. IF ANY OF THE INFORMATION REQUESTED IN 10 ABOVE IS NOT AVAILABLE WHEN SUBMITTING THIS REPORT, WHEN WILL THE INFORMATION BE AVAILABLE?

SIGNATURE OF PREPARER

TITLE

DATE