

For Official Use

Ref

CHIEF INSPECTOR OF MARINE ACCIDENTS

Incident Report Form

The Merchant Shipping (Accident Reporting) (Bailiwick of Guernsey) Regulations 2009 require Masters, Skippers and Owners of vessels to report accidents. The reporting of hazardous incidents is also encouraged.

The terms are explained in the Regulations and Notes on accident reporting both of which are available at www.guernseyharbours.gov.gg

One form should be completed for each incident.

Please return the completed form to:

Chief Inspector of Marine Accidents
 c/o Harbour Authority
 PO Box 631
 St Julian's Emplacement
 St Peter Port
 Guernsey, Channel Islands
 GY1 3DL

Completing and signing this form does not constitute an admission of liability of any kind, either by the persons making the report or any other person.

Section A

Date of Incident:

Time of incident (*UTC or local time?*):

Name of Vessel:

Location of incident (*eg Lat/Long, name of port or other geographic reference*):

Natural Light		Visibility		Sea State		Wind Force (Beaufort)	
Light		Good (>5nm)		Sheltered waters		Force 0-3	
Semi dark		Moderate (2-5nm)		Calm		Force 4-6	
Dark		Poor (1000m-2nm)		Moderate		Force 7-9	
Unknown		Fog – if <1000m please specify:		Rough		Force 10-12	
				Other		>Force 12	
Did the incident occur within the operational limits of a port? <input type="checkbox"/>						Wind Direction:	

Consequences of Incident (*tick as many boxes as apply*):

- | | | |
|---|---|--|
| <input type="checkbox"/> Fatal Injury | <input type="checkbox"/> Non-Fatal Injury | <input type="checkbox"/> No injury or damage |
| <input type="checkbox"/> Vessel damaged | <input type="checkbox"/> Vessel lost or abandoned | |
| <input type="checkbox"/> Pollution | <input type="checkbox"/> No pollution | |

Section B: Vessel Details

IMO Number <i>(if applicable)</i> :	Call sign:
Fishing vessel port letters and numbers <i>(if applicable)</i> :	RSS/SSR number:
Length of vessel <i>(State whether LOA, Registered length)</i> :	Year of build <i>(if known)</i> :
If applicable, type of fishing vessel:	Hull material:
Number of crew on board:	If applicable, number of passengers on board:
Date and time of departure from last port:	Voyage from: to:
If applicable, extent of damage sustained to your vessel/pollution caused:	
Name & address of manager or owner: Telephone No: E-mail:	If applicable, name & port of registry or flag of any other vessel involved:

Section C: Details of person(s) killed, missing or injured

(This section should be completed if any person has been killed or injured)

How many persons(s) suffered injuries preventing performance of normal full range of duties for 3 days or more after the day of the accident?	□	How many person(s) killed or missing?	□
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Position (eg rank, rating, passenger)	Gender (M/F)	Age	What was injured? (eg left leg, finger)	Kind of injury (or enter "fatal" or "missing" if appropriate)	Place on vessel where injury sustained	Did injury mean 3 days or more off work or greater than 24 hrs in hospital? (Y/N)	On duty (Y/N)*	Hours on duty prior to accident*	Duration of last off duty period*	Days since last leave (days at sea for FVs)*

If more than 5 persons suffered reportable injuries please continue on page 4

*For operational staff only

Section F

Person completing form	To be completed by ship's safety officer (if applicable)	Designated person (if applicable)
Name:	Name:	Name and address: Telephone No: E-mail:
Position:	Signed:	
Signature:	Date:	
Date:		

Section G

For completion by **Safety Representative** (if applicable)

If the incident involved a reportable personal accident and there is an elected **Safety Representative** on board the vessel, they must be shown the completed report and allowed to write in this section any comments which they may wish to make. If the injured persons are represented by different Safety Representatives, each may make additional comments if desired in the space below but in any event, they should all sign the form.

Signed

Safety Representative

Name Date

This space may be used as an extension of Sections C, D, E and G. **Please state clearly which sections are being expanded**

If there is insufficient space in any part of this form for your answers or comments, please use a blank sheet of paper as a continuation sheet and fasten it securely to this form. Please indicate in the box below the number of sheets used.

Number of continuation sheets