DEPARTMENT OF HOMELAND SECURITY
U.S. Coast Guard

FACILITY INSPECTION REQUIREMENTS

1. Date of Inspection	2. COTP Zone/Unit	3. MISLE Activity Number	4. FIN
09 OCT 19	MSU Huntington		

5. Facility Name	6. Inspection Type
Enlink	154/105 Annual

Contact the inspecting officer to verify compliance when the following item(s) have been corrected:

Description	Cite	Due Date
No Deficiencies		

Facility Representative: *(print)* Garrett Fleming	Signature:
USCG Inspector: *(print)* MST3 PAUL BIGAJ	Signature: Paul D Bigaj
Phone: 304-733-0198	Email: STL-PF-MSUHUNTINGTON-Facilities@uscg.mil

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