**Part A**

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|  | **Vessel Near Miss** | |  | | | | | **Marine Incident- Navigation** | | | | | | | |  | | | **Marine Incident- Cargo Operation** | | | |
| **Date of Incident** | |  | | | | | | | | | **Time of Incident** | | | | | | | |  | | | |
| **Incident Report Reference No** | |  | | | | | | | | | **Date of Investigation Report** | | | | | | | |  | | | |
| **Name of Vessel** | |  | | | | | | | | | **Vessel IMO No.** | | | | | | | |  | | | |
| **Name of other involved Vessel** | |  | | | | | | | | | **Other involved vessel- IMO No.** | | | | | | | |  | | | |
| **Incident Location** | | HQ | | KIZAD | | | | | ZP | | | KP | | MUS | | | | FP | | | Fuj | WRP |
| Specify the location: | | | | | | | | | | | | | | | | | | | | |
| **Investigation Team** | | | | | | | | | | | | | | | | | | | | | | |
| **Team Leader Name** | | **Designation** | | | | | | | | | | | | | **Origination / Department** | | | | | | | |
|  | |  | | | | | | | | | | | | |  | | | | | | | |
| **Investigation Team Name** | | **Designation** | | | | | | | | | | | | | **Origination / Department** | | | | | | | |
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| **Interviewed Personnel** | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | **Designation** | | | | | | | | | | | | | **Organization / Department** | | | | | | | |
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| **Incident Description & Summery** | | | | | | | | | | | | | | | | | | | | | | |
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| **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)** | | | | | | |  | | |
| **Incident Information updated after investigation** | | | | | | | | | | | | | | | | | | | | | | |
| **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 | | | | | |

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| **Incident Type & Consequences,** Specify Number or Quantity | | | | | | | | |
| **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.) | |  | | | | | | |
| **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, How Many Days? \_\_\_\_\_\_ | | | | Major Spill 10,001- 500,000 Liters | | | | |
| Restricted Work | | | | Catastrophic Spill more than 500,001 Liters | | | | |
| Lost Time Case | | | |  | | | | |
| **Incident Investigation Pictures** | | | | | | | | |
|  | |  |  | | | |  | |
| **Attached Reports** | | Police | Master Statement of Fact | | | | Involved/ Witness Statement | |
| Medical | Work Instruction/ Procedure | | | | Photo/ Drawing | |
| MSDS | Third Party Investigation | | | | Others | |
| **Incident Findings & Causes** | | | | | | | | |
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| **Key Corrective Actions Taken Immediately After the Incident:** (Attach additional pages if more space is required) | | | | | | | | |
| **Action** | | | | | **Responsibility** | **Due date** | | **Status** |
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| **Incident Root Causes** | | | | | | | | |
| **Incident Root Causes** | | | | **Groups**  (Unsafe Act, Unsafe Condition,  Individual, Administrative, Engineering) | | | **Contributions** | |
| Direct | Indirect |
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| **Incident Investigation Team Recommendations** | | | | | | | | |
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| **Incident Cost:** (Approximate / Best Estimate) | | | | | | **Estimated Amount (AED)** | | |
| Injury Cost (Treatment, Hospital, Transport, Insurance, etc.) | | | | | |  | | |
| Legal Cost (Compensation claims, judicial prosecutions, etc. –) | | | | | |  | | |
| Productivity Cost (Business Disruptions, Delays, Production Loss / Day, Material, Salaries, etc.) | | | | | |  | | |
| Asset Cost (Property, Machinery, Equipment, Structure, Vehicle, etc. – Repair, Maintenance, Replacement) | | | | | |  | | |
| Enforcement Action (Penalty Issued by Authority) | | | | | |  | | |
| Incident Scene / Area Restoration Cost (arrangements to making safe, cleanup, etc.) | | | | | |  | | |
| Emergency Response Cost (Firefighting, Hazmat, Oil Spill, etc... | | | | | |  | | |
| Other Cost relevant to / associated with the Incident | | | | | |  | | |
| **Total** | | | | | |  | | |
| **Team Leader** | | | | | | | | |
| **Name & Signature** | |  | **Date & Time** | |  | | | |
| **Stamp** | |  | | | |

**Part B**

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| **Corrective Actions to Prevent Recurrence:** | | | | | |
| **Action** | | **Accountable Organization/ Department** | **Accountable Person** | **Targeted Date** | **Status** |
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| **Approval of Accountable Department** | | | | | | | |
| **Name** | | **Designation** | | **Organization/ Department** | | **Date** | **Signature** |
|  | |  | |  | |  |  |
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| **Approval of Harbour Master Office** | | | | | | | |
| **Comments** |  | | | | | | |
| **Name & Signature** |  | | **Date & Time** | |  | | |
| **Stamp** | |  | | |

**Part C**

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| **OFFICIAL USE ONLY BY ABU DHABI PORTS - HSE DEPARTMENT** | |
| **Incident Ref. No.:** |  |

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| **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 |

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| **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) | | |

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| **Incident Status** | | | | | |
| □ Further investigation is required | Investigation is closed | | Corrective action is Open | | Corrective action is closed |
| **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) |
| **HSE Recommendations/ Comments** | | | | | |
|  | | | | | |
| **Name** | | **Position** | | **Contact Number** | |
|  | |  | |  | |
| **Signature Stamp** | | **Date** | | **Time** | |
|  | |  | |  | |