

PART E: WHAT ARE THE ACTION(S) TAKEN AS A RESULT OF THIS INCIDENT?

Please state what has been done or will be done to prevent this incident from reoccurring

PART F: ADDITIONAL COMMENTS AND/OR DRAWINGS

Include any documentation or photos on the incident

PART G: DETAILS OF PERSON COMPLETING THE REPORT

Name	Rank/Role
Contact details	Signature
Phone: _____ Email: _____	/ /

For information about how we collect, use and disclose your personal information, please visit the AMSA privacy policy at www.amsa.gov.au/privacy

PART H: AFFECTED PERSON (if relevant)

Please complete the following for each affected person

Number of persons affected	Incident occurred while on duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Gender	Australian resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Nationality	Date of birth
Rank/role	Type of CoC / Licence / Grade	Seafarer ID/PIN
Hours on duty Time on: Time off:	Type of Injury or Illness	
Date left ship	Expected period of incapacity	
Treatment given		

Number of persons affected	Incident occurred while on duty? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name	Gender	Australian resident? <input type="checkbox"/> Yes <input type="checkbox"/> No
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INCIDENT REPORT

NOTE: Your personal information is being collected to deliver AMSA's functions under the Australian Maritime Safety Authority Act 1990, the Navigation Act 2012 and/or the Marine Safety (Domestic Commercial Vessel) National Law Act 2012. Failure to provide personal information may mean we cannot provide a service to you. More details about how we handle your personal information can be found in AMSA's Privacy Policy (visit www.amsa.gov.au/privacy).