

RESPONSE 0

Q0. Timestamp

Ans. 5/17/2024 11:15:00

Q1. Mormugao Port Authority

Ans. MECHANICAL

Q6. SELECT YOUR ORGANISATION

Ans. MPA EMPLOYEES

Q7. FULL NAME: *

Ans. Shri: SWAPNIL

Q8. EMAIL ADDRESS *

Ans. swapnil.adhav@mptgoa.gov.in

Q9. EDP NUMBER *

Ans. 160260

Q10. Phone Number*

Ans. 08322594216

Q14. HELP TOPIC:

Ans. REPORT OF ACCIDENT OF DANGEROUS OCCURRENCE_FORM XII

Q15. Cause of Accident:

Ans. Unsafe Condition

Q16. A. Name of person involved (if any)

Ans. Mr.XYZ

Q17. B. Location of Incident:*

Ans. Berth No 11

Q18. C. DATE & TIME OF OCCURRENCE

Ans. 3/25/2024 7:45:00

Q19. What Happened ?

Ans. On 25.03.2024 at 07.45 hrs. During the third shift, Shri Birappa Poojari, EDP No 2422 employee of Marine department was posted to work at Break water Berth (BWB). Shri Poojari, along with 4 more Lascars were engaged in the movement of the Passenger Vessel "Crystal Symphony". As a regular practice, Shri Poojari, alongwith with the others were pulling the said Passenger Vessel rope for securing it on Bollard at the Break Water Berth. Shri Poojari due to the uneven road surface of wharf area, accidentally twisted his left leg ankle and got injured. It was observed that the left leg ankle was swollen.

Immediately MPA hospital was intimated, and the injured person was shifted to the MPA Hospital in an Ambulance and further treatment was provided at the MPA hospital.

Q21. PRIORITY:

Ans. HIGH

RESPONSE 1

Q0. Timestamp

Ans. 5/31/2024 15:38:18

Q1. Mormugao Port Authority

Ans. MEDICAL

Q6. SELECT YOUR ORGANISATION

Ans. OTHER AGENCIES

Q11. FULL NAME: *-1

Ans. Rajesh T

Q12. EMAIL ADDRESS *-1

Ans. SSS@gmail.com

Q13. Phone Number*-1

Ans. 0000000000

Q14. HELP TOPIC:

Ans. REPORT OF ACCIDENT OF DANGEROUS OCCURRENCE_FORM XII

Q15. Cause of Accident:

Ans. Unsafe Act

Q16. A. Name of person involved (if any)

Ans. Mr. XYZ

Q17. B. Location of Incident:*

Ans. MPA Hospital Entrance

Q18. C. DATE & TIME OF OCCURRENCE

Ans. 5/23/2024 15:10:00

Q19. What Happened ?

Ans. employee hit by ambulance while taking in reverse direction at entrance of hospital

Q21. PRIORITY:

Ans. HIGH

RESPONSE 2

Q0. Timestamp

Ans. 5/31/2024 15:45:16

Q2. BOT OPERATOR

Ans. Adani Mormugao Port Terminal Private Limited

Q6. SELECT YOUR ORGANISATION

Ans. OTHER AGENCIES

Q11. FULL NAME: *-1

Ans. Mr. Sushant R

Q12. EMAIL ADDRESS *-1

Ans. SSS@gmail.com

Q13. Phone Number*-1

Ans. 000000000

Q14. HELP TOPIC:

Ans. REPORT OF ACCIDENT OF DANGEROUS OCCURRENCE_FORM XII

Q15. Cause of Accident:

Ans. Unsafe Condition

Q16. A. Name of person involved (if any)

Ans. Mr. Rajput S

Q17. B. Location of Incident:*

Ans. Silo

Q18. C. DATE & TIME OF OCCURRENCE

Ans. 5/1/2024 10:10:00

Q19. What Happened ?

Ans. Metal plate fall from structure of silo to employee left hand and observed swelling on hand

Q21. PRIORITY:

Ans. EMERGENCY

RESPONSE 3

Q0. Timestamp

Ans. 5/31/2024 15:51:16

Q2. BOT OPERATOR

Ans. JRE Tank Terminals Private Limited

Q6. SELECT YOUR ORGANISATION

Ans. OTHER AGENCIES

Q11. FULL NAME: *-1

Ans. Mr. Sidharth

Q12. EMAIL ADDRESS *-1

Ans. S@gmail.com

Q13. Phone Number*-1

Ans. 0000000000

Q14. HELP TOPIC:

Ans. REPORT OF ACCIDENT OF DANGEROUS OCCURRENCE_FORM XII

Q15. Cause of Accident:

Ans. Unsafe Condition

Q16. A. Name of person involved (if any)

Ans. NA

Q17. B. Location of Incident:*

Ans. Oil tank pipeline

Q18. C. DATE & TIME OF OCCURRENCE

Ans. 5/13/2024 20:20:00

Q19. What Happened ?

Ans. Employee hit by vehicle on road in front of IMC office

Q21. PRIORITY:

Ans. NORMAL

RESPONSE 4

Q0. Timestamp

Ans. 5/31/2024 16:15:55

Q1. Mormugao Port Authority

Ans. TRAFFIC

Q6. SELECT YOUR ORGANISATION

Ans. MPA EMPLOYEES

Q7. FULL NAME: *

Ans. Mr. Gautam

Q8. EMAIL ADDRESS *

Ans. G@mpt.com

Q9. EDP NUMBER *

Ans. 333333

Q10. Phone Number*

Ans. 0000000000

Q14. HELP TOPIC:

Ans. REPORT OF ACCIDENT OF DANGEROUS OCCURRENCE_FORM XII

Q15. Cause of Accident:

Ans. Unsafe Condition

Q16. A. Name of person involved (if any)

Ans. Mr. Gajesh

Q17. B. Location of Incident:*

Ans. T2 Shed

Q18. C. DATE & TIME OF OCCURRENCE

Ans. 5/21/2024 11:11:00

Q19. What Happened ?

Ans. While handling granite cargo it fall down on employees leg and observed swelling to leg

Q21. PRIORITY:

Ans. EMERGENCY

RESPONSE 5

Q0. Timestamp

Ans. 5/31/2024 16:02:41

Q3. Stevedoring Agency

Ans. List of Stevedoring Agency

Q6. SELECT YOUR ORGANISATION

Ans. OTHER AGENCIES

Q11. FULL NAME: *-1

Ans. Mr. Prashant

Q12. EMAIL ADDRESS *-1

Ans. p@gmail.com

Q13. Phone Number*-1

Ans. 0000000000

Q14. HELP TOPIC:

Ans. REPORT OF ACCIDENT OF DANGEROUS OCCURRENCE_FORM XII

Q15. Cause of Accident:

Ans. Unsafe Condition

Q16. A. Name of person involved (if any)

Ans. Mr. Shantanu

Q17. B. Location of Incident:*

Ans. T2 Shed

Q18. C. DATE & TIME OF OCCURRENCE

Ans. 3/14/2024 15:00:00

Q19. What Happened ?

Ans. While handling the cargo employee got electrical shock due to loose wire connection of fan

Q21. PRIORITY:

Ans. HIGH