# **Accident registration form – second report**

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| **1.0 General data:** | |
| Ship’s name: |  |
| Call letters: |  |
| IMO number: |  |
| Name reporter: |  |
| Function on board: |  |
| Date report: |  |
| Date/time accident: |  |
| Type of incident: |  |

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| **2.0 Victim data:** | |
| Name: |  |
| Address: |  |
| Zip code and city: |  |
| Date of birth: |  |
| Gender: |  |
| Nationality: |  |
| Function on board: |  |
| Date of signing on: |  |
| Work relation: |  |
| Number seaman’s book: |  |
| Number certificate of competency: |  |
| \* if there are several victims, a separate form must be completed for each victim | |

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| |  |  | | --- | --- | | **3.0 Data Ship’s manager:** | | | Name: |  | | Address: |  | | Zip code and city: |  | |  |  | |  | |   **4.0 Circumstances during the incident:** | |
| Location of the ship: |  |
| Name location or position (L/L): |  |
|  | |
| Description incident: |  |
|  | |
| What went different from normal? |  |
|  | |
| How was the injury caused? |  |
|  | |
| Place on board where the incident took place? |  |
| Activities during the incident: |  |
| Who was in charge of the work? |  |
| What were the work instructions? |  |

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| Check when applicable: | | | | | | | |
|  | | | | | |
|  | Daylight |  | Artificial light |  | Calm sea | | |
|  | Heavy seas |  | Dry weather |  | Wet weather | | |
|  | At sea |  | In port |  | Alone | | |
|  | In company |  | During the day |  | At night | | |
|  | Start shift |  | End shift |  | | | |

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| **5.0 Work and rest times** | |
| What time had the victim's service started? |  |
| What were the victim's working and resting times in the last 24 hours before the accident? |  |
|  | |
| **6.0 Aftercare:** | |
| Has first aid been provided? |  |
| Which first aid has been provided? |  |
|  | |
| Has Radio Medical Advice been obtained? |  |
| If yes, what was the advice? |  |
| If no, why not? |  |
|  | |
| Was medication administered? |  |
| If yes, which medication? |  |
|  | |
| |  |  | | --- | --- | | **7.0 Personal Protection Equipment:** | | | Should Personal Protective Equipment (PPE) have been used during the work? |  | | If yes, which PPE? |  | | Was PPE used1?? |  | | If, no, why not1? |  | | Was the PPE approved1? |  | | 1 When applicable | |   **8.0 Tools, work equipment or hazardous substances:** | |
| Were tools, work equipment and/or hazardous substances in use during the accident? |  |
| Which tools and/or work equipment was in use2? |  |
| Were the tools and/or work equipment approved2? |  |
| Were the tools and / or work equipment provided with safety devices2 |  |
|  | |
| Which hazardous substances were used2? |  |
| Were safety data sheets of the hazardous substances available2? |  |
| 1 When not applicablego to paragraph 9  2 When applicable   |  |  | | --- | --- | | **9.0 Lessons learned:** | | | Has the accident been discussed in the safety committee? |  | |  | | | What can be done to prevent a similar accident in the future? |  | |  | | | Have the proposed measures already been taken? |  | | |

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| Signature, |
|  |
| Date, time |