

Near miss - Loose lid of paint can

Vessel Name:

User Report Number:

General

General

Report No:

User Report No:

Created By:

Report Overdue On: 13/03/2019

Sent By:

Original Closed By:

Last Closed By:

Voyage No:

Master:

Superintendent:

Operations Manager:

Charterer:

Commercial line:

Analysis Methodology:

Report Author:

Responsible:

Safety Project Code:

Extend: No

Extend Until:

Extend Reason:

Owner's Agent:

Person In Charge:

Event Investigator Information

First Name:

Last Name:

Contact No.:

Rank:

Nationality:

Confidential:

No

Media Involved:

No

Create Date:

24/01/2019

Re-assess Report after: 0 Day(s)

Sent Date:

27/01/2019

Original Closed Date:

26/03/2019

Last Closed Date:

26/03/2019

Default Currency: USD

Vessel Details

Name:

IMO No:

Type:

TANKER

Owner:

TAI CHONG CHEANG S/SHIP (HK) LTD

Call Sign:

Flag:

Singapore

Port of Registry:

SINGAPORE

Pool:

Class Society:

American Bureau of Shipping

Year Built:

Hull No:

GRT:

NRT:

Length (m):

Breadth (m):

Moulded Depth (m):

Event

Events Details

Event Code: Housekeeping

Event Date: 22/01/2019

Local Time: 09:10

Time Zone:

Vessel Position Info: Vessel at sea proceeding to next port of call at Whangarei, New Zealand

Event Details: I went to the paint room to prepare some paint to be used in the SOPEP equipment and found that one of the paint cans have a loose lid. The lid even though is on top of the paint can, it is not tight.

Severity: Non-Minor(<USD10,000)

Risk Statistic:

Probability	Consequence			
	Personnel	Property	Environment	Service Loss
4				1
Risk =				4

Place of Incident: Location: **At Sea**

Ocean/Sea Area :

Latitude (degree,minutes,seconds): **06°08'48" S**Longitude (degree, minutes,seconds): **147°56'31" E**Port of Departure: **KIMANIS***Date of Departure: **15/01/2019**Port of Destination: **WHANGAREI****Operation Details****Operation**Personnel Activity: **Ordinary Maintenance work**Vessel Operation: **Navigational Watch-keeping**Load Condition: **Fully Loaded**Department involved: **3OFF****External Environment**Location on Board: **Poop deck**Wind Force: **3 Gentle Breeze (7-10 kn
3.4-5.4 m/s)**Wind Direction: **32 NW**Visibility: **Good (5.0 - 25NM)**Weather Condition: **Clouded**Sea Condition: **2 - Smooth (0.1-0.5 m)**Swell Direction: **18 S**Current Force: **Low Current (0-3 knots)**Current Direction: **14 SE****Work Environment**Light Condition: **Adequate light**Physical Condition: **Stable**Acoustic Condition: **Some Noise**Climate / Temperature: **Hot temp (over 25C)****Comments**

Comments:

Eyewitness Information

Eyewitness Name: (Last) (First) (Other)

Eyewitness Address:

Eyewitness City ,Country: ,

Eyewitness Telephone:

Component

-

Cause(s)**Immediate Cause(s)**Available Causes: **Poor housekeeping**Comments: **The cause is the neglect of securing properly of the paint can lid.****Root Cause(s)**Available Causes: **Others**Comments: **Lack of responsibility or neglect on the job proper procedures**

Reference(s)**Reference #0**

Regulation Name:

Regulation Group:

Regulation Section:

Regulation No:

Regulation Description:

Comments:

Corrective Action**Action # 1**

Immediate Cause(s):

Poor housekeeping;Corrective Action: **Upon seeing the situation, I immediately tighten the can lid to be secure.**

Resource:

Start Date: **22/01/2019**

Completed By:

End Date: **22/01/2019**Completed Date: **24/01/2019**

Verified By:

Job Orders Details

Id -Description Status	Department	Due Date	Done Date	Component Id - Description	
				Class Reference	Job Class
-				-	

Preventive Action and Follow Up**Main Action # 1**Action Code: **Occupational health and industrial hygiene monitoring**Description: **Proper housekeeping to be maintained at all times**

Resource:

Start Date: **22/01/2019**End Date: **22/01/2019**

Completed By:

Completion Date: **22/01/2019**

Verified By:

Comments: **To be discussed at the end of the month safety meeting for proper housekeeping****Job Orders Details**

Id -Description Status	Department	Due Date	Done Date	Component Id - Description	
				Class Reference	Job Class
-				-	

Sub Action # 0

Sub Action Code:

Description:

Resource:

Start Date:

Main Action's Start Date:

End Date:

Main Action's End Date:

Completed By:

Completion Date:

Verified By:

Comments:

Feedback

Description:

From:

Created On:

Defects/Claims**Defects**

Defect No:

Date of Failure:

Due Date:

Defect Status:

Defect Type:

Priority:

Damaged Component

/ Damage Item

Expiry Date:

Claims

Claim No:

Date:

Claim Status:

Claim Type:

Expiry Date:

Yard:

Damaged Component

/ Damage Item

Maker:

Maker Description :

Maker's No:

Model Description :

Model:

Review and Meetings

Status	Site	Site Name	Description	Title	Recipient	Date

Documents

Document	Description	Type	Bookmark	Revision	Last Revisor	Revised Date	Via

~~ END OF REPORT ~~