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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](mailto: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](mailto: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:** |  | | |