

Reference No: -
(Ship Registry Use Only)



Accident Report Form

Isle of Man Government

Name of Ship: -

IMO No.

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Date of Accident: -

Location of the Ship at the time of the Occurrence

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Classification of the Occurrence
(Casualty, Accident or Incident)*

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Details of Personnel Involved in the Casualty

Number of persons Killed

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Number of Persons Injured

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Was the Accident caused mainly by persons other than the ships crew?
For Example shore personnel, stevedores, persons on another vessel

Yes / No

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* Notes

1. Any Occurrences involving any of the following **MUST BE CLASSIFIED AS A CASUALTY**

Damage to the ship, its equipment or fittings, which requires immediate repair before the ship can continue in service, or a breach of the hull, or cracking of the primary structure.

Damage to equipment or machinery which has been identified as Safety Critical and prevents the ship from being operated as designed

Loss of life or serious injury to any person

Major damage to the environment.

An ACCIDENT is less serious than a casualty and includes falls overboard, small fires and explosions, machinery failures etc.
An INCIDENT is the least serious and covers near misses, which could have led to accidents or casualties.

Full Reporting requirements are contained in Manx Shipping Notice No. 3

Name of Person Making Report

Signature (If submitted by Post or Fax)

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Rank

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Date

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Place where the accident occurred?

(Please select one of the following which is most applicable)

<input type="checkbox"/>	On small boats used for access/ painting etc.	<input type="checkbox"/>	Engine room or workshop
<input type="checkbox"/>	On access equipment or accommodation ladders	<input type="checkbox"/>	Pump room
<input type="checkbox"/>	Aloft	<input type="checkbox"/>	Other machinery spaces
<input type="checkbox"/>	Over the side	<input type="checkbox"/>	Bridge / radio room
<input type="checkbox"/>	Forecastle head	<input type="checkbox"/>	On a stairway or fixed ladder
<input type="checkbox"/>	Aft mooring deck	<input type="checkbox"/>	In a passage way outside accommodation
<input type="checkbox"/>	Main deck areas	<input type="checkbox"/>	Crew accommodation
<input type="checkbox"/>	Entry or access to cargo space	<input type="checkbox"/>	Passenger accommodation
<input type="checkbox"/>	On a RO-RO deck	<input type="checkbox"/>	Galley or storeroom
<input type="checkbox"/>	In a cargo tank	<input type="checkbox"/>	An enclosed space or duct not mentioned
<input type="checkbox"/>	In any other cargo space	<input type="checkbox"/>	Other (*Please Specify Below)

Description of Occurrence by Type

(Please select from the following the most applicable)

<input type="checkbox"/>	Collision, foundering or stranding	<input type="checkbox"/>	Involving Access to or from the ship
<input type="checkbox"/>	Fire	<input type="checkbox"/>	Slips or Falls (on the same level)
<input type="checkbox"/>	Explosion	<input type="checkbox"/>	Slips or falls (between different levels)
<input type="checkbox"/>	Pressure Vessel: explosion, collapse or bursting.	<input type="checkbox"/>	Involving mooring ropes or hawses
<input type="checkbox"/>	Pipe systems: explosion, collapse or bursting	<input type="checkbox"/>	Involving lifting equipment
<input type="checkbox"/>	Sudden uncontrolled release of any substance from a system or pressure vessel	<input type="checkbox"/>	Exposure to hazardous or toxic substances
<input type="checkbox"/>	Accidental ignition of flammable material	<input type="checkbox"/>	Man Overboard
<input type="checkbox"/>	Electrical short circuit or overload	<input type="checkbox"/>	Electric shock
<input type="checkbox"/>	Failure of any lifting device	<input type="checkbox"/>	Violence to the person
<input type="checkbox"/>	Failure of any access equipment	<input type="checkbox"/>	Other (*Please Specify Below)

Activity being carried out at the Time of the Occurrence

(Please select from the following the most applicable)

<input type="checkbox"/>	Access to the ship	<input type="checkbox"/>	Opening or lighting a Boiler
<input type="checkbox"/>	Leisure Activity	<input type="checkbox"/>	Opening or closing a pressurised vessel
<input type="checkbox"/>	Moving about the Ship	<input type="checkbox"/>	Using Sharp hand tools
<input type="checkbox"/>	Towing Operations	<input type="checkbox"/>	Using portable tools
<input type="checkbox"/>	Mooring or Anchoring	<input type="checkbox"/>	Using fixed tools or machinery
<input type="checkbox"/>	Operating hatch covers	<input type="checkbox"/>	Using electrical equipment
<input type="checkbox"/>	Lifting or Carrying by hand	<input type="checkbox"/>	Overhauling or maintaining rotating equipment
<input type="checkbox"/>	Lifting or carrying mechanically	<input type="checkbox"/>	Watch keeping duties
<input type="checkbox"/>	Painting, cleaning or de-rusting	<input type="checkbox"/>	Launching or Recovering survival craft
<input type="checkbox"/>	Opening valves	<input type="checkbox"/>	No activity being carried out

Description of Main Injury or Injuries

(Please select from the following the most applicable)

<input type="checkbox"/>	Death	<input type="checkbox"/>	Other strains or hernias
<input type="checkbox"/>	Fracture of skull, pelvis, spine, or a major bone in the arm or leg	<input type="checkbox"/>	Dislocations
<input type="checkbox"/>	Other fracture	<input type="checkbox"/>	Hypothermia (too cold)
<input type="checkbox"/>	Loss of hand or foot	<input type="checkbox"/>	Hyperthermia (too Hot)
<input type="checkbox"/>	Loss of toes	<input type="checkbox"/>	Crushing injuries
<input type="checkbox"/>	Loss of hand or arm	<input type="checkbox"/>	Major bruising
<input type="checkbox"/>	Loss of Fingers	<input type="checkbox"/>	Puncture wound, cut or laceration
<input type="checkbox"/>	Loss of sight in one or both eyes	<input type="checkbox"/>	Torn cartilage / ligament / muscle
<input type="checkbox"/>	Other eye injuries	<input type="checkbox"/>	Near asphyxiation from oxygen deprivation
<input type="checkbox"/>	Concussion	<input type="checkbox"/>	Chemical burn or poisoning
<input type="checkbox"/>	Burn or scald	<input type="checkbox"/>	Back injury
<input type="checkbox"/>	Electrical burns	<input type="checkbox"/>	Other (*Please Specify Below)

Causes of the Occurrence

(Choose the most applicable cause.

Six themes are provided, select from more than one theme if appropriate)

Working Methods

<input type="checkbox"/>	Incorrect lifting or carrying	<input type="checkbox"/>	Proper protective clothing unavailable or ineffective
<input type="checkbox"/>	Overexertion	<input type="checkbox"/>	Proper protective clothing not worn
<input type="checkbox"/>	Inadequate operating instructions	<input type="checkbox"/>	Inadequate supervision
<input type="checkbox"/>	Failure to comply with instructions	<input type="checkbox"/>	Lack of training
<input type="checkbox"/>	Failure to understand Instructions	<input type="checkbox"/>	Poor design or layout
<input type="checkbox"/>	Poor organisation of work	<input type="checkbox"/>	Machinery jamming or seizing
<input type="checkbox"/>	Unsafe working methods	<input type="checkbox"/>	Incorrect use of tools

Mechanical and Other Equipment

<input type="checkbox"/>	Inadequately guarded machinery	<input type="checkbox"/>	Boiler blow back
<input type="checkbox"/>	Defective machinery	<input type="checkbox"/>	Failure of machinery automatic safeguards
<input type="checkbox"/>	Unsafe design or construction of machinery or equipment	<input type="checkbox"/>	Moving parts of machinery becoming detached
<input type="checkbox"/>	Collapse or overturning of machinery or equipment	<input type="checkbox"/>	Hydraulic or pneumatic hose failure
<input type="checkbox"/>	Electrical Faults	<input type="checkbox"/>	Failure of rope or hawser
<input type="checkbox"/>	Burst Pipe or valve failure	<input type="checkbox"/>	Rope or hawser jamming or slipping off fairleads or sheaves

Movement about the Ship

<input type="checkbox"/>	Greasy or oily surface	<input type="checkbox"/>	Missing or defective guardrail
<input type="checkbox"/>	Other slippery surface	<input type="checkbox"/>	Litter or other obstructions left lying around
<input type="checkbox"/>	Uneven or defective surface	<input type="checkbox"/>	Equipment or stores not properly secured
<input type="checkbox"/>	Inadequate illumination	<input type="checkbox"/>	Inadequate warning notices or safety colouring,
<input type="checkbox"/>	Inadequate ventilation	<input type="checkbox"/>	Warning notices or safety colouring ignored
<input type="checkbox"/>	Dropped object	<input type="checkbox"/>	Entering dangerous spaces without authority
<input type="checkbox"/>	Defective ladder or satires	<input type="checkbox"/>	Correct procedures for entering dangerous spaces ignored
<input type="checkbox"/>	Unprotected opening	<input type="checkbox"/>	Cargo Shifting
<input type="checkbox"/>	Incorrect use of portable ladders	<input type="checkbox"/>	Improperly Secured cargo

Ship Access

<input type="checkbox"/>	No means of Access	<input type="checkbox"/>	Access equipment not properly adjusted for the movement of the ship
<input type="checkbox"/>	Access equipment too short	<input type="checkbox"/>	Deficient or missing safety net
<input type="checkbox"/>	Access equipment not secured	<input type="checkbox"/>	Unauthorised means of access
<input type="checkbox"/>	Guardrails missing or inadequate	<input type="checkbox"/>	Other causes due to accessing the ship Please state

Human Factors

<input type="checkbox"/>	Alcohol	<input type="checkbox"/>	Tiredness / fatigue
<input type="checkbox"/>	Drugs	<input type="checkbox"/>	Tension
<input type="checkbox"/>	Personal Negligence or carelessness	<input type="checkbox"/>	Illness
<input type="checkbox"/>	Negligence or carelessness of others	<input type="checkbox"/>	Other (*Please Specify Below)

Other Miscellaneous Causes

<input type="checkbox"/>	Ship movement	<input type="checkbox"/>	Bright light
<input type="checkbox"/>	Seas breaking over the deck	<input type="checkbox"/>	Other Cause not listed (*Please Specify Below)
<input type="checkbox"/>	Noise	<input type="checkbox"/>	No attributable cause

(*Please Specify)

Details of Injuries

	1	2	3	4	5
Category of person Injured					
On or Off Duty at time of Accident?					
Age Profile of Person Injured					
For how many hours was the person working during the previous 24 hours ²					

Description of the Event

Name: -

Signature
(If submitted by Post or Fax)

Suggested Safety Improvements

Name: -

Signature
(If submitted by Post or Fax)

Safety Representatives Comments

Name: -

Signature
(If submitted by Post or Fax)

For Ship Registry Use Only

Duty Principal Surveyor's Comments

Outline Description for Inclusion in the Database

Comments, Follow up action etc.