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| **A.** **General Information** | | | | | | | | | | | | | | | | | | | |
| **Report no:** |  | | | **Vessel Name:** | | | | | |  | | | | **Injury Particular:** | | | Choose an item. | | |
| **Location :** |  | | | **Latitude:** | | | | | |  | | | | **Longitude:** | | |  | | |
| **Incident Date :** | Click here to enter a date | | | **Time:** | | | | | |  | | | | **IMO No:** | | |  | | |
| **Charterer Details:** |  | | | **Weather condition:** | | | | | | Choose an item. | | | | **Reported Date:** | | | Click here to enter a date | | |
| **B. Injured Person’s Details (√) : Seafarer  / Passenger  / Shore Worker** | | | | | | | | | | | | | | | | | | | |
| Name : |  | | | Rank / Occupation: | | | | |  | | | | | | | | | | |
| Employee ID : |  | | | Nationality: | | | | |  | | | | | Sex : | | | Male / Female | | |
| Seamen ID No: |  | | | Emirates ID No: | | | | |  | | | | | Age & Date of Birth : | | |  | | |
| **C. For Seafarers Only** | | | | | | | | | | | | | | | | | | | |
| Port of Engagement: |  | | | | Date: | | |  | | | | | | Medical Leave Days: | | |  | | |
| Is Seafarer exempted from duty due to the incident : | | | Choose an item. | | | | | Injury details | | | | | |  | | | | | |
| Hospital & Treatment details: | | |  | | | | | | | | | | |  | | | | | |
| **D. Incident Details (Explain how it happened)** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **E. Immediate Actions Taken** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Witness 1.Name : | |  | | | | Designation : | | | | | |  | | | | Employee ID : | | |  |
| Witness 2. Name : | |  | | | | Designation : | | | | | |  | | | | Employee ID : | | |  |
| Incident reported  by Name: | |  | | | | Designation : | | | | | |  | | | | Employee ID : | | |  |
|  | |  | | | | | | | | | | Lighting at the time of incident : | | | | Choose an item. | | | |
| Was Injured Person: | | At authorised place of work: | | | | Choose an item. | | | | | | ON DUTY: | | | Choose an item. | | | | |
| Authorised to carry out work: | | | | Choose an item. | | | | | | Intoxicated (Drug & Alcohol) : | | | Choose an item. | | | | |
| Injury Details : | |  | | | | |  | | | | | | Copy of medical report/cert. attached | | | | | Choose an item. | |
| **F. Injury Locator Diagram Circle on the injured area ( )** | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| **G. Root Cause Analysis Details** (Refer table No. 1 – MSCAT Table Immediate Causes) | | | | | | | | | | | | | | | | | | | |
| **SUBSTANDARD ACTS** | | | | | | | | | | | **SUBSTANDARD CONDITIONS** | | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | |

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| **H. FISHBONE DIAGRAM –** Refer table no. 1 MSCAT Basic Cause (Personal & Job and System Factors) | |
| |  |  |  |  | | --- | --- | --- | --- | | **EQUIPMENT** | **PROCESS** | **PEOPLE** | **EFFECT** | |  |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |  |  |  | | **MATERIAL** | **ENVIRONMENT** | **MANAGEMENT** |  | | |
| **I. Corrective Actions recommended for the reported incident -** Refer table no. 1 MSCAT | |
|  |  |
| **J. 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.. **……………………………..** | | | | | | | | | | | |
| **Safety flash Prepared (√)** | Choose an item. | | | | **Meeting conducted to explain corrective action and Date :** | | | | | Choose an item. | | | | | Click here to enter a date. | | |
|  | | | | | | | | | | | | | | | | | |
| **K. Investigation Team Details and Status:** | | | | | | | | | | | | | | | | | |
| **Name** | **Designation** | | | | | | | | **Signature** | | | | | | **Date** | | |
|  |  | | | | | | | |  | | | | | |  | | |
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| **Corrective actions status** | | | **Open :** | | | |  | | **Partially Closed :** | | | |  | | **Closed :** | |  |
| **L. Attachment(s):** | | | | | | | | | | | | | | | | | |
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| **Investigation Report Reviewed by (GM)** | **Name:** |  | | | | | | **Signature:** | | |  | | | **Date:** | |  | |