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| **A.** **General Information** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Inc. Rept. no:** |  | | | | | | | | **Invest. Rept. no:** | | | |  | | | | | | | | | | **Vessel Name:** | | | |  | | | |
| **Location :** | Choose an item. | | | | | | | | **Name of the Port** | | | |  | | | | | | | | | | **Longitude:** | | | |  | | | |
| **Incident Date:** | Click Here for Date | | | | | | | | **Time :** | | | |  | | | | | | | | | | **Latitude :** | | | |  | | | |
| **Incident Particulars:** | Choose an item. | | | | | | | | **Weather Condition:** | | | | Choose an item. | | | | | | | | | | **IMO No:** | | | |  | | | |
| **Charterer Details:** |  | | | | | | | | **Incident Type :** | | | | Choose an item. | | | | | | | | | **Vessel Type** | | | | | Choose an item. | | | |
| **B. Incident Description -**(*Describe how the incident happened, extent of damage, rescue services utilized, attach sketch or photographs if possible*) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **C. Immediate Actions Taken :** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **D. Investigation Findings** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **E. Root cause analysis details** (Refer table No. 1 – MSCAT Table) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBSTANDARD ACTS** | | | | | | | | | | | | **SUBSTANDARD CONDITIONS** | | | | | | | | | | | | | | | | | | |
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| **Witness Of the Incident** | |  | | **Name:** | | | | | | | | | | | | | | **Designation :** | | | | | | | | | | **Employee ID** | | |
| **1** | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | |
| **2** | |  | | | | | | | | | | | | | |  | | | | | | | | | |  | | |
| **F. FISHBONE DIAGRAM-** Refer table no. 1 MSCAT Basic Cause (Personal & Job and System Factors) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EQUIPMENT** | | | | | | | **PROCESS** | | | | | | | | | | **PEOPLE** | | | | | | | | | **EFFECT** | | | | |
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| **MATERIAL** | | | | | | | **ENVIRONMENT** | | | | | | | | | | **MANAGEMENT** | | | | | | | | |  | | | | |
| **G. Corrective Actions Recommended For The Reported Incident -** Refer table no. 1 MSCAT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **H. Preventive Action Recommended To Eliminate The Recurrence Of Incident -** Refer table no. 1 MSCAT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Hazard Risk assessment reviewed:** | | | Choose an item. | | | | | | | If Yes RA No: | | | |  | | | | | | | Review date: | | | | | | Click here to enter a date. | | | |
| **Safety flash Prepared :** | | | Choose an item. | | | | | | | **Meeting conducted on vessel to explain corrective action :** | | | | | | | | | Choose an item. | | | | | | | | **Click here for Date** | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **I. Investigation Team Details:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | | | | **Designation** | | | | | | | | | **Signature** | | | | | | | | | | | | **Date** | | | |
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| **Corrective actions status** | | | | | | **Open :** | | | | |  | | | | **Partially Closed :** | | | | | | | | |  | | | **Closed :** | | |  |
| **J. Attachment(s):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Investigation Report Review by (GM)** | | | | | **Name:** | | |  | | | | | | | | **Signature:** | | | |  | | | | | **Date:** | | | |  | |