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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PASSENGER ACCIDENT - SAFETY OFFICER'S REPORT** | | | | | | | | | | | Report No. (e.g. DIA/001/00/P)       /P | | |
| PRIVATE & CONFIDENTIAL - FOR THE ATTENTION OF COMPANY SOLICITORS | | | | | | | | | | | | | |
| Date of accident investigation. | | | | Time of accident investigation. | | | | | Entry made in Official Log Book | | | | |
| Name of person investigating accident. | | | | | | | | | Rank/Rating | | | | |
| Port (Berth) / Position (Lat & Long) at Time of Accident | | | | | | | | | | | | | |
| Port Prior to Accident | | | | | | | | | | | | Date | |
| Next Port After Accident | | | | | | | | | | | | Date | |
| Wind | Direction | | Sea | | | State | | Swell | | Direction | |  | Stabilisers In Use |
|  |  | | |  | |
| Force | | Height | | Height | | Period | |  |  |
| Movement of vessel | | | | | | | | | | | | | |
| Exact location of accident (attach plans/sketches including details of steps, non-slip surfaces, doorsills, railings etc, where appropriate). | | | | | | | | | | | | | |
| Was location well lit? | |  | | | Give details of defects/deficiencies, take photographs/videos and then label and retain on board any evidence. If there are no defects, state “none”.  None. | | | | | | | | |
| Was deck in good condition? | |  | | |
| Was the ship's structure or equipment involved? | |  | | |
| Swimming pool is clean with safety equipment in place and pool depths indicated? | |  | | |
| Name & Rank/Rating of person supervising the area at time of accident. | | | | | | | | | | | | | |
| Remarks | | | | | | | | | | | | | |
| Safety Officer’s Name | | | | | | | Master’s Name | | | | | | |
| Signature | | | | | | | Signature | | | | | | |