



INCIDENT REPORT

NOTE: This form must be forwarded within 72 hours of the incident by the ISM Code Designated Person or equivalent to:

**General Manager, Maritime Operations, AMSA
GPO Box 2181 Canberra ACT 2601 Australia
Fax: +61 2 6279 5058**

E-mail: Reports@amsa.gov.au

For further information please call 1800 021 098

Do not use this form to report incidents to which the MARPOL 73/78 convention is applicable. To report such incidents, the specific MARPOL 73/78 reporting format, set out in the convention or Shipboard Oil Pollution Emergency Plan, must be used.

HOW TO USE THIS FORM

Enter ship details

If the incident involves:

- Breakage of gear or injury to any person during cargo work? – Complete Part 1
- Damage or defect to ship, machinery or equipment – Complete Parts 2, 5, 6 & 8
- Peril or a close quarters situation – Complete Parts 2, 5, 6 & 8
- Stranding or disappearance – Complete Parts 2, 5, 6 & 8
- Death, serious injury or a dangerous occurrence – Complete Parts 2, 4, 5, 6, 7 & 8
- A birth – Complete Parts 3 & 8

REQUIREMENTS FOR REPORTING

This is a summary of the principal requirements of the relevant legislation. For more information, please consult full legislation.

Section 19 of the Transport Safety Investigation Act 2003

Requires a responsible person to submit a written report to a nominated official within 72 hours of any marine accident or serious incident. A responsible person is defined by regulation as the Master or person in charge of the ship, the owner or operator or the agent, or a pilot who has duties on board the ship. A nominated official includes a member of the staff of AMSA.

A report submitted to AMSA using this form will have fulfilled the obligation to report under section 19 of the Transport Safety Investigation Act 2003.

Application: All ships that are required to report under sections 268, 269 and 417 of the Navigation Act 1912.

Section 268 of the Navigation Act A report of accidents and of dangers to navigation must be made where, during a voyage within Australian waters or at any time on an Australian ship or during a voyage to a port in Australia:

- an accident occasioning loss of life or serious injury to a person occurs;
- damage or defect in the ship, its boilers, machinery or equipment has been discovered which has or may affect the seaworthiness or safety of the ship, efficient operation or safety of the boilers, machinery or fixed equipment of the ship;
- the ship has been in a position of peril from the action of some other ship or from danger of wreck or collision;
- the ship has been stranded or wrecked, has fouled or damaged a pipeline or submarine cable, lighthouse, lightship, beacon, buoy or other marine mark, or where a ship having left a port in Australia has put back to that port or another port in Australia.

Application: All ships in Australian waters, Australian ships anywhere.

Section 269 of the Navigation Act Requires the owner or agent of an Australian ship to report its loss or presumed loss.

Application: Australian ships anywhere.

Section 417 of the Navigation Act Births, deaths etc must be reported where a member of the crew of an Australian ship, a passenger or any other person carried on the ship gives birth to a child, dies or disappears; or a member of the crew suffers a hurt or injury, or contracts an illness, which incapacitates him or her from the performance of his or her duty.

Application: All ships in Australian waters, Australian ships anywhere.

Marine Orders 32 (Cargo Handling Equipment) A report under this Marine Order must be submitted for any incident involving breakage or failure of ship's cargo gear or injury to any person on an Australian ship or on any other ship in Australian waters when engaged in cargo work.

Application: All ships and offshore industry mobile units in Australian waters, Australian ships anywhere.

Section 107 of the Occupational Health and Safety (Maritime Industry) Act

Requires the notification and reporting of:

- any accident that results in the death of, or serious personal injury to any person;
- any accident that results in an employee being incapacitated from performing work for a period of five successive days or more;
- a dangerous occurrence (ie: a near miss) which occurs at or near a workplace at which an undertaking is being conducted by the operator.

Application: Australian ships only, Australian ships anywhere, offshore industry mobile units.

Australian legislation provides significant penalties for failing to comply with any of the above.

Ship's name	
IMO number	Flag
Call sign	Satcom number
Master	
Gross tonnage	Propulsion
Class society	
Operator's name and address	
Agents and P&I Club	
Date and time of incident	Ship's location (eg port, at sea, lat, long)

PART 1 - To be completed if reporting under Marine Orders Part 32

Person-in-charge	
Employer of person-in-charge	
Incident	
<input type="checkbox"/> Injury	→ If injury, complete parts 4 - 8
<input type="checkbox"/> Gear failure	→ If gear failure, complete parts 5 - 8
<input type="checkbox"/> Dangerous goods	→ If dangerous goods, complete parts 5 - 8

PART 2 - To be completed if reporting under section 268, 269 or 417 of the Navigation Act (other than births) and s.19 of the Transport Safety Investigation Act 2003

Voyage		From
To		
Incident description		
<input type="checkbox"/> Grounding	<input type="checkbox"/> Foundering	<input type="checkbox"/> Stranding
<input type="checkbox"/> Collision	<input type="checkbox"/> Capsize	<input type="checkbox"/> Flooding
<input type="checkbox"/> Fire	<input type="checkbox"/> Explosion	<input type="checkbox"/> Machinery failure
<input type="checkbox"/> Structural failure	<input type="checkbox"/> Close quarters	<input type="checkbox"/> Disappearance
<input type="checkbox"/> Loss	<input type="checkbox"/> Presumed lost	<input type="checkbox"/> Injury
<input type="checkbox"/> Death	<input type="checkbox"/> Dangerous occurrence	
<input type="checkbox"/> Illness	<input type="checkbox"/> Other (specify):	
Place of Incident		
<input type="checkbox"/> Machinery spaces	<input type="checkbox"/> Accommodation block	<input type="checkbox"/> Galley
<input type="checkbox"/> Deck/cargo spaces	<input type="checkbox"/> Gangway/pilot ladder	<input type="checkbox"/> Wharf
<input type="checkbox"/> Other (specify)		
Crew numbers	Passenger numbers	Cargo

PART 3 - To be completed if reporting under section 417 of the Navigation Act - Births

Child's name		Gender
Date of birth	Place	
Mother's full name		
Town & country of birth		Australian resident
Father's full name		
Town & country of birth		Australian resident

NOTE: Part 4 relates to personal injury. If more than one person is affected complete part 4 on a separate form for each person.

PART 4 - To be completed if reporting under section 107 of the Occupational Health & Safety (Maritime Industry) Act 1993

Name of affected person		
Date of birth	Gender	PIN
Home address		
Australian resident	Town & country of birth	
Capacity <input type="checkbox"/> Crew <input type="checkbox"/> Contractor <input type="checkbox"/> Waterside worker <input type="checkbox"/> Supplier <input type="checkbox"/> Watchkeeper <input type="checkbox"/> Other (specify) ↓ show watch period: from to Time since last rest period		
Logbook entry date	Rank	
Hours of duty Time on: Time off:		Hours before duty
Affected area <input type="checkbox"/> Head (1) <input type="checkbox"/> Eyes (1) <input type="checkbox"/> Trunk (3) <input type="checkbox"/> Arms (4) <input type="checkbox"/> Hands (4) <input type="checkbox"/> Legs (5) <input type="checkbox"/> Internal (7) <input type="checkbox"/> Back (3) <input type="checkbox"/> Neck (2) <input type="checkbox"/> Fingers (4) <input type="checkbox"/> Feet (5) <input type="checkbox"/> Toes (5) <input type="checkbox"/> Other (specify)		
Type of injury <input type="checkbox"/> Drowning (150) <input type="checkbox"/> Crushing (100) <input type="checkbox"/> Laceration (060/080) <input type="checkbox"/> Burns & scalds (120) <input type="checkbox"/> Hernia (450) <input type="checkbox"/> Fracture (020/010) <input type="checkbox"/> Electric shock (150) <input type="checkbox"/> Amputation (070) <input type="checkbox"/> Foreign Body (110/0) <input type="checkbox"/> Abrasion (090) <input type="checkbox"/> Bruising (100) <input type="checkbox"/> Asphyxia (110/150/140) <input type="checkbox"/> Strain & sprain (040) <input type="checkbox"/> None <input type="checkbox"/> Other (specify)		
Results of incident <input type="checkbox"/> Death <input type="checkbox"/> Serious Injury <input type="checkbox"/> Minor Injury <input type="checkbox"/> Near miss <input type="checkbox"/> Temporary disability <input type="checkbox"/> Partial disability <input type="checkbox"/> Permanent disability <input type="checkbox"/> Disappearance <input type="checkbox"/> Time off work <input type="checkbox"/> None <input type="checkbox"/> Other (specify)		
Incident factors <input type="checkbox"/> Machinery and (mainly) fixed plant (1) <input type="checkbox"/> Mobile plant and transport (2) <input type="checkbox"/> Powered equipment, tools and appliances (3) <input type="checkbox"/> Non-powered hand tools, appliances and equipment (4) <input type="checkbox"/> Chemicals and chemical products (5) <input type="checkbox"/> Materials and substances (6) <input type="checkbox"/> Environmental agencies (7) <input type="checkbox"/> Animal, human and biological agencies (8) <input type="checkbox"/> Other and unspecified agencies (9)		
Cause of injury/illness		
Date left ship	Expected period of incapacity	
Treatment given on board ship		

PART 5 - Explanation and Description
 State Cause and give names and addresses of any witnesses
Attach additional pages if necessary

PART 6 - Incident Narrative
Attach additional pages if necessary

PART 7 - Action taken to prevent similar occurrences
Attach additional pages if necessary

PART 8 - Details of person completing report

Name	
Position	Contact number
Signature	
/ /	