



Table with 6 columns and 2 rows. Header: FOR OGS USE ONLY. Row 1: E, empty, empty, empty, empty, empty.

DECLARATION OF EMERGENCY

INSTRUCTIONS: The Declaration of Emergency (BDC 318) form must be filled-out by an authorized agency representative and emailed to: oqs.sm.D&Cemergencies@ogs.ny.gov

- 1. Provide a brief description of the problem.
2. Complete the justification and fully explain the effect of the emergency on the agency's operations.
3. Complete the certification.
• If the emergency occurs after-hours (4:00pm - 7:00am), the form may be sent the following business day.
• If the form is emailed by the authorized agency representative's designee, copy the authorized agency representative in the designee's email to OGS.

Bondable?

Yes No n/a

Agency: Agency Project Number: Facility:
Project Title:
Is this facility owned by New York State? Yes No *If no, attach verification that the State of New York is responsible for repair, reconstruction or maintenance.
Has a previous study or report been performed? Yes No If yes, please provide Project Number.
Description of Problem:
Justification for Emergency Contract:
Immediate corrective action is required (check all that apply):
Provide full explanation.
Facility on-site representative to coordinate services with Design & Construction Field Staff:
Name Phone Number Email address
CERTIFICATION:
Authorized Agency Representative Name Authorized Agency Representative Title Date