US Coast Guard Auxiliary Information Systems

Forms

Modified March 2012/McBain

A Word About Forms

- Nobody likes ‘em, but they are necessary
- It is your responsibility to fill them in promptly, completely, and correctly
- All forms have detailed instructions – please read them
- Fill out online, it will help prevent errors and ensure that you’re using the latest version
- Your FSO-IS and SO-IS are here to help! Just ask!
- *DON’T UNDERESTIMATE DIRAUX’S PASSION ABOUT THIS TOPIC!*

What to do with Forms

- Send your reports and forms to your FSO-IS
- DO NOT EVER EVER EVER SEND SAME REPORT TWICE!
- Keep a copy for yourself
- Check your totals periodically

Important ID Numbers

- Seven digit member ID numbers (employee ID numbers) are on your ID Card
- ID number transfers with member
- Units (Flotillas) are Identified by District and Division – i.e. 014-02-XX where XX is Flotilla Number
- Vessel Facilities are identified in AUXDATA by Registration Number (e.g. NJ-2396-AZ) ***not*** by Call Sign (e.g. AUX283616)

Forms

- 7029 Member Activity Log
  - Report all prep and travel times for missions shown on 7030, 7038 and 7039
  - Report any hours that are not defined and reportable on other forms (7030, 7038, 7039)
- 7030 Activity Report - Mission
  - use start and stop time
  - Review instructions thoroughly to ensure proper selection of mission category
- 7039 Workshop Mission and Attendance Report
  - Report Instructor time and Member's Attendance

New Forms - cont'd.

- Download from: www.cgaux.org
  - Put the cursor on the AUX MEMBERS menu choice at the top
  - Click on FORMS WAREHOUSE in the drop-down menu
  - Click on E-FORMS or PDF FORMS
  - Open/fill in forms with Adobe Acrobat Reader (free download at www.adobe.com)
- Adobe Acrobat
  - Allows you to save filled in forms

This is the page for electronic forms

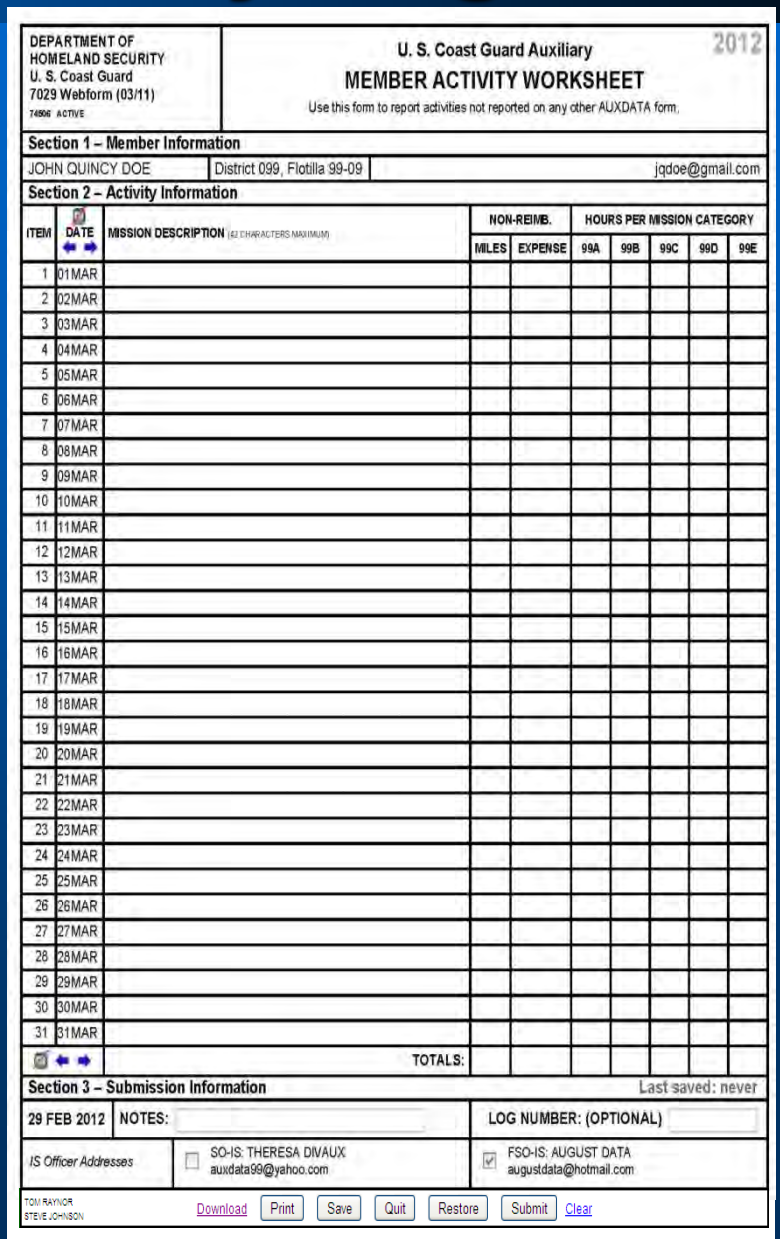
This is the page for PDF forms

How To Use Online Forms

- Open the form – fill in the blanks
- Print and send to FSO-IS
- You can only save if you have Adobe Acrobat
- On e-mail forms you can fill in and then send to your FSO-IS, and to yourself

7029 Member Activity Log

- Use this form for activities **not** reported on other forms
- Report prep and travel time for **ALL** activities except PV travel time
- Only time related to AUX activities is recorded
- The Dashboard has instructions on how to fill out the form



DEPARTMENT OF HOMELAND SECURITY
U. S. Coast Guard
7029 Webform (03/11)
74506 ACTIVE

U. S. Coast Guard Auxiliary
2012
MEMBER ACTIVITY WORKSHEET
Use this form to report activities not reported on any other AUXDATA form.

Section 1 – Member Information

JOHN QUINCY DOE | District 099, Flotilla 99-09 | jqdoe@gmail.com

Section 2 – Activity Information

ITEM	DATE	MISSION DESCRIPTION (62 CHARACTERS MAXIMUM)	NON-REIMB.		HOURS PER MISSION CATEGORY				
			MILES	EXPENSE	99A	99B	99C	99D	99E
1	01MAR								
2	02MAR								
3	03MAR								
4	04MAR								
5	05MAR								
6	06MAR								
7	07MAR								
8	08MAR								
9	09MAR								
10	10MAR								
11	11MAR								
12	12MAR								
13	13MAR								
14	14MAR								
15	15MAR								
16	16MAR								
17	17MAR								
18	18MAR								
19	19MAR								
20	20MAR								
21	21MAR								
22	22MAR								
23	23MAR								
24	24MAR								
25	25MAR								
26	26MAR								
27	27MAR								
28	28MAR								
29	29MAR								
30	30MAR								
31	31MAR								
		TOTALS:							

Section 3 – Submission Information

Last saved: never

29 FEB 2012 | NOTES: | LOG NUMBER: (OPTIONAL)

IS Officer Addresses | SO-IS: THERESA DIVAUX auxdata99@yahoo.com | FSO-IS: AUGUST DATA augustdata@hotmail.com

TOM RAYNOR
STEVE JOHNSON

Download | Print | Save | Quit | Restore | Submit | Clear

Member Activity Log

Section 1 User data automatically entered on Web Form

Member ID number and name

Date settings

Pop up explanations provided for each column

District, division, and flotilla number

E-mail address

DEPARTMENT OF HOMELAND SECURITY
U. S. Coast Guard
7029 Webform (03/11)
74506 ACTIVE

U. S. Coast Guard Auxiliary
MEMBER ACTIVITY WORKSHEET
2012
Use this form to report activities not reported on any other AUXDATA form.

Section 1 – Member Information

JOHN QUINCY DOE | District 099, Flotilla 99-09 | jqdoe@gmail.com

Section 2 – Activity Information

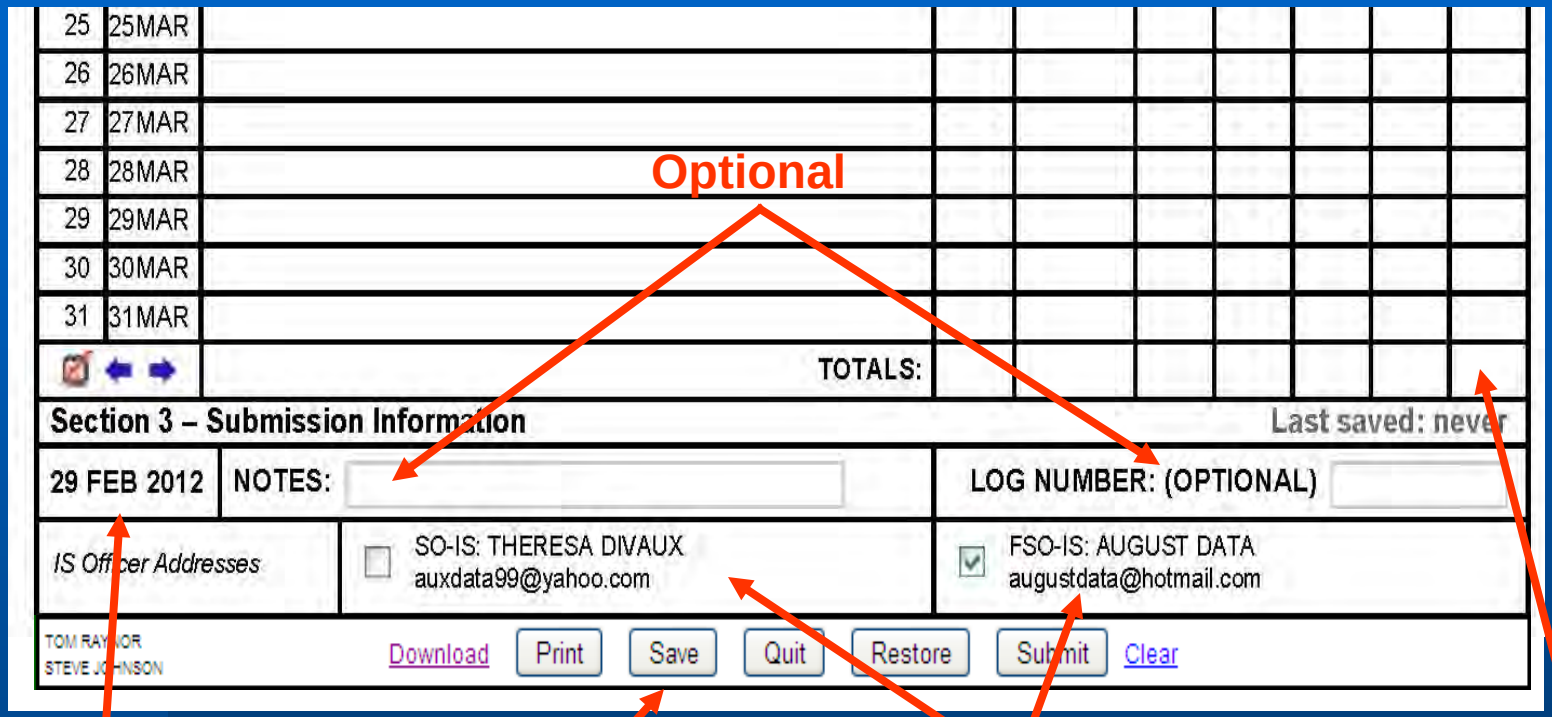
ITEM	DATE	MISSION DESCRIPTION (42 CHARACTERS MAXIMUM)	NON-REIMB.		HOURS PER MISSION CATEGORY				
			MILES	EXPENSE	99A	99B	99C	99D	99E
1	01MAR								
2	02MAR								
3	03MAR								
4	04MAR								
5	05MAR								
6	06MAR								
7	07MAR								
8	08MAR								
9	09MAR								
10	10MAR								
11	11MAR								
12	12MAR								
13	13MAR								
14	14MAR								
15	15MAR								
16	16MAR								
17	17MAR								
18	18MAR								
19	19MAR								
20	20MAR								
21	21MAR								
22	22MAR								

DESCRIPTION: Enter for your own reference, or as required by your local IS officer(s). Contents are not entered into AuxData. 42 characters maximum.

MT: Report all time spent in Training Support that is not otherwise reported on a 7030 or 7039. Any hours spent as a Trainee, other than attending a workshop, should be reported here. This includes all time for preparation, study, homework, and travel regardless of the level of training.

MILES: Please list the number of UN-REIMBURSED miles that you drove in your personal vehicle for your reported Auxiliary activity.

Member Activity Log-cont'd



Current date

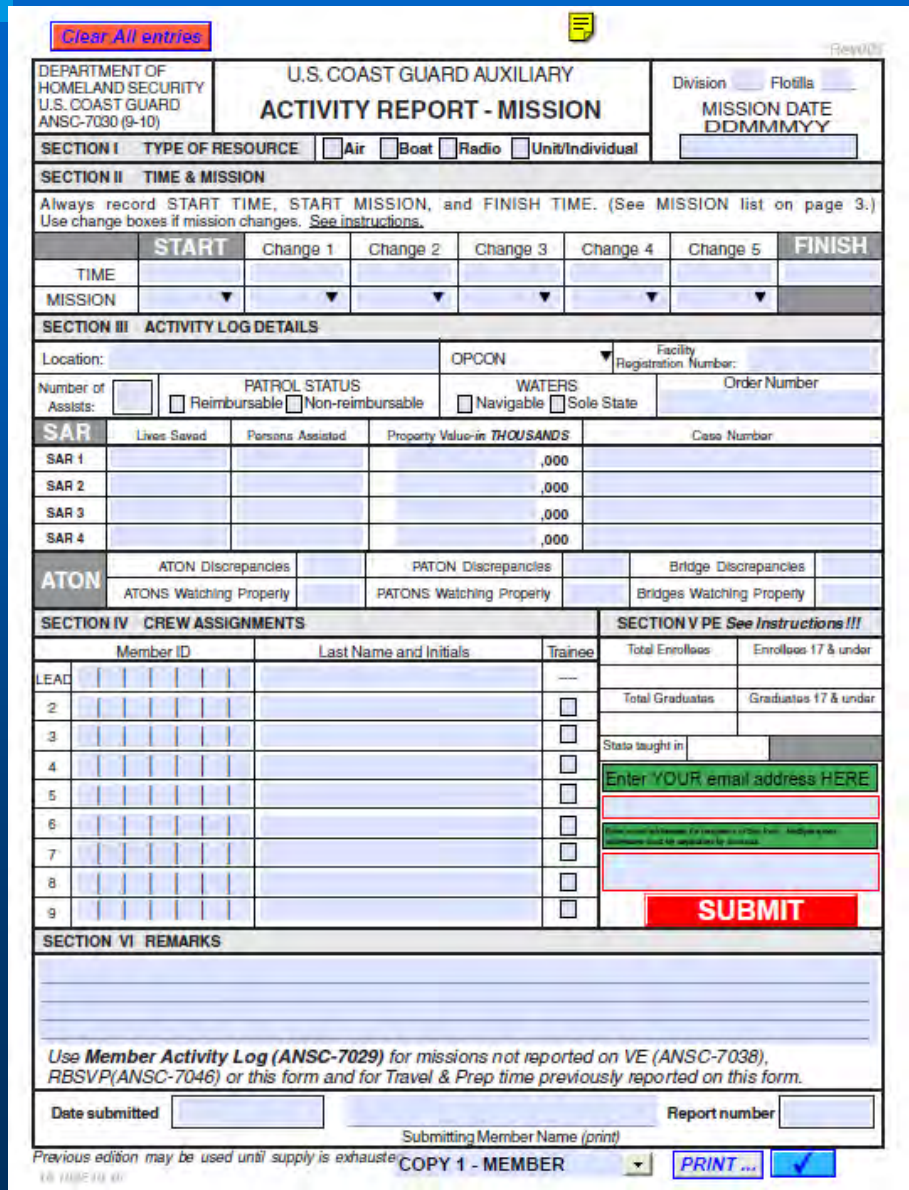
Control buttons

FSO-IS and SO-IS automatically entered.

Automatic calculation of totals

7030 Activity Report - Mission

- Use this form to report standard mission activities
  - MEP/MS Missions
  - Public Education Classes
  - Safety Patrols
  - Search and Rescue
  - Member Training
  - Public Affairs
- Only blocks needed for mission will be active
- MUST put special ops info in remarks section



Clear All entries

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
ANSC-7030 (9-10)

U.S. COAST GUARD AUXILIARY
ACTIVITY REPORT - MISSION

Division ___ Flotilla ___
MISSION DATE DDMMMYY

SECTION I TYPE OF RESOURCE ☐ Air ☐ Boat ☐ Radio ☐ Unit/Individual

SECTION II TIME & MISSION

Always record START TIME, START MISSION, and FINISH TIME. (See MISSION list on page 3.) Use change boxes if mission changes. See instructions.

	START	Change 1	Change 2	Change 3	Change 4	Change 5	FINISH
TIME							
MISSION	▼	▼	▼	▼	▼	▼	

SECTION III ACTIVITY LOG DETAILS

Location: | OPCON ▼ | Facility Registration Number:

Number of Assists: | PATROL STATUS ☐ Reimbursable ☐ Non-reimbursable | WATERS ☐ Navigable ☐ Sole State | Order Number

SAR	Lives Saved	Persons Assisted	Property Value-in THOUSANDS	Case Number
SAR 1			,000	
SAR 2			,000	
SAR 3			,000	
SAR 4			,000	

ATON					
	ATON Discrepancies		PATON Discrepancies		Bridge Discrepancies	
	ATONS Watching Properly		PATONS Watching Properly		Bridges Watching Properly	

SECTION IV CREW ASSIGNMENTS

	Member ID	Last Name and Initials	Trainee
LEAD			—
2			☐
3			☐
4			☐
5			☐
6			☐
7			☐
8			☐
9			☐

SECTION V PE *See Instructions!!!*

Total Enrollees	Enrollees 17 & under
Total Graduates	Graduates 17 & under

State taught in

Enter YOUR email address HERE

SUBMIT

SECTION VI REMARKS

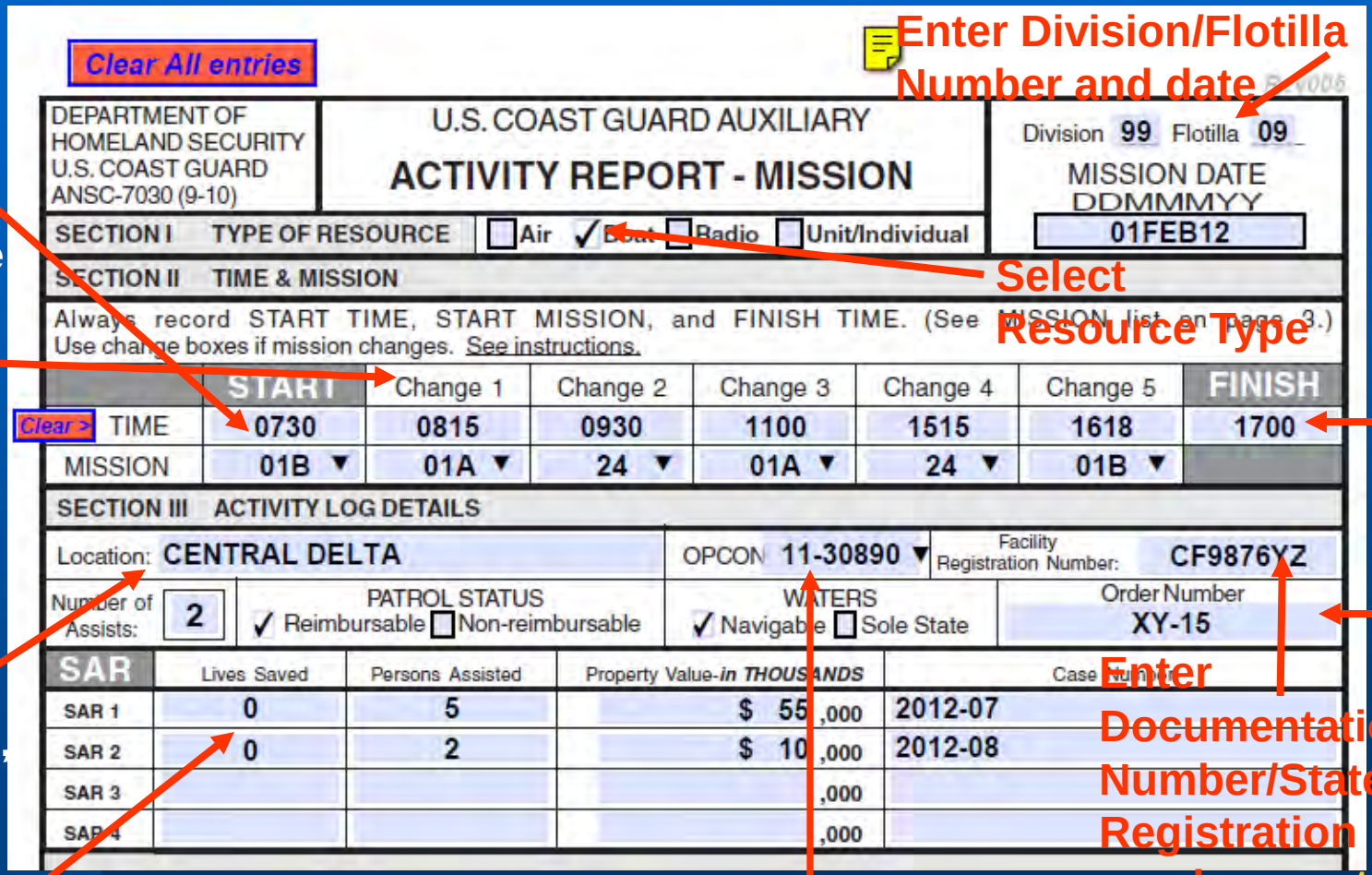
*Use **Member Activity Log (ANSC-7029)** for missions not reported on VE (ANSC-7038), RBSVP(ANSC-7046) or this form and for Travel & Prep time previously reported on this form.*

Date submitted | Submitting Member Name *(print)* | Report number

Previous edition may be used until supply is exhausted

COPY 1 - MEMBER ▼ PRINT ... ✓

Activity Report - Safety Patrol



Clear All entries

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
ANSC-7030 (9-10)

U.S. COAST GUARD AUXILIARY

ACTIVITY REPORT - MISSION

Division 99 Flotilla 09

MISSION DATE DDMMMYY
01FEB12

SECTION I TYPE OF RESOURCE ☐ Air ✓ Boat ☐ Radio ☐ Unit/Individual

SECTION II TIME & MISSION

Always record START TIME, START MISSION, and FINISH TIME. (See MISSION list on Page 3.)
Use change boxes if mission changes. See instructions.

	START	Change 1	Change 2	Change 3	Change 4	Change 5	FINISH
Clear > TIME	0730	0815	0930	1100	1515	1618	1700
MISSION	01B	01A	24	01A	24	01B	

SECTION III ACTIVITY LOG DETAILS

Location: CENTRAL DELTA

OPCON 11-30890

Facility Registration Number: CF9876YZ

Number of Assists: 2

PATROL STATUS ✓ Reimbursable ☐ Non-reimbursable

WATERS ✓ Navigable ☐ Sole State

Order Number XY-15

SAR	Lives Saved	Persons Assisted	Property Value-*in THOUSANDS*	Case Number
SAR 1	0	5	$ 55,000	2012-07
SAR 2	0	2	$ 10,000	2012-08
SAR 3			,000	
SAR 4			,000	

Enter Division/Flotilla Number and date

Select Resource Type

Enter Start Time and mission type

Enter time and mission type of each change.

Enter location, assists, patrol status, type waters and order #

Enter SAR data

Enter finish time

Enter Order No.

Enter Documentation Number/State Registration number - not CGAux ID number

OPCON-Enter the code for CG Unit that you are working for on this patrol.

Activity Report - Safety Patrol

Safety Patrol Details

Each change of mission must be reported. Change from Trailering 01B to Maritime Observation 01A to SAR OPS 24 then back to 01A, back to SAR, and Trailering 01B and time mission FINISHED.

When number of assists is entered, the SAR detail section of the form is activated.

Enter Lives Saved, Persons Assisted, Property Value, and Case Number for each SAR.

Note 1: AUXDATA will only take one SAR for each mission change. Therefore, SAR hours may not be combined.

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
ANSC-7030 (9-10)

U.S. COAST GUARD AUXILIARY

ACTIVITY REPORT - MISSION

Division 99 Flotilla 09

MISSION DATE DDMMMYY: 01FEB12

SECTION I TYPE OF RESOURCE: ☐ Air ✓ Boat ☐ Radio ☐ Unit/Individual

SECTION II TIME & MISSION

Always record START TIME, START MISSION, and FINISH TIME. (See MISSION list on page 3.) Use change boxes if mission changes. See instructions.

	START	Change 1	Change 2	Change 3	Change 4	Change 5	FINISH
Year > TIME	0730	0815	0930	1100	1515	1618	1700
MISSION	01B	01A	24	01A	24	01B	

SECTION III ACTIVITY LOG DETAILS

Location: CENTRAL DELTA | OPCON 11-30890 | Facility Registration Number: CF9876YZ

Number of Assists: 2 | PATROL STATUS: ✓ Reimbursable ☐ Non-reimbursable | WATERS: ✓ Navigable ☐ Sole State | Order Number: XY-15

SAR	Lives Saved	Persons Assisted	Property Value-*in THOUSANDS*	Case Number
SAR 1	0	5	$ 55 ,000	2012-07
SAR 2	0	2	$ 10 ,000	2012-08
SAR 3			,000	
SAR 4			,000	

Note 2: If you have additional SARs, show the time on reverse, in remarks, or a second form. Ask your SO/FSO-IS.

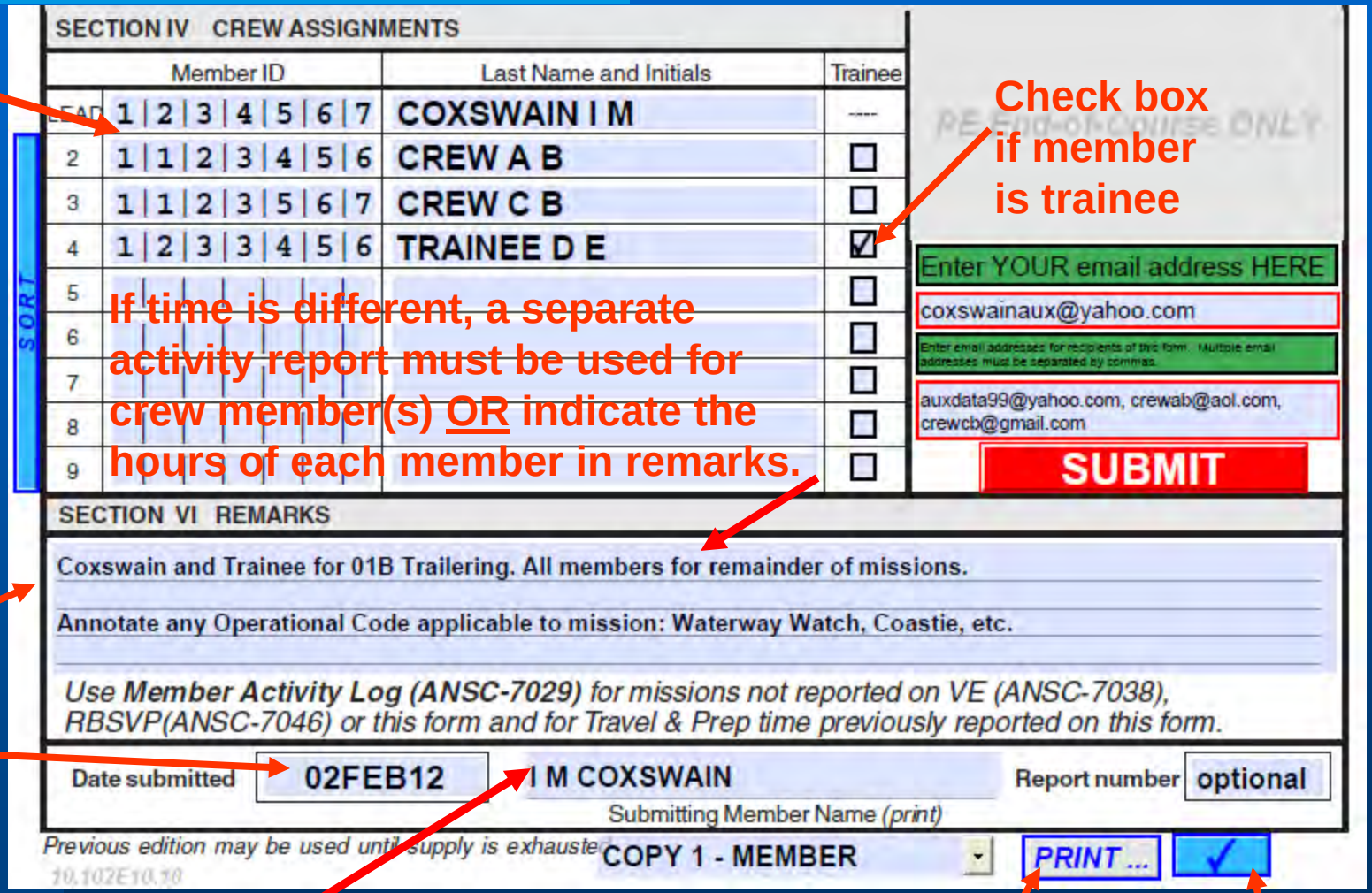
Activity Report - Safety Patrol

Enter member number(s) and name(s)

All crew members must start and stop at same time to report on same form

Enter remarks

Enter date submitted

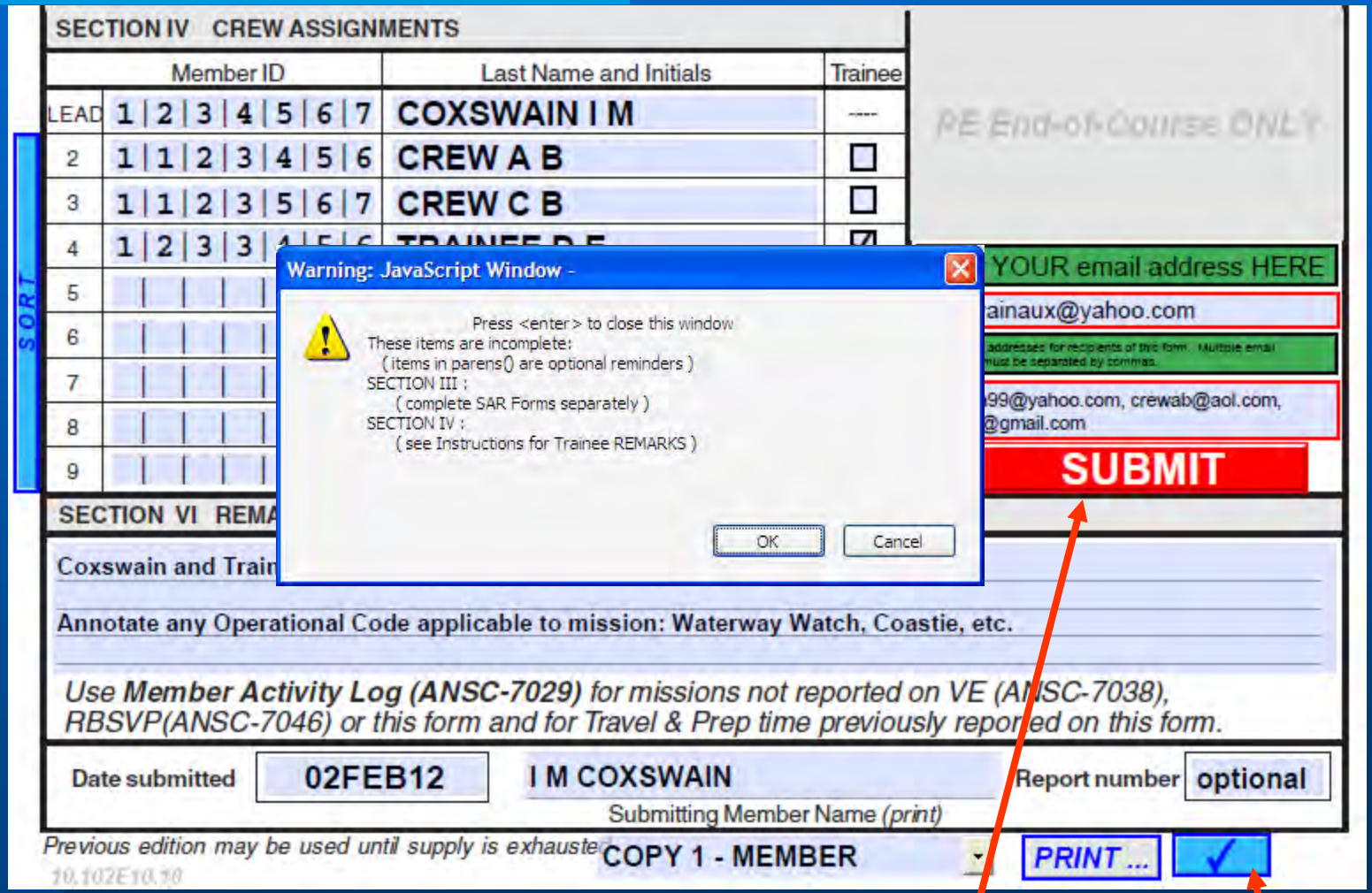


Enter Member's Name Submitting Form

Print

Check Content

Activity Report - Safety Patrol



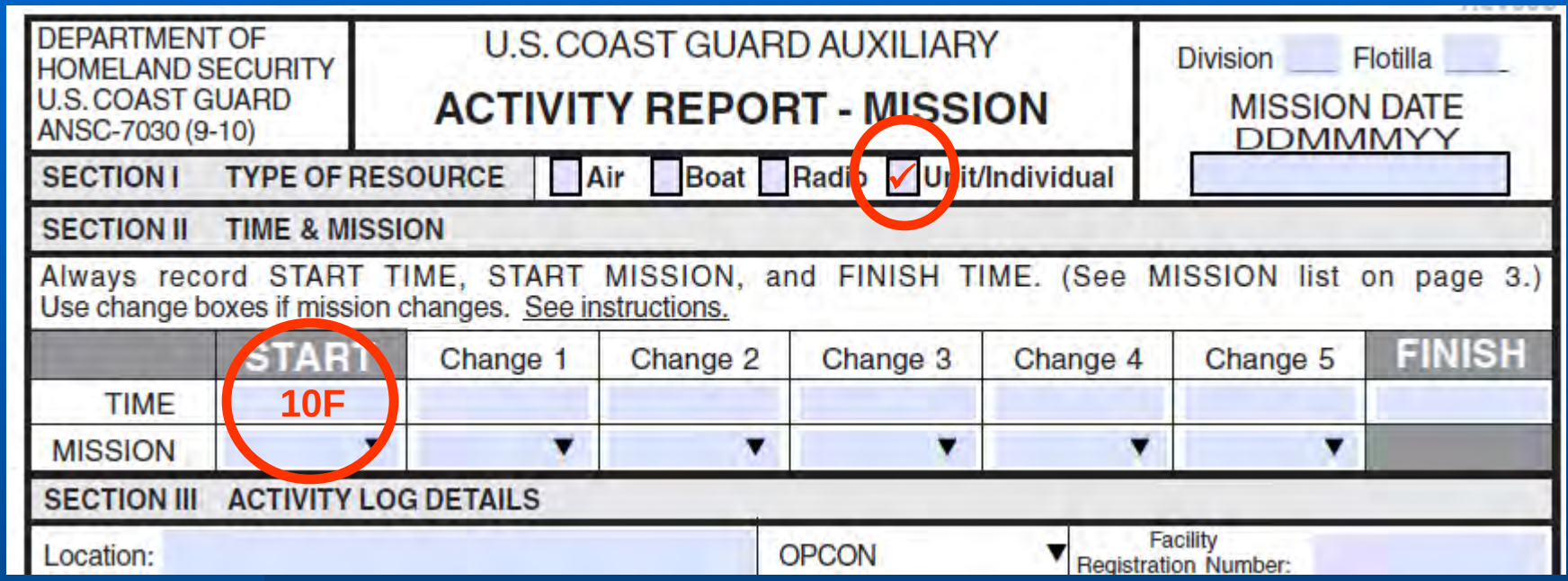
Submit

Check Content

More Notes on Patrols

- The report goes to SO-IS or FSO-IS of the Facility owner
- Put all crew on one report, include Flotilla Name/Number for out of Division/District crew
- QE performing sign-offs should not be reported on your 7030. Not part of your crew. QE does a separate 7030.

Activity Report – PA / PE



DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
ANSC-7030 (9-10)

U.S. COAST GUARD AUXILIARY

ACTIVITY REPORT - MISSION

Division ___ Flotilla ___

MISSION DATE DDMMMYY

SECTION I TYPE OF RESOURCE ☐ Air ☐ Boat ☐ Radio ☑ Unit/Individual

SECTION II TIME & MISSION

Always record START TIME, START MISSION, and FINISH TIME. (See MISSION list on page 3.) Use change boxes if mission changes. See instructions.

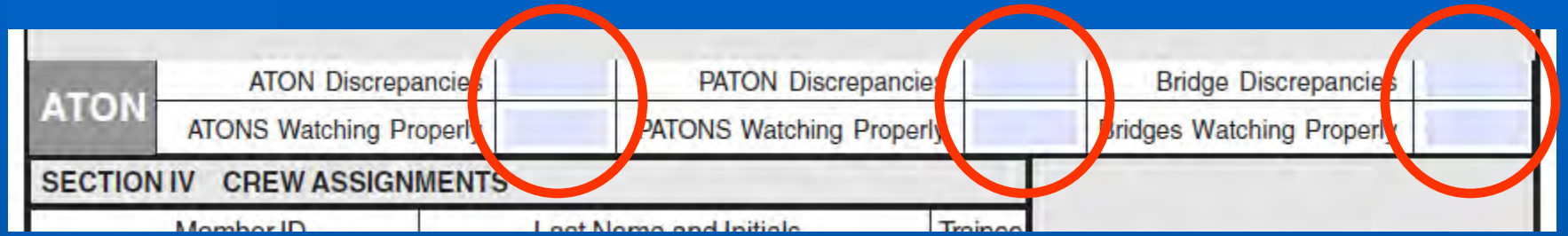
	START	Change 1	Change 2	Change 3	Change 4	Change 5	FINISH
TIME	10F						
MISSION	▼	▼	▼	▼	▼	▼	

SECTION III ACTIVITY LOG DETAILS

Location: OPCON ▼ Facility Registration Number:

- Mission Type 10_ for PA (include correct code for web sites, speeches, etc.)
- Mission Type 14_ for PE, include correct code for individual course

Activity Report – ATON



- You must fill in ATON details to get credit – number verified and number of discrepancies
- You must also indicate who/how notification was made

7039 Workshop Mission and Attendance Report

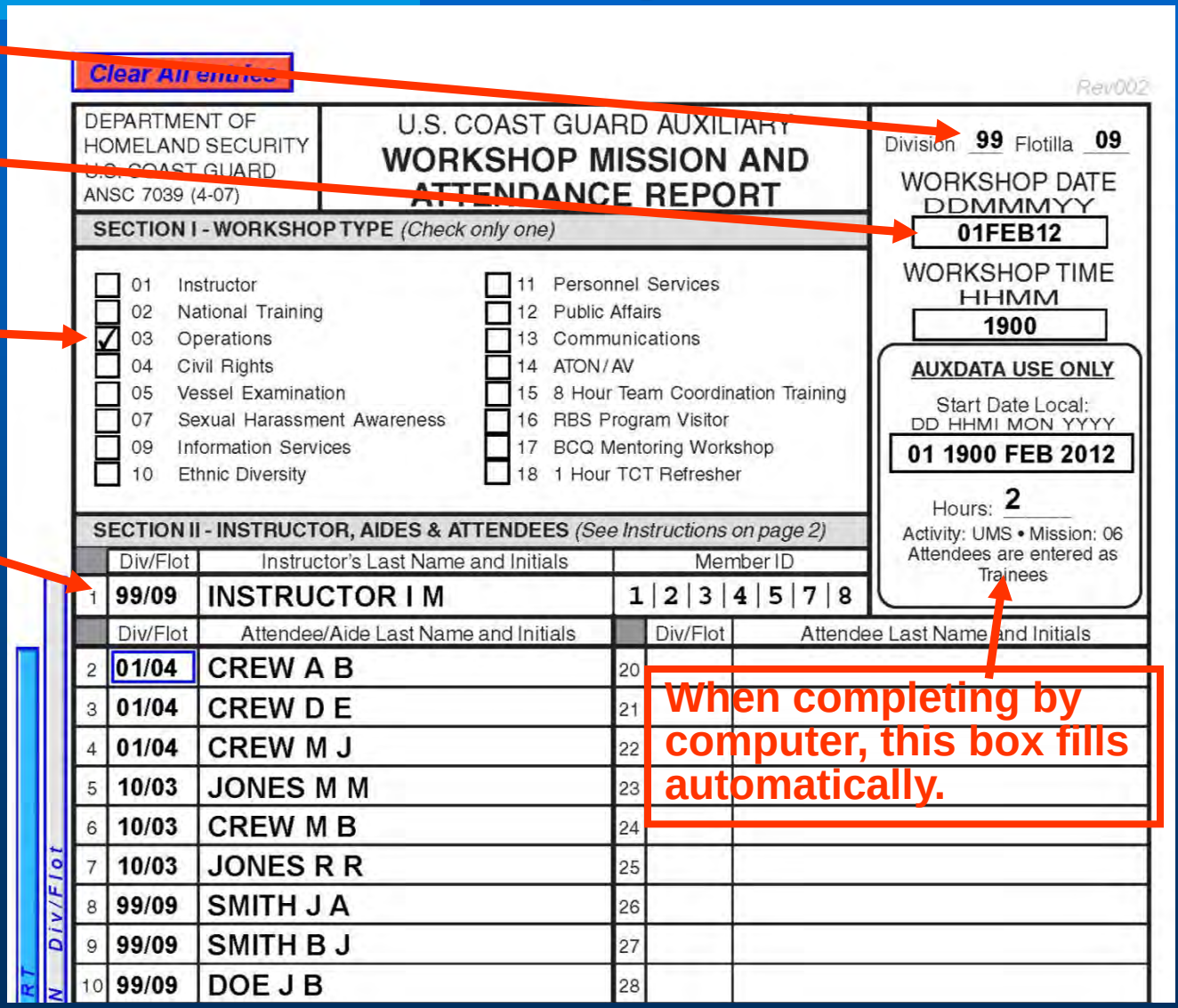
Enter Division/Flotilla

Enter date and start time of Workshop

Check Workshop Type - 03 for Operations

Enter Div/Flot, Instructor's Name, and Member Number

Enter Div/Flot, Member Name for all in attendance.
If from another District, have member note it.



Clear All Entries

Rev002

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
ANSC 7039 (4-07)

U.S. COAST GUARD AUXILIARY
WORKSHOP MISSION AND ATTENDANCE REPORT

Division 99 Flotilla 09

WORKSHOP DATE DDMMMYY
01FEB12

WORKSHOP TIME HHMM
1900

AUXDATA USE ONLY
Start Date Local: DD HHMI MON YYYY
01 1900 FEB 2012

Hours: 2
Activity: UMS • Mission: 06
Attendees are entered as Trainees

SECTION I - WORKSHOP TYPE *(Check only one)*

☐	01 Instructor	☐	11 Personnel Services
☐	02 National Training	☐	12 Public Affairs
☑	03 Operations	☐	13 Communications
☐	04 Civil Rights	☐	14 ATON/AV
☐	05 Vessel Examination	☐	15 8 Hour Team Coordination Training
☐	07 Sexual Harassment Awareness	☐	16 RBS Program Visitor
☐	09 Information Services	☐	17 BCQ Mentoring Workshop
☐	10 Ethnic Diversity	☐	18 1 Hour TCT Refresher

SECTION II - INSTRUCTOR, AIDES & ATTENDEES *(See Instructions on page 2)*

	Div/Flot	Instructor's Last Name and Initials	Member ID
1	99/09	INSTRUCTOR I M	1 | 2 | 3 | 4 | 5 | 7 | 8

	Div/Flot	Attendee/Aide Last Name and Initials		Div/Flot	Attendee Last Name and Initials
2	01/04	CREW A B	20		
3	01/04	CREW D E	21		
4	01/04	CREW M J	22		
5	10/03	JONES M M	23		
6	10/03	CREW M B	24		
7	10/03	JONES R R	25		
8	99/09	SMITH J A	26		
9	99/09	SMITH B J	27		
10	99/09	DOE J B	28		

When completing by computer, this box fills automatically.

7039 Workshop Mission and Attendance Report

Be sure to note any Aides for the class either after their name or in Remarks

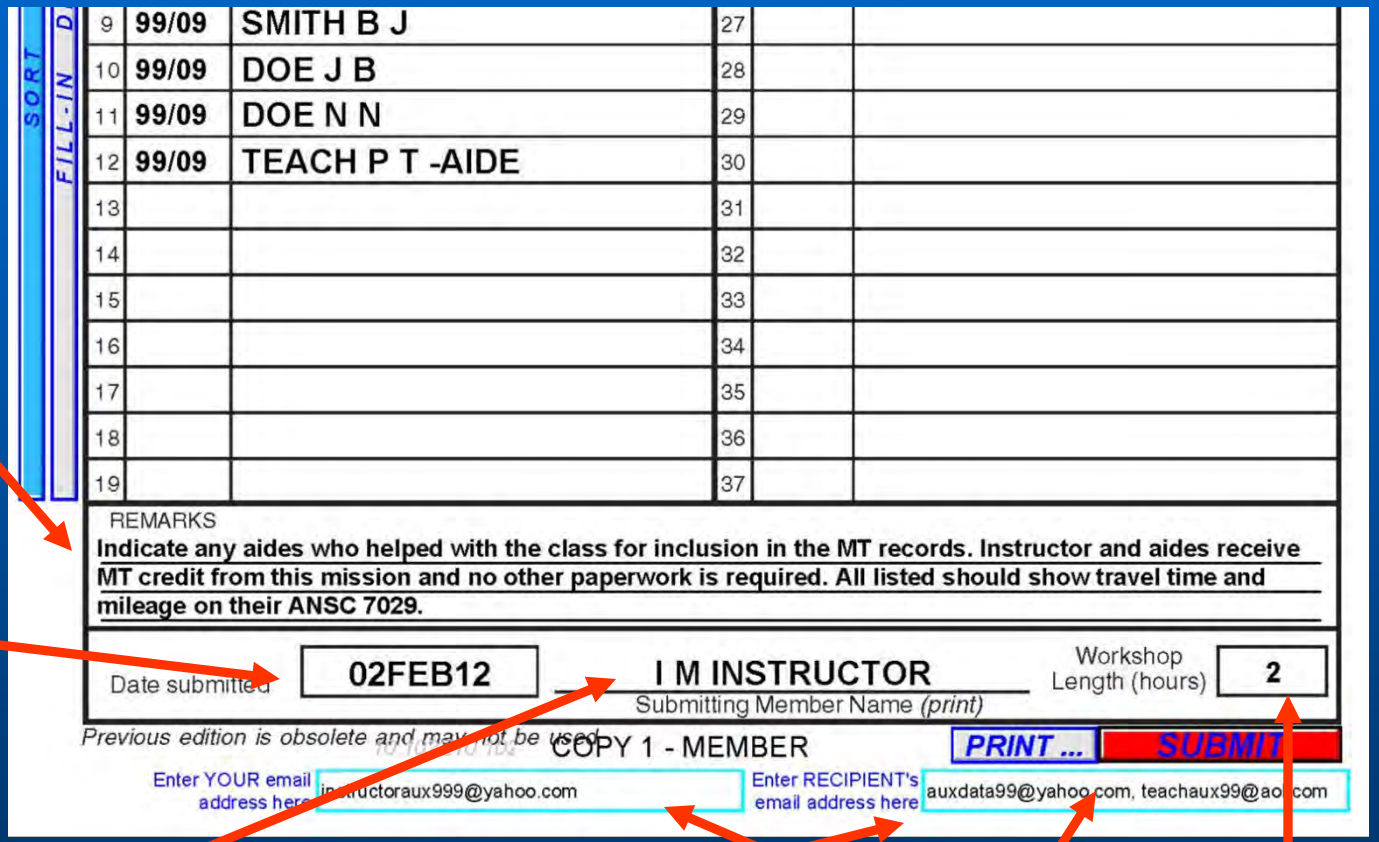
Enter Date Submitted

Enter name of member submitting form

Enter e-mail addresses

Click on SUBMIT to do check of data, if no errors shown, click on Print.

Enter Hours of Workshop



SORT FILL-IN D

9	99/09	SMITH B J	27		
10	99/09	DOE J B	28		
11	99/09	DOE N N	29		
12	99/09	TEACH P T -AIDE	30		
13			31		
14			32		
15			33		
16			34		
17			35		
18			36		
19			37		

REMARKS

Indicate any aides who helped with the class for inclusion in the MT records. Instructor and aides receive MT credit from this mission and no other paperwork is required. All listed should show travel time and mileage on their ANSC 7029.

Date submitted: 02FEB12

I M INSTRUCTOR
Submitting Member Name *(print)*

Workshop Length (hours): 2

Previous edition is obsolete and may not be used

COPY 1 - MEMBER

PRINT ... SUBMIT

Enter YOUR email address here: instructoraux999@yahoo.com

Enter RECIPIENT's email address here: auxdata99@yahoo.com, teachaux99@ao com

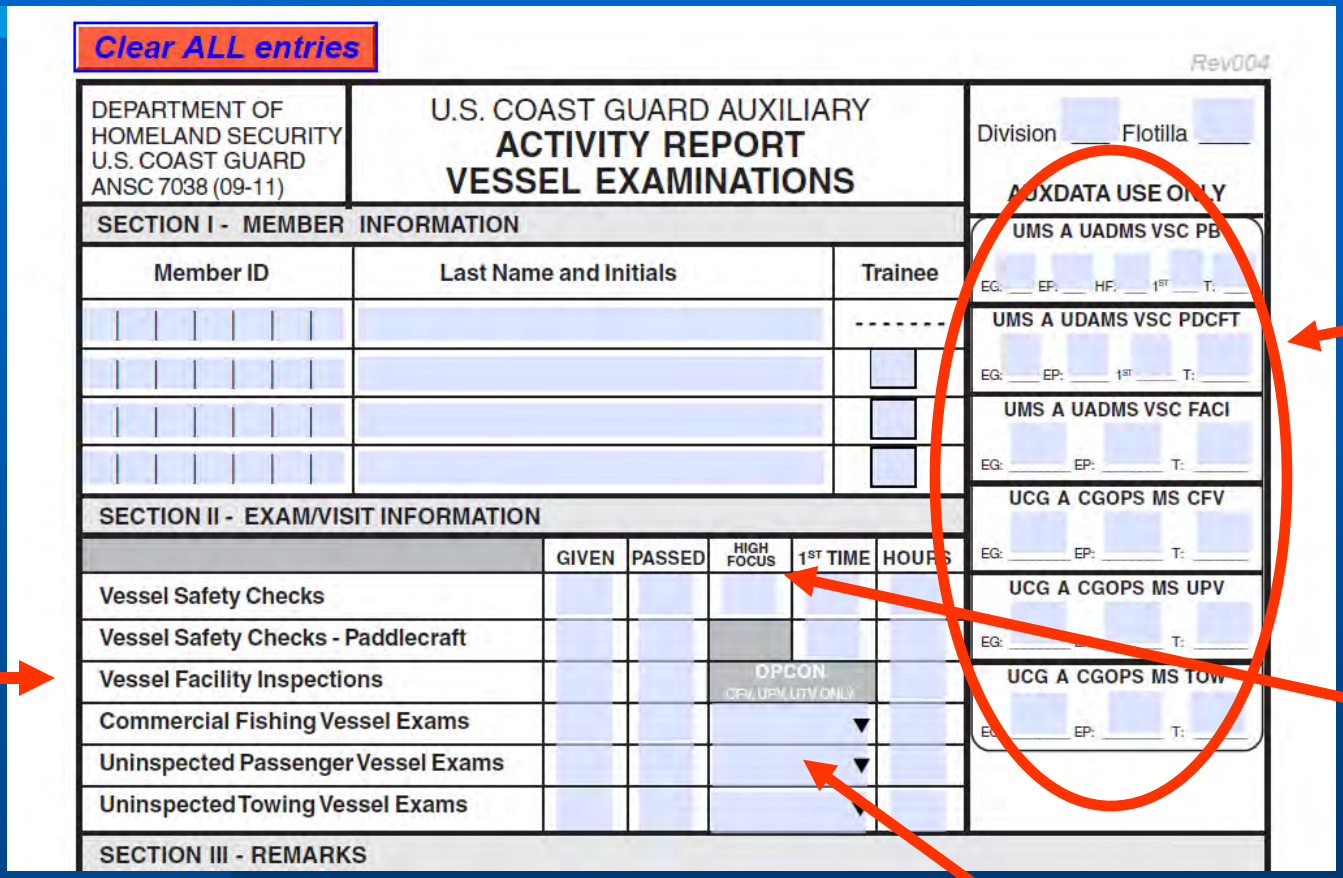
Note: All CG Support Missions

- **MUST include the CG Unit that is supported on your report – name or number is okay**
  (Sandy Hook 01-30235, ACTNY 01-73136, CG STARV 11-30890, etc.)
- **Timely submission of information is essential to show on reports**

Other Important Forms

- VSC (Facility, Private, or MS)
- RBSPV
- Member Information

VSC Mission Report Form ANSC-7038



Clear ALL entries

Rev004

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
ANSC 7038 (09-11)

U.S. COAST GUARD AUXILIARY
ACTIVITY REPORT
VESSEL EXAMINATIONS

Division ____ Flotilla ____

AUXDATA USE ONLY

UMS A UADMS VSC PB
EG: ___ EP: ___ HF: ___ 1ST ___ T: ___

UMS A UDAMS VSC PDCFT
EG: ___ EP: ___ 1ST ___ T: ___

UMS A UADMS VSC FACI
EG: ___ EP: ___ T: ___

UCG A CGOPS MS CFV
EG: ___ EP: ___ T: ___

UCG A CGOPS MS UPV
EG: ___ T: ___

UCG A CGOPS MS TOW
EG: ___ EP: ___ T: ___

SECTION I - MEMBER INFORMATION

Member ID	Last Name and Initials	Trainee

SECTION II - EXAM/VISIT INFORMATION

	GIVEN	PASSED	HIGH FOCUS	1ST TIME	HOURS
Vessel Safety Checks					
Vessel Safety Checks - Paddlecraft					
Vessel Facility Inspections			OPCON (CFV, UPV, UTV ONLY)		
Commercial Fishing Vessel Exams					
Uninspected Passenger Vessel Exams					
Uninspected Towing Vessel Exams					

SECTION III - REMARKS

Automatically calculated for you

Be sure to note how many are High Focus And 1st Time

- Trainees where appropriate
- Remember to pick correct type!

For CFV, UPV, & UTV must have an OPCON
There may be more than one Lead

MDV Form ANSC-7046

DEPARTMENT OF HOMELAND SECURITY
U.S. COAST GUARD
ANSC 7046 (03/11)

U.S. COAST GUARD AUXILIARY
ACTIVITY REPORT
RBS VISITATION

Division ___ Flotilla ___

AUXDATA USE ONLY
Start Date Local:
DD HHMI MON YYYY
Visits: ___
Hours: ___
Activity: UMS Mission: 11

SECTION I - MEMBER INFORMATION

Member ID	Last Name and Initials	ROLE
		LEAD
		TRAINEE
		TRAINEE
		TRAINEE

SECTION II - VISIT INFORMATION

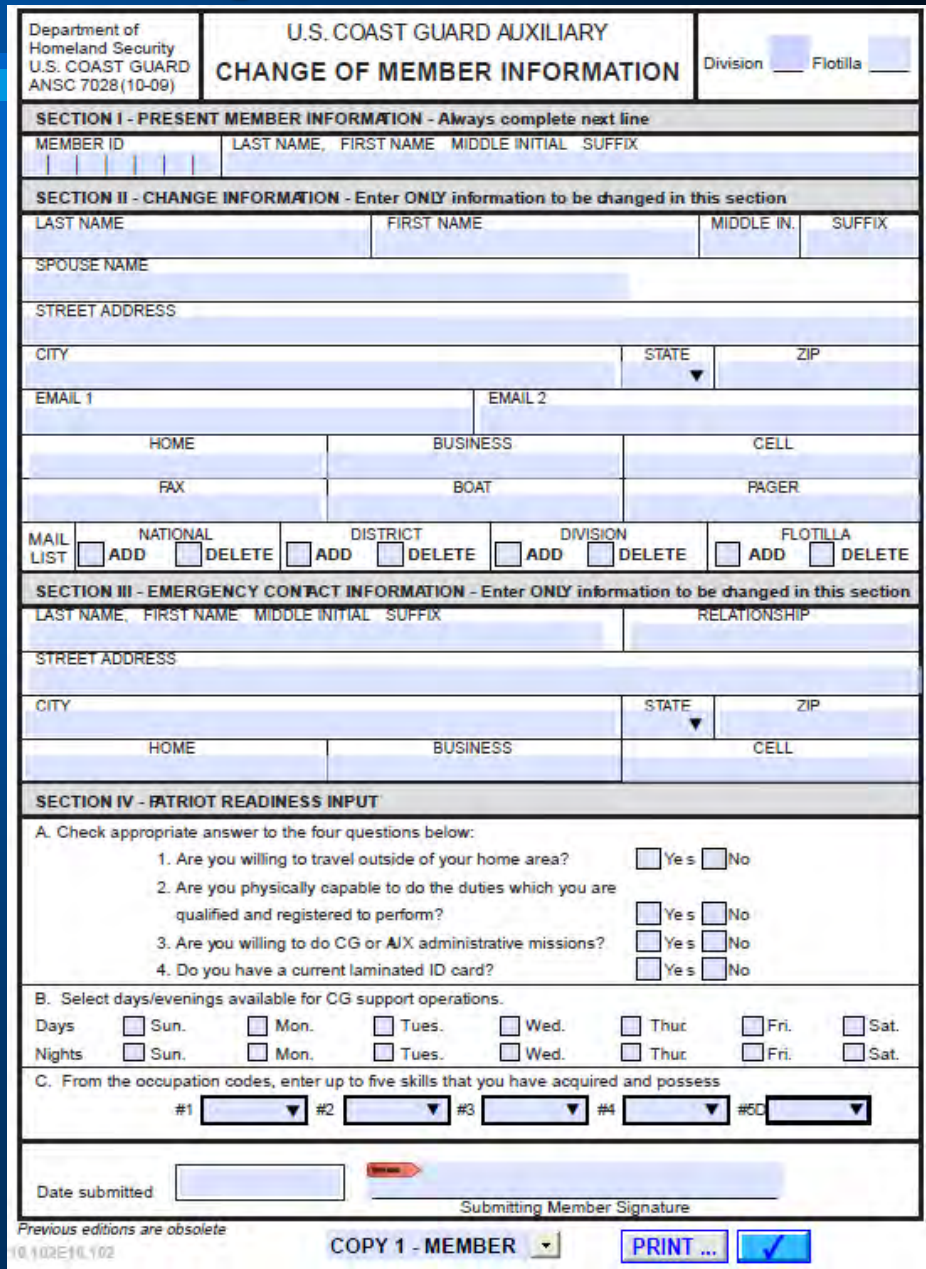
	Visit Date DDMMM	Business Name	Location	Hours
1				
2				
3				

Computer generated

- **Note total hours on last entry for each date and a <u>zero</u> on all other lines. Computer will calculate total visits and time within the box above.**
- **Only <u>ONE</u> member, the rest are trainees**
- **Can't claim two trainees doing MDV at the same place at the same time**

Member Information Update Form ANSC-7028

- **Only fill in information that has changed**
- **Update email and phone contacts – very important!**
- **Some changes can be made AUX Directory/AUX Officer**
- **This is your official record – all other spreadsheets, mailing lists, chalkboards, etc. are secondary…**



Department of Homeland Security
U.S. COAST GUARD
ANSC 7028 (10-09)

U.S. COAST GUARD AUXILIARY
CHANGE OF MEMBER INFORMATION

Division ___ Flotilla ___

SECTION I - PRESENT MEMBER INFORMATION - Always complete next line

MEMBER ID | LAST NAME, FIRST NAME MIDDLE INITIAL SUFFIX

SECTION II - CHANGE INFORMATION - Enter ONLY information to be changed in this section

LAST NAME | FIRST NAME | MIDDLE IN. | SUFFIX

SPOUSE NAME

STREET ADDRESS

CITY | STATE | ZIP

EMAIL 1 | EMAIL 2

HOME | BUSINESS | CELL

FAX | BOAT | PAGER

MAIL LIST — NATIONAL ☐ ADD ☐ DELETE | DISTRICT ☐ ADD ☐ DELETE | DIVISION ☐ ADD ☐ DELETE | FLOTILLA ☐ ADD ☐ DELETE

SECTION III - EMERGENCY CONTACT INFORMATION - Enter ONLY information to be changed in this section

LAST NAME, FIRST NAME MIDDLE INITIAL SUFFIX | RELATIONSHIP

STREET ADDRESS

CITY | STATE | ZIP

HOME | BUSINESS | CELL

SECTION IV - PATRIOT READINESS INPUT

A. Check appropriate answer to the four questions below:

1. Are you willing to travel outside of your home area? ☐ Yes ☐ No
2. Are you physically capable to do the duties which you are qualified and registered to perform? ☐ Yes ☐ No
3. Are you willing to do CG or AUX administrative missions? ☐ Yes ☐ No
4. Do you have a current laminated ID card? ☐ Yes ☐ No

B. Select days/evenings available for CG support operations.

	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.
Days	☐	☐	☐	☐	☐	☐	☐
Nights	☐	☐	☐	☐	☐	☐	☐

C. From the occupation codes, enter up to five skills that you have acquired and possess

#1 #2 #3 #4 #5

Date submitted

Submitting Member Signature

Previous editions are obsolete

COPY 1 - MEMBER

PRINT ...

Information Systems

Remember: The Mission Isn't Over Until the Forms Are Filed!

Thank You!

Semper Industria!
(Always working)