



Australian Government  
Australian Maritime Safety Authority

# REPORT OF SUSPECTED MARINE SAFETY CONCERN

Please use this form to notify AMSA (reports@amsa.gov.au) of suspected safety concerns on vessels.

## PART A: VESSEL INFORMATION

Vessel name		
IMO number	Unique identifier	Flag
Master	Contact details	
Operator/Company name		
Responsible Person		Contact Number
Domestic commercial vessel (Please tick if applicable)		
Class: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4      Operational Area : <input type="checkbox"/> B Ext <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E		

## PART B: INCIDENT DETAILS

Date	Time Local:	UTC:
Next port		
Location description	Lat	Long

## PART C: CONTACT DETAILS

(Name and contact details will be treated by AMSA as being provided in confidence)

Name	Rank/Role
Contact details	Email address

## PART D: BRIEF DESCRIPTION OF SAFETY CONCERNS/COMMENTS

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