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| **CREW ACCIDENT – ANALYSIS & EVALUATION** | | | | | | | | | Report No. (e.g. DIA/001/00/C)       /C |
| **PRIVATE & CONFIDENTIAL - FOR THE ATTENTION OF COMPANY SOLICITORS** |  |  |  |  |  |  |  | | |
| INSTRUCTIONS FOR COMPLETING ACCIDENT REPORT FORM   1. SAF14E is to be completed by the Safety Officer. 2. The completed report is to be distributed as follows :   ORIGINAL - Safety Department, the Company  COPY - Ship's File   1. The report is to be dispatched within two weeks.   ALL ENTRIES ARE TO BE MADE IN LEGIBLE BLOCK CAPITALS OR TYPED. |  |  |  |  |  |  |  | | |
| Give a description of the occurrence and any other relevant details. |  |  | | | | | | | |
| What immediate action was taken after the hazardous occurrence? |  |  | | | | | | | |
| Analysis (probable causes) of the occurrence. Have there been any hazardous occurrences of a similar nature, if so, give details? |  |  | | | | | | | |
| Evaluation (of the risk that a similar accident could recur) and conclusions (lessons to be learned). |  |  | | | | | | | |
| Recommendations (to prevent recurrence) and actions taken. |  |  | | | | | | | |
| Remarks |  |  | | | | | | | |
| Safety Officer’s Name | | | | | | | | Master’s Name | |
| Signature | | | | | | | | Signature | |