



Government of Canada
 Transportation Safety Board of Canada
 Transport Canada
 Human Resources Development Canada

Gouvernement du Canada
 Bureau de la sécurité des transports du Canada
 Transports Canada
 Développement des ressources humaines Canada

REPORT OF A MARINE OCCURRENCE / HAZARDOUS OCCURRENCE REPORT

Marine occurrences shall be reported to a Canadian Radio Ship Reporting Station as soon as possible and by the quickest means available.

This form is to be completed as soon as possible, but no later than 30 days after the occurrence, and mailed/Emailed to one of the Transportation Safety Board offices below. Please complete only those sections that apply.

Note: The information you provide on this document is required by law under the provisions of the Canadian Transportation Accident Investigation and Safety Board Act, the Canada Shipping Act, and the Canada Labour Code Part II; it is used to further maritime safety. The personal information that you provide is protected under the provisions of the Privacy Act and will be stored in Personal Information Bank #TSB PPU 005 and #DOT PPU 048.

Place du Centre, 200 Promenade du Portage, 4th Floor, Hull, Quebec K1A 1K8	#4-3071 Number Five Road Richmond, B.C. V6X 2T4	23 East Wilmot Street Richmond Hill, Ontario L4B 1A3	Place de la Cité, 2600 Boulevard Laurier, Suite 2820, Ste-Foy, Québec G1V 4M6	150 Thorne Avenue Dartmouth, N.S. B3B 1Z2
24 Hours phone (613) 720-5540 Fax (819) 953-1583 marine.investigations@tsb.gc.ca	Phone (604) 666-5826 Fax (604) 666-7230 marine.western@tsb.gc.ca	Phone (905) 771-7676 Fax (905) 771-7709 marine.central@tsb.gc.ca	Phone (418) 648-3576 Fax (418) 648-3656 marine.laurentian@tsb.gc.ca	Phone (902) 426-2348 Fax (902) 426-5143 marine.atlantic@tsb.gc.ca

Name of Shipboard Contact Person

Master Other(Specify) _____ Area code and phone number where you can be reached: _____

PART 1 - PARTICULARS OF VESSEL (Required for all occurrences)

Name of Vessel	
Flag	Call Sign
Official or Registration No.	CFV Licence Number
Port of Registry	IMO Number
Type of Ship	Gross Tonnage
Engine Make and Type	Power BHP KW SHP
Year Built	Builder Name and Location
Length LOA Registered Metres Feet	Breadth Metres Feet
Hull Material	Ice Class
Classification Society and Notations	Former Name(s)

PART 2 - VESSEL OPERATORS/AUTHORIZED REPRESENTATIVE (Required for all reportable occurrences)

Owners or Operating Company		Agent	Other _____
Name		Name	
Address		Address	
Telephone	Fax	Telephone	Fax
Email		Email	

For Transportation Safety Board Use Only	<input type="checkbox"/> Copy sent to HO/Regions <input type="checkbox"/> Copy passed to Transport Canada	File Number	CAS-ID Number
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PART 6 - DESCRIPTION OF MARINE OCCURRENCE (Required for all occurrences)

This information will be reviewed and analysed by the Transportation Safety Board (TSB) and Transport Canada to assist them in meeting their respective mandates directed at the safe operation of ships. Events and circumstances leading to the marine occurrence should be described as well as any corrective action taken to reduce the risk of a similar occurrence happening in the future. If more space is required please use separate sheet.

PART 7 - NAVIGATIONAL AIDS (Not required for occupational occurrences)

Check "Y" if on board and "Z" if used at the time of the occurrence

	Y	Z		Y	Z		Y	Z	
Radar 1			LORAN C			R/T AM			Gyro Compass
Radar 2			SATNAV			R/T MF			Magnetic Compass
ARPA			GPS/DGPS			R/T VHF			Auto Pilot
GMDSS			ECS/ECDIS			SATCOM			Direction Finder
Course Recorder			AIS			CB			Echo Sounder
Other			Specify			Voyage Data Recorder on Board	Yes	No	

PART 8 - DAMAGE (In case of damage to property)

Vessel Damage	Damage to Other Vessel(s) / Other Object(s)
Total Loss	Give brief description of damage to
Constructive Total Loss	Other Objects
Partial Loss	Other Vessels
Description of Damage	Cargo, Shore Installations, etc.
State value of damage/ total loss if known \$ _____	State value of damage/ total loss if known \$ _____

PART 9 - POLLUTANTS AND DANGEROUS GOODS (In case of sinking, actual or potential release of pollutants or dangerous goods) If more space is required please use separate sheet.

Fuel / Products on Board		Fuel/Products Released								
Proper Shipping Name	Quantity	Quantity Released	IMO Class	UN Number	From		Outcome			
					Bunkers	Cargo	Contained	Dispersed	Caught Fire	
Specify units used	Imperial Gallons British Tons (Long Tons)	U.S. Gallons U.S. Tons (Short Tons)	Litres Other (Specify) _____	Barrels	Metric Tons					

PART 10 - VESSEL(S) UNDER TOW/BARGES

(This section may be used to report data for tows/barges potentially or actually causing or sustaining damage in the occurrence described above.)

Vessel Particulars	Tow # 1		Tow # 2		Tow # 3	
Name						
Official Number						
Port of Registry						
Type of Vessel						
Gross Tonnage						
Length	Metres	Feet	Metres	Feet	Metres	Feet
Breadth	Metres	Feet	Metres	Feet	Metres	Feet
Year Built						
Hull Material						
Hull Construction	Single Skin	Double Hulled	Single Skin	Double Hulled	Single Skin	Double Hulled
Draught	Fwd	Aft	Fwd	Aft	Fwd	Aft
Ice Class						
Description and Location of Cargo						
Weight of Cargo						
Extent and Location of Damage						
Length of Towline	Metres	Feet	Metres	Feet	Metres	Feet

PART 11 - ADDITIONAL INFORMATION RELATED TO PERSONAL INJURY / HAZARDOUS OCCURRENCE , REQUIRED BY THE CANADA LABOUR CODE PART II

Type of Occurrence Disabling Injury Fire/Explosion		Death Emergency Procedure Other (Specify) _____	
Witnesses		Supervisor's Name	
Site of Hazardous Occurrence		Direct Causes of Hazardous Occurrence	
Specify training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence			
Corrective measure and date employer will implement			
Supplementary Corrective Measures			
Name of person investigating		Signature	Date
Title		Telephone	
Name of safety committee member or safety and health representative		Signature	Date
Title		Telephone	

Other Information: