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|  | Isle of Man Government**Accident Report Form (ARF)** |  |

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| The Isle of Man Merchant Shipping (Accident Reporting) Regulations 20xx require all marine accidents and incidents be reported. This applies to all Isle of Man registered ships wherever they may be and any foreign ship in Isle of Man territorial waters and ports. **Please read Manx Shipping Notice MSN003 for more information when completing this form.****Initial Notification**All accidents must be reported as soon as practicable. To report an accident on the ship (including the ship’s boats) the Isle of Man Ship Registry can be contacted by either email marine.survey@gov.im or phone +44 1624 688500 (office hours) / +44 7624 493467 (24hours).**Completion of this form**This form is completed electronically. Complete each section and provide as much relevant information as possible. Email the completed form to marine.survey@gov.im. |
| The Isle of Man Ship Registry’s aim is to prevent further avoidable accidents, not to establish blame or liability. |

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| **Contact Details (person completing this form)** |
| **Rank or Job role:** |  | **Date form completed:** |  |
| **Title & Name:** |  |
| **Email:** |  | **Phone:** |  |

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| **Ship / Yacht / Fishing/Vessel Details** |
| **Name of Vessel:** |  |
| **IMO Number:**If applicable |  | **SSR/FV/Harbour Nr.** If applicable |  |
| **The following is to be completed if the vessel is not Isle of Man Nationality:** |
| **Vessel Nationality:**(Flag State) |  | **Type of Vessel:** |  |
| **MMSI:** |  | **Call Sign:** |  |
| **LOA m** |  | **Keel Lay: (Year)** |  |
| **Gross Tonnage:** |  | **Method of propulsion:** |  |
| **Hull Material:** |  |
| **Vessel email:** |  | **Vessel phone:** |  |
| **Company Name (ISM Managers):** |  |
| **Company contact details (Address, email, tel):** |  |

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| **Voyage details** |
| **Departure Port:** **Destination Port:** |  | **Course °T:** **Speed Kts:****(or drifting / DP)** |  |
| **Voyage Segment:** |   | **Vessel Routeing:** |   |

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| **Occurrence Details** |
| **Occurrence Category (see MSN 003 for guidance):** |  |
| **Date of Occurrence:**(dd/mm/yyyy) |  | **Time:**(Local) |  |
| **Port, or** |  |
| **Latitude / Longitude or location:** |  |
| **Total Number of people on board:**  |
| **Crew:** | **Passengers:** | **Others** (specify)**:**  |
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| **Occurrence Type:** Other (specify)**:** |    |
| **Where on board did the occurrence happen?** Other (specify):  |   |
| **Activity at the time of the occurrence?** Other (specify): |    |
| As applicable: |
| **Natural Light Conditions:** |   | **Weather Conditions:** |   |
| **Sea State:** |   | **Wind Force:** |   |
| **Visibility:** |   | **Pilot on board?** | Yes [ ]  No [ ]  PEC [ ]  |
| **Vessel loading:** |   | **Vessel draft:** |  |
| **Status of navigational aids and steering:** |  | **Status of main engine and aux machinery:** |  |

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| **Consequences** |
| **Injuries and/or fatalities/missing** | Injuries [ ]  | Fatalities [ ]  | Missing [ ]  |
| **Shore assistance required?** | Yes [ ]  No [ ]  | **Towage required?** | Yes [ ]  No [ ]  |
| **Search and Rescue involved?** | Yes [ ]  No [ ]  | **Was the vessel fit to proceed after occurrence?** | Yes [ ]  No [ ]  |
| **Vessel damage:**Damage to own vessel  |  |
| **Pollution:** Specify qty and type of substance |  |
| **Cargo Damage:** |  |
| **Third party Damage:**Structures, other ships etc |  |
| **Details of other vessel(s) involved and damages:** |  |

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| **Description of the event:** |
| **Provide a detailed description of the incident, including events leading up to it, actions taken during and after the incident, and any immediate outcomes:** |
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| **Root cause and contributory factors analysis:** |
| **Root cause and contributory factors analysis comments: (follow table below)** |
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| **Safety Representative/Officer and/or DPA comments** |
| **Identify corrective actions taken and suggest recommendations to prevent recurrence following root cause and contributory factors analysis** |
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| **Name** |  |
| **Role/Rank** |  |

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| For Isle of Man Ship Registry Use only: |
| **Surveyor Comments** |
| **Outline description for inclusion in Database** |
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| **Comments, Follow up actions, include task Nr for Follow up: Follow up:** Yes [ ]  No [ ]  |
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| **Surveyor initials:**  |

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| **Root cause and contributory factors analysis:**Indicate any cause or factors that contributed to the occurrence. Select as many as applicable |
| **Procedural and Operational Factors:** |  |
| [ ]  Inadequate Risk Assessment[ ]  Absence or Inadequate procedure and instructions[ ]  Failure to comply with safe working practices[ ]  Failure to comply with instructions/procedure[ ]  Poor preparation and organisation of activity[ ]  Inadequate supervision of activity[ ]  Incorrect use of tools | [ ]  Protective equipment (PPE) not used or ineffective[ ] Unsafe lifting, carrying or moving practices[ ]  Poor or inadequate communication[ ]  Responsibility/Authority not defined or unclear[ ]  Insufficient resources for the task/work (manpower, tools, etc..)[ ]  Other (specify):  |
| Machinery and Equipment Factors: |  |
| [ ]  Ineffective design or construction of machinery or equipment[ ]  Misuse of equipment or lack of understanding of operating procedures[ ]  Electrical installation failure or inadequacy[ ]  Fire fighting equipment failure or inadequacy | [ ]  Navigation equipment failure or inadequacy[ ]  Communication equipment failure or inadequacy[ ]  Lifesaving appliance failure or inadequacy[ ]  Inadequate servicing or maintenance of machinery or equipment[ ]  Use of improper spare parts[ ]  Other (specify):  |
| **Workplace Environment and Ergonomic Factors:** |  |
| [ ]  Slippery, uneven floors[ ]  Inadequate ambient conditions (lighting, ventilation)[ ]  Inadequate guardrails and protection[ ]  Inadequate access equipment or arrangement[ ]  Defective ladder or stairs[ ]  Unprotected openings[ ]  Awkward/Inaccessible equipment location | [ ]  Clutter or other obstructions on workplace or access[ ]  Inadequate Equipment or machinery protection (rotating, hot surfaces)[ ]  Inadequate warning notices and signs[ ]  Inadequate control of exposure to chemicals, gases or other harmful materials[ ]  Other (specify): |
| **Management System and Organisational Factors:** |  |
| [ ]  Inadequate instructions and procedures[ ]  Misleading/confusing instructions and procedures[ ]  Inadequate human resources (qualified crew)[ ]  Insufficient human resources (manning)[ ]  Inadequate process for hazard or incident reporting | [ ]  Inadequate process for analysing hazardous occurrences, accidents and incidents and adopting preventive measures[ ]  Inadequate supplies of spare parts or equipment[ ]  Other (specify): |
| Human Factors: |  |
| [ ]  Alcohol or Drugs impairment[ ]  Workload, fatigue, insufficient rest hours[ ]  Social tension, poor collaboration on board[ ]  Failure to wear adequate PPE[ ]  Miscommunication[ ]  Unsafe acts or negligence | [ ]  Lack of training, insufficient knowledge[ ]  Failure to follow instructions and procedures[ ]  Failure to follow safety guidelines and safe working practices[ ]  Poor judgment or decision[ ]  Other (specify):  |
| **External Factors:** |  |
| [ ]  Errors by port authorities/pilots/Tugs[ ]  Actions by other vessels or entities[ ]  Failure of shore infrastructure[ ]  Extreme weather conditions[ ]  Heavy Seas[ ]  High winds[ ]  Low visibility | [ ]  Navigating through congested waterways[ ]  Navigation hazards (shallow waters, reefs, ice etc..)[ ]  Tides and currents[ ]  Navigation/communication systems disruption[ ]  Piracy and Security threats[ ]  Cyber breaches, software or equipment hacking[ ]  Other (specify):   |

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| **Injuries and fatalities/missing summary** | **Crew** | **Passengers/ Yacht guests** | **Others** |
| **Number of people with minor injuries:**(less than 72 hours incapacitated or off work) |  |  |  |
| **Number of people with serious injuries:**(more than 72 hours incapacitated or off work) |  |  |  |
| **Number of people missing:** |  |  |  |
| **Number of fatalities:** |  |  |  |

Details of injuries and fatalities to be entered below.

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| **Injuries and fatalities details:**For each person injured or fatally injured please detail the following. (For each fatality on board please also complete and send form RBD1.) |

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| Click here or anywhere in the table to make the “+” sign appear at the bottom right corner, to add another section, if needed. |
| **Role on board**(eg rank, passenger, stevedore) |   | **Age profile:**(if known) |   |
| **Crew - On-duty / Off-duty:** | On-duty [ ]  Off-duty [ ]  | **Gender:** |  M [ ]  F [ ]  |
| **Type:****Minor injury** - less than 72 hours incapacitated or off work**Serious injury** – more than 72 hours incapacitated or off work | Minor [ ]  Serious [ ] Missing [ ]  Fatality [ ]  | **Lifejacket or PPE worn?** |  Lifejacket [ ]  PPE [ ]  |
| **Where on the vessel did the injury happen?** |   | **Was this an enclosed space?** | Yes[ ]  No [ ]  |
| **Injury Type:** |   | **Part of the body injured:** |   |
| **For crew members only:** | **Hours of work prior event** | **Hours of rest in 24 hours prior event** |
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| **Other relevant notes and info:** |  |