|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | **Vessel Near Miss** | [ ]   | **Marine Incident- Navigation** | [ ]   | **Marine Incident- Cargo Operation** |
| **Date of Incident** |  | **Time of Incident** |  |
| **Incident Location** | **Port :** |  |
| **Specific geographic reference/ position including Lat. / Long:** |  |
| **Vessel Information** |
| **Name of Vessel**  |  | **No of Persons on Board** |  |
| **IMO No.** |  | **Year Built** |  |
| **Official No.** |  | **Type** (Container, Bulk, Cruise, Fishing, Drill,) |  |
| **Flag** |  | **Gross Tons** |  |
| **Port of Register** |  | **LOA (m)** |  |
| **Breadth** |  | **Hull Material** (Steel, Aluminum, etc.) |  |
| **Draft (m)** | **FWD** |  | **Classification Society/ Year:** (ABS, Lloyds, DNV, BV, etc.) |  |
| **AFT** |  | **Thruster’s** | [ ]  Yes  | [ ]  No |
| **DWT**  |  | **Hull** | [ ]  Single  | [ ]  Double |
| **Information on the other Involved Vessel/ Barge** |
| **Name of other Vessel / barge** |  |
| **Owner/ Operating Company** |  | **Contact Information** |  |
| **IMO No.** |  | **LOA** |  |
| **Official No.** |  | **Draft (m)** | **FWD** |  |
| **Flag** |  | **AFT** |  |
| **Vessel/ Barge Type** |  | **Hull** |  |
| **Gross Tons** |  | **Year Built** |  |
|  |  | [ ]  **Single** | [ ]  **Double** |  |
| **Incident Information** |
| **Incident Type & Consequences,** Specify Number or Quantity |
| [ ]  Fatality  |  | [ ]  Fire/ Explosion |  | [ ]  Environmental Pollution |  |
| [ ]  Missing Persons |  | [ ]  Collision |  | [ ]  Cargo Damaged |  |
| [ ]  Injury  |  | [ ] Allision |  | [ ]  Aids to Navigation Damage |  |
| [ ]  Illness  |  | [ ]  Grounding |  | [ ]  Property/ Infrastructure Damage |  |
| [ ]  Spill of Oil & Fuel  |  | [ ]  Sinking/ Listing |  | [ ]  Steering/ Equipment Failure |  |
| [ ]  Spill of Hazardous Material |  | [ ]  Capsizing  |  | [ ]  Structural Failure |  |
| [ ]  Other, Specify: |  | [ ]  Flooding/ Swamping (without Sinking) |  | [ ]  Operation Interruption |  |
| **If applicable; details of****Injury/ Illness** (Cut, fracture, burn, etc.) |  |
| **Part(s) of Body Injured, If applicable** (Head, Arm, Chest, Leg.) |  |
| **Environmental Impact, If applicable**(Release to Land, Sea, Quantity, etc.) |  |
| **Abu Dhabi Ports Property/ Infrastructure Damage** |  |
| **Vessel/ Barge Damage**  |  |
| **Cargo**  |  |
| **Other**  |  |
| **Injury Severity** | **Environmental Incident Severity (Spill / Release)** |
| [ ]  Minor Injury require first aid treatment  | [ ]  Minor 5- 1,000 Liters  |
| [ ]  Injury Requires Medical Treatment  | [ ]  Moderate Spill 1,001- 10,000 Liters |
| [ ]  Medical treatment- in-patient | [ ]  Major Spill 10,001- 500,000 Liters |
| [ ]  Restricted Work | [ ]  Catastrophic Spill more than 500,001 Liters |
| [ ]  Lost Time Case |  |
| **Incident Description:** (Attach additional pages if required) |
|  |
| **Weather/ Climate Conditions** |
| **Sea conditions** (wave height, etc.) |  |
| **Weather** | [ ]  Clear | [ ]  Rain | [ ]  Fog | **Wind (Speed & Direction)** |  |
| **Time** | [ ]  Daylight | [ ]  Twilight | [ ]  Night | **Current (Speed & Direction)** |  |
| **Visibility** | [ ]  Good | [ ]  Fair | [ ]  Poor | **Visibility (Distance NM)** |  |
| **Navigation information** |
| **Navigating**  | [ ]  Moored, Docked or Fixed | [ ]  Anchored | [ ]  Underway or Drifting |
| **Speed and Course** |  | **Last Port of Call** |  |
| **Date & Time of Departure** |  | **Bound Location** |  |
| **Name of Pilot (if on board)** |  | **Pilot Employer** |  |
| **Towing Information** |
| **Towing** | [ ]  Pushing Ahead | [ ]  Towing Astern | [ ]  Towing Alongside | [ ]  More Than one Tow Boats on Tow |
| **Number of Vessels Towed** |  | **Total HP of Tow Units** |  | **Max Size of Tow** |  |
| **Information on Involved Person;** If more than one person are involved , additional form shall be used to fill this section |
| **Condition** | [ ]  Fatality | [ ]  Missing | [ ]  Injured | [ ]  Occupational illness |
| **Status** | [ ]  Crew | [ ]  Passenger | [ ]  Port Users | [ ]  Others |
| **Name**  |  | **[ ]**  Male | **[ ]**  Female |
| **Activity at the Time of Incident** |  |
| **Equipment and its Part/ Substance and its Nature, Involved in Incident** |  |
| **Nationality of Involved Person** |  | **Birth Date** |  |
| **Passport No.** |  | **Length of Service**  | **Year:** | **Month:** |
| **Address** |  | **Contact Information** |  |
| **Employer** (towing, fishing, shipping, crew supply, drilling, etc.) |  |
| **Involved Person’s Time at this Job**(Years, Months, Days, or Hours) | Present Position | In this Industry | With this Company | On this Vessel | Hours on Duty when Incident Occurred |
|  |  |  |  |  |
| **Immediate Action & Recommendations** (Attach additional pages if more space is required) |
|  |
| **Incident Picture** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Attached Reports** | [ ]  Master Statement of Fact  | [ ]  Involved/ Witness Statement | [ ] Other, specify  |
| **General Information**  |
| **Master or Person in Charge of the vessel** |  | **Contact Information** (Telephone, Fax, Email) |  |
| **CoC** | [ ]  Yes [ ]  No |
| **Vessel Operating Company** (Operator) |  | **Operator Contact Information** |  |
| **Vessel Owner Name**  |  | **Owner Contact Information** |  |
| **Ship Agent** |  | **Ship Agent Contact Information** (Telephone, Fax, Email) |  |
| **Person Preparing This Report** |
| **I declare that all information provided in this document is true, correct and complete** |
| **Name**  |  | **Job Position** |  |
| **Date** |  | **Time** |  |
| **Signature** |  | **Stamp** |  |

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| **OFFICIAL USE ONLY BY ABU DHABI PORTS - HARBOUR MASTER (HM)** |
| **Incident Ref. No.:** |  |
| **Category of Involved Person** (Relationship with Abu Dhabi Ports )  |
| **Category of Involved Person** (Relationship with Abu Dhabi Ports) |
| **[ ]  Abu Dhabi Ports** | [ ]  Abu Dhabi Ports Employee (Direct Hire) | [ ]  Abu Dhabi Ports Outsourced Employee |
| **[ ]  Contractors** | [ ]  Contractors- Non-nominated Entity | [ ]  Contractor Nominated Entity |
| **[ ]  Tenants** | [ ]  High Risk Tenant | [ ]  Medium Risk Tenant | [ ]  Low Risk Tenant |
| **[ ]  Nominated Entity** | [ ]  Government Stakeholders | [ ]  Industrial (Nominated Entity) | [ ]  Other Nominated Entity |
| **[ ]  Visitors** | [ ]  Calling Vessels | [ ]  Drivers | [ ]  Passengers | [ ]  Visitors, Student |

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| --- |
| **Accountable Business Unit** (Relationship with Abu Dhabi Ports) |
| [ ]  KP | [ ]  ZP Region | [ ]  SAFEEN | [ ]  Kizad | [ ]  Programme Management |
| **Type of Incident** |
| **[ ]**  | **Not Recordable as Incident** | **[ ]**  First Aid Incident | **[ ]**  Near Miss |
| **[ ]**  | **Recordable** | **[ ]**  Minor Injury | **[ ]**  Environmental Pollution  | [ ]  Minor Dangerous Occurrence  | **[ ]**  Minor Occupational Illness |
| **[ ]**  | **Reportable** | **[ ]**  Serious Injury | **[ ]**  Serious Occupational Illness | [ ]  Serious Dangerous Occurrence  | **[ ]**  Fatality |
| **Incident Classification**  | [ ]  Category 0 (Minor) | [ ]  Category 1 (Serious) | [ ]  Category 2 (Critical) | [ ]  Category 3 (Catastrophic) |
| **Emergency Level** | [ ]  Category 0 (OSC) | [ ]  Category 1 (IMT) | [ ]  Category 2 (CMT) | [ ]  Category 3 (CMT) |
| Is Investigation Required  | By Who (Organization / Department) | Investigators Team leader (Name And Designation) |
| **[ ]  Yes** | **[ ]  No** |  |  |
| **HM Recommendations/ Comments** |
|  |
|  |
|  |
| **Name** | **Position** | **Contact Number** |
|  |  |  |
| **Signature & HM Stamp** | **Date** | **Time** |
|  |  |  |

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| **INSTRUCTIONS** |
| **This section details instructions for Completion of Form ADM-FRM-017-1** (Report of Marine Incident and or Near Miss) |
| 1. **When to use this form**
2. Master or Person in charge of Vessel , Mobile Off shore Drilling Unit (MODUs) or Floating Unit required to report an marine Incident and or near miss as mention in the below instruction (2A to 2K) that occur within Abu Dhabi Ports Port-Water Limits
3. Master or Person in charge of Vessel owned and managed by Abu Dhabi Ports required to report an marine Incident and or near miss as mention in the below instruction (2A to 2K) .
4. Diving causalities as mentioned in below instruction (3A and 3B)

**NOTICE: MODUs and Floating Units are vessels and required to report the above Incidents.** |
| 1. **The kinds of Marine Incidents and or Near Miss that must be reported immediately and documented via this form are as follows:-**
2. Any incident or near miss affecting the safety of the vessel, such as collision, fire, running aground, damage, malfunction or breakdown, flooding or shifting of cargo, any defects in the vessel’s steering devices, hull, structural failure, or any other damages.
3. Any incident which compromises vessel safety, such as failures likely to affect the ship’s maneuvering capabilities or seaworthiness, failure or damage to fixed fire extinguishing systems, lifesaving equipment or bilge pumping systems.
4. Loss of person from the vessel
5. Loss of life
6. Injury to a person requiring medical treatment.
7. Contagious Diseases onboard vessel that contribute to the high risk of a fatal outcome, emotional or physical impairment when infected
8. Any situation likely to result in pollution of the waters or shore from the vessel.
9. Release or discharge of hazardous material from vessel
10. Any oil slick or other polluting materials, containers and or packages seen drifting at sea.
11. Any incident or near miss during berthing, un-berthing, cargo handling (Loading and unloading), or bunkering including oil transfers operations.
12. An occurrence not meeting any of the above criteria but resulting in damage to property (asset).
 |
| 1. **Diving Incidents including injury or death that occurs while diving operation is performed within Abu Dhabi Ports Port Water Limits must be reported immediately and documented via this form are as follows:**
2. Casualties that occur during diving operation, if they result in:
3. Loss of life
4. Injury requiring first aid or further medical treatment.
5. All other diving Incidents involving vessels subject to Instruction (2) above must be reported.

In addition to the information requested on this form, also provide the name of the diving company’s supervisor and, if applicable, a detailed report on gas embolism or decompression sickness.  |
| **COMPLETION OF THIS FORM** |
| 1. This form should be filled out as completely and accurately as possible. Please type or print clearly. Fill in all blanks that apply to the kind of Incident that has occurred. If a question is not applicable, the abbreviation ''NA'' should be entered in that space. If an answer is unknown and cannot be obtained, the abbreviation "UNK'' should be entered in that space. If "NONE" is the correct response, then enter it in that space
2. If more than one vessel is involved in the incident then each vessel Master shall fill and submit Marine Incident Form.
3. This form should be completed within 24 hours of incident occurrence or before vessel port clearance is obtained and sent to Related Port Control (VTS);

|  |  |  |
| --- | --- | --- |
| **Port Name** | **Contact Number** | **Email** |
| Khalifa Port  | **02 492-5666** | khalifa.vts@adports.ae |
| Zayed Port | **02 695-2133** | zayed.vts@adports.ae |
| Free Port | **02 695-2134** | zayed.vts@adports.ae |
| Mussafah Port | **02 555-2423** | musaffah.vts@adports.ae |
| Western Region Ports  | **02 877-1380** | Mugharag.portcontrol@adports.ae |

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