|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CREW ACCIDENT - SAFETY OFFICER'S REPORT | | | | | | | | | | | Report No. (e.g. DIA/001/00/C)       /C | | |
| **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”. | | | | | | | | |
| Was the deck in good condition? | |  | | |  | | | | | | | | |
| Was the ship's structure or equipment involved? | |  | | |  | | | | | | | | |
| Was the correct personal protective equipment : | |  | | |  | | | | | | | | |
| - Available? | |  | | |  | | | | | | | | |
| - Used? | |  | | |  | | | | | | | | |
| Appropriate safety procedures were known? | |  | | |  | | | | | | | | |
| Name & Rank/Rating of person supervising the area at time of accident. | | | | | | | | | | | | | |
| *Injured person on duty? :* | |  | | *Work hours before accident :* | | | | | *Rest hours before accident:* | | | | |
| *Time in rank/rating:* | | | | *Time on ship (this contract):* | | | | | *Time with Company:* | | | | |
| Remarks | | | | | | | | | | | | | |
| Safety Officer’s Name | | | | | | | Master’s Name | | | | | | |
| Signature | | | | | | | Signature | | | | | | |