

Vessel Name : LIME GALAXY	Exported By/ On : /
Name Of Port : MUMBAI	Position : (<i>Lat</i>) 01 02 S (<i>Long</i>) 001 01 E
Report Date : 17-Dec-2014	Date & Time of Incident (LT) : 17-Dec-2014 4:22 pm

Section 1 : Severity & Classification

Severity of Accident	Minor
Classification of Accident	Injury to People, Navigation

Section 2 : Event Description

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Section 3 : General Information

A. Alcohol & Drug testing carried out post incident ?	Yes
B. Vessel Activity at time of accident ?	On Passage
C. Was the Vessel Delayed ?	Yes
D. Bad Weather ?	Yes
E. Restricted Visibility ?	Yes
F. Has there been a breach of Company's Policy and Regulations?	Yes

Section 4 : Injury to personnel

Name	Crew#	Rank	SignOn Dt. / Hrs	OCIMF Reporting
adsasd	adasds	J/E	25-Dec-2014 0	Permanent Total Disability (PTD)
Medical Treatment Case (MTC)=FAC + LWC + RWC :			0	
Lost Time Injury (LTI) =Fatalities + PTD + PPD + LWC :			1	
Total Recordable Cases (TRC) =LTI + RWC + MTC :			1	

Section 5 : Cargo

Cargo Contamination / Damage ?

- A. Name of Charterer
- B. Type of Cargo
- C. Tank / Hold Number(s)
- D. Tank Coating
- E. Load Port(s)
- F. Discharge Port(s)
- G. STS Operation

Cargo Quantity in Dispute ?

- H. Cargo Contaminant
- I. Cargo Quantity
- J. Tanks / holds inspected prior loading
- K. Wall wash test done?

Section 6 : Navigation

Section 7 : Environmental Pollution

Is there loss to environment ?

Incident First Observerd :

Ceased Operations :

Reported to any authority :

Date & Time :

Authority Name :

Section 8 : Mooring

Section 9 : Equipment Failure

Is critical equipment affected ?

Section 10 : Damage to Property

Is the damage to a third party ?

Is the damage to own vessel or equipment ?

Section 11 : Fire

Was there an explosion?

Section 12 : Security

Section 13 : Causes of Accident

Immediate Cause ?
(Human actions)
Improper Cleaning
(Conditions)
Defective Equipment / Tools

Root Cause ?
(Human factors)
Lack of Information
(Job factors)
Unsatisfactory Procedures

Section 14 : Corrective Actions

Was immediate corrective action taken ?
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Is further action recommended to prevent recurrence ?

Yes
No

Confirmation of follow up On Board

Immediate training given ? No

Further training required ? No

Safety meeting convened ? No

Supplementary Information

Have you submitted supplementary information related to this accident ? No

Section 15 : Office Comments

Was any investigation done by office OR external party ?

Investigation Date :

Name of Person / Organization :

Was the vessel delayed ?

Days : Hours :

Potential for Recurrence

Causes of Accident (As assessed by office)

Immediate Cause ?

(Human actions)

Other (Specify) :

(Conditions)

Other (Specify) :

Root Cause ?

(Human factors)

Other (Specify) :

(Job factors)

Other (Specify) :

Is further followup required ?

Target Date : PIC :

Remarks :

Suggestions for improvement?

Remarks :

Section 16 : Closure

Closed By :

Closed On :

it is an electronic report, signature not required