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| CREW ACCIDENT – STATISTICAL ANALYSIS DATA |  |  |  |  |  | | | | Report No. (e.g. DIA/001/00/C)       /C |  |
| **PRIVATE & CONFIDENTIAL - FOR THE ATTENTION OF COMPANY SOLICITORS** |  |  |  |  |  |  |  | | | |
| INSTRUCTIONS FOR COMPLETING SAF14F   1. ***Only one check box*** is to be checked in each section below. 2. The item checked should most accurately identify the area or element of greatest concern etc. in that section. |  |  |  |  |  |  |  | | | |
| ***1. Department***  Deck  Engine  Hotel  Contractor / Other | | | | | | | | **5. Place of Accident** Machinery Space  Workshop  Mooring Deck  Aloft / Overboard  Open Decks  Lifeboats / Tenders / Pontoons  Galley Areas  Pax Areas  Crew Areas  Cabins  Shore Leave  Other | | |
| **2. Duty Status** On Duty  Off Duty | | | | | | | |
| **3. Nature of Injury** Fatality  PTD (Permanent Total Disability)  PPD (Permanent Partial Disability)  LWC (Lost Workday Case)  Non LTI (Lost Time Injury) | | | | | | | | **6. Type of Accident** Major Incident (Grounding, Collision, etc.)  Mooring  Electrical  Involving Structure / Machinery  Involving Tools / Equipment  Manual Lifting  Lifting Devices  Storing  Slip / Fall  Other | | |
| **4. Type of Injury** Loss of Limb  Fracture  Dislocation  Eye Injury  Hypothermia  Unconsciousness  Burns  Crush  Strain / Sprain  Cuts / Bruises  Other | | | | | | | | **7. Cause of Accident** PPE Not Used  Ship Motion  Poor Supervision  Poor Worksite Practise  Equipment / Tool Failure  Machinery / Structural Failure  Human Failure  Unsafe Worksite  Other | | |