|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **A.** **GENERAL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| **Report no:** |  | | | | | | | **Vessel Name:** | |  | | | | | **Type:** | | | Choose an item. | |
| **Location :** |  | | | | | | | **Latitude:** | |  | | | | | **Longitude:** | | |  | |
| **Date of incident:** | Click here to enter a date. | | | | | | | **Time:** | |  | | | | | **IMO No:** | | |  | |
| **Charterer Name:** | Choose an item. | | | | | | | **Weather condition:** | | Choose an item. | | | | | **Reported Date:** | | | Click here to enter a date. | |
| **B. Type of Incident** | | | | | | | | | | | | | | | | | | | |
| **Property Damage Incidents (PDI)** | | | | | |  | | | **Lost Workday Case (LWDC)** | | | | | | | | | |  |
| **Restricted Workday Case ( RWDC)** | | | | | |  | | | **Medical Treatment Case (MTC)** | | | | | | | | | |  |
| **First Aid Case (FAC)** | | | | | |  | | | **Occupational Illness (OI)** | | | | | | | | | |  |
| **Environmental Incidents (EI)** | | | | | |  | | |  | | | | | | | | | |  |
| **C. Incident Description -**(*Describe how the incident happened, extent of injury, damage, sketch or attach photographs if possible*) | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Probability of occurrence** | C | Happened several time in a year within KFS | 1C | 2C | 3C | | B | Happened within three year within KFS | 1B | 2B | 3B | | A | Happened in other marine companies having similar scope but not in KFS | 1A | 2A | 3A | | **Potential Severity** | | | 1 | 2 | 3 | | | | | | | | | | | |  |  |  |  | | --- | --- | --- | --- | |  |  | | | |  | **High-3** | **Medium-2** | **Low-1** |  |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Potential severity** | **People** | Fatalities or permanent disabilities | Major injury/ health effects or Partial disability | Minor injury or health effects | | **Assets/Property damage** | Major damage | Local damage | Minor damage | | **Environment** | Major effect | Localized effect | Minor effect | | **Reputation** | National impact | Considerable impact | Minor impact | | | | | | | | | | |
| **Select Incident Potential (√)** | | **L ☐** | **M ☐** | | | | **H ☐** | | |
| **Witness Of the Incident** | | **Name:** | | | **1** |  | | | | | | | **2** |  | | | | | |
| **Designation :** | | | **1** |  | | | | | | | **2** |  | | | | | |
| **D. Root cause analysis details (immediate & basic):** | | | | | | | | | | | | | | | | | | | |
| **Immediate Causes:** (Refer MSCAT Table from procedure ) | | | | | | | | | | | **Basic Causes** (Refer MSCAT Table from procedure ) | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | |
| 4. | | | | | | | | | | | 4. | | | | | | | | |
| **E. Corrective action:** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **F. Attachment(s):** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | 6. | | | | | | | |
|  | | | | | | | | | | | | 7. | | | | | | | |
|  | | | | | | | | | | | | 8. | | | | | | | |
|  | | | | | | | | | | | | 9. | | | | | | | |
|  | | | | | | | | | | | | 10. | | | | | | | |
| **G. Prepared By** | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | **Designation** | | | | | | | | **ID No** | | | | | **Signature** | | |
|  | | | |  | | | | | | | |  | | | | |  | | |
|  | | | |  | | | | | | | |  | | | | |  | | |
| **G. Conclusion (Filled by HSEQ Committee in Head Office )** | | | | | | | | | | | | | | | | | | | |
| Incident Potential rating as per HSEQ Committee review | | | |  | | | | | | | | **If yes attach MOM** | | | | **Attached** | | | |
| Corrective Actions Accepted **Yes** ☐ **No**🖵 Need More🖵 (for ‘No” or Need More Identify below or revise the report and finalize it) | | | | | | | | | | | | **Further Investigation Needed : Yes** 🖵 **No** ☐ | | | | | | | |
| **H. Reviewed by** | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | **Designation** | | | | | | | | **Signature** | | | | | **Date** | | |
|  | | | |  | | | | | | | |  | | | | |  | | |
|  | | | |  | | | | | | | |  | | | | |  | | |
|  | | | |  | | | | | | | |  | | | | |  | | |
| **I. Comment** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |