

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

Developpement 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. #4-3071 Number Five Road 23 East Wilmot Street Place de la Cité, 150 Thorne Avenue Place du Centre. 200 Promenade du Portage, Richmond, B.C. Richmond Hill, Ontario 2600 Boulevard Laurier, Dartmouth, N.S. Suite 2820, Ste-Foy, Québec 4th Floor, Hull, Quebec V6X 2T4 L4B 1A3 B3B 1Z2 K1A 1K8 G1V 4M6 24 Hours phone (613) 720-5540 Phone (604) 666-5826 Phone (905) 771-7676 Phone (418) 648-3576 Phone (902) 426-2348 (418) 648-3656 (819) 953-1583 Fax (604) 666-7230 Fax (905) 771-7709 Fax Fax (902) 426-5143 marine.laurentian@tsb.gc.ca marine.investigations@tsb.gc.ca marine.western@tsb.gc.ca marine.central@tsb.gc.ca marine.atlantic@tsb.gc.ca Name of Shipboard Contact Person Area code and phone number where you can be reached: Master Other(Specify) PART 1 - PARTICULARS OF VESSEL (Required for all occurrences) Name of Vessel Flag Call Sign CFV Licence Number Official or Registration No. IMO Number Port of Registry Type of Ship Gross Tonnage Engine Make and Type Power SHP BHP KW Year Built Builder Name and Location LOA Length Registered Breadth Metres Feet 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** Other Agent Name Name Address Address Telephone Telephone Fax Fax Email Email ☐ Copy sent to HO/Regions For Transportation Safety File Number CAS-ID Number **Board Use Only** ☐ Copy passed to Transport Canada



	REPORTABLE ACCIDENT OR INCI	DENT (Required R	Location (Geographical name of body of water, waterway or harbour)				
Date of Occurrence			Location (Geographical name of	f body of water, waterway or	harbour)		
Time of Occurrence (hh:mm)			Latitude	Longitude			
Time of Occurrence (mi.min)	UTC	Local	Latitude	Longitude			
		Local	Т	<u> </u>			
R	eportable Accident		Reportable Incident				
Collision between ships			A person falls overboard -	not requiring admission to he	ospital		
Striking another object			Cargo shift	. •	•		
Sustains damage that affect	cts its seaworthiness or renders it u	unfit for its	Involuntary bottom contac	et without grounding			
purpose			_	0 0			
Explosion Fire				capacitation, that poses a thre	at to the safety of any		
Foundering	Grounding		person, property or the env		_		
Missing Vessel abandoned	Sinking Capsizing		Loss of cargo overboard	e, pipe or underwater pipeline	e		
Other (Specify)	Capsizing			rounding or beaching to avoi	d an accident		
outer (speetif)			Intentional anchoring or grounding or beaching to avoid an accident Release of dangerous goods (On board / from the ship)				
			Risk of collision	r (
A person is killed or sustains a	serious injury (Requiring admission	on to hospital) as	Threat to the safety of any perso	on, property or the environme	nt due to the total failure		
a result of			of				
Falling overboard	Boarding or being		navigation equipment, or				
	any part of the ship or its contents	3	the Main or Auxiliary Power Generation, or				
Other (Specify)			the Propulsion or Stee		-1:		
			(Specify)	tion which could have result	ed in an accident		
			(Specify)				
XX/ - 41 -	C PC		6 6 14		Wind		
	Conditions	Sea Conditions			wind		
Clear	Snow Rain	Sea State Swell (Direction	. Haight)	Direction			
Fog Overcast	Kam	Was vessel icing		Speed (Knots)			
Other (Specify)		Was sea ice pres		Speed (Kilots)			
	ibility	was sea ree pre.	103 100	% Ten	perature		
Distance	Condition	Approximate Tl	nickness	Air	°C °F		
D ISMINIOU		Търрголиние т					
Miles Cables Metres	Day Night Twilight			Sea	°C °F		
Account of rescue services ren	ndered (By what ship and means	s)					
PART 4 - OCCURRENCE VESSE	L (Required for all occurrences)						
Last Vessel Inspection(s) Certificate(s)	Number of	Persons on Board	Number of	Casualties		

Last Vessel Inspection(s) Certificate(s)			Number of Persons on Board				Number of Casualties				
Place			Crew				Missing Persons				
Issued By			Pass	engers			Minor Injuries	Minor Injuries			
Issue Date			Guests				Serious Injuries (An injury that is likely to require admission to hospital)				
Expiry Date			Others								
ISM Safety Management Certificate						Deaths					
	List of Viction	ms (In case	of fa	talities or inju	ries) If m	ore space is required, ple	ase use a separate s	heet.			
Surname	Given Name	National	ality Date of Sex Rank or Status on Board				Activity at Time of Occurrence	Type of Injury	Years of Experience in Occupation		

		Present	Voyage						
Last Sailed From			Destination						
Date			Draught (At t	ime of the occur	rence)				
Time			Fwd. Aft				Feet		
Description of Cargo / Ballast		Total W	eight		Geographical location of who	re ballast wa	s loaded		
Nature of operation at time of or	ccurrence (Fishing tuna, international trade, o	domestic t	rade, excursion	, etc.)					
Ice Advisor/Navigator On Board Yes No	Unmanned Machinery Space (UMS) Yes No	One Ma	n Bridge	Yes No	Integrated Bridge System	Yes	No		
List of life saving appliances and fire-fighting gear, pumps, etc.)	d/or safety equipment used (Life rafts,	Number	of persons evad	cuated					
PART 5 - PERSONNEL (Required	I for all occurrences)								

Personnel	Master or Person in Charge On Duty: Yes No	Officer of the Watch	Engineer of the Watch	Pilot	Pilot on Board Yes No
Surname				Surname	
Given Name				Given Name	
Certificate Number				License Number	
Grade of Certificate				Grade of License	
Date of Initial Issue				Date of Issue	
Date of latest continued proficiency endorsement				Licensed By	
Place of Issue				Other Pilot on Board Y Name	es No
Exemption	Yes No	Yes No	Yes No		
Duty schedule on the day of the occurrence					
Hours awake before the occurrence					
Total hours of sleep in the last 24 hours					
Total duration of last sleep period					

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)

Y	Z Y	Z	$\mathbf{Y} - \mathbf{Z}$			
Radar 1	LORAN C	R/T AM	Gyro Compass			
Radar 2	SATNAV	R/T MF	Magnetic Compass			
ARPA	GPS/DGPS	GPS/DGPS R/T VHF Auto Pilot				
GMDSS	ECS/ECDIS	SATCOM	Direction Finder			
Course Recorder	AIS	СВ	Echo Sounder			
Other	Specify	Voyage Data Recorder of	n 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 Partial Loss	Other Objects
Description of Damage	Other Vessels
	Cargo, Shore Installations, etc.
State value of damage/ total loss if known \$	State value of damage/ total loss if known \$

${\bf PART~9~-POLLUTANTS~AND~DANGEROUS~GOODS}$ (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 Ou			From		Outcome				
					Bunkers	Cargo	Contained	Dispersed	Caught Fire		
Specify units used	Imperial Gallons British Tons (Long		Gallons Cons (Short Tons)	Litres Other (Specify)	Barrels	N	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	1	Γow # 1	Tow	v # 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 Dou	ble Hulled	Single Skin Doul	ble Hulled	Single Skin	Double Hulled		
Draught	Fwd	Aft	Fwd	Aft	Fwd	Aft		
Ice Class		l						
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	ON RELATED TO PER	SONAL INJURY / HAZARDO	us Occurrence, Re	EQUIRED BY THE CAN	NADA LABOUR CO	DE PART II		
Type of Occurrence Disabling Injury			Death Emergency Pr	ocedure				
Fire/Explosion			Other (Specify					
Witnesses			Supervisor's Name					
Site of Hazardous Occurrence			Direct Causes of Hazardous Occurrence					
Specify training in accident prevention	n given to injured em	ployee in relation to duties j	performed at the time of	of the hazardous occur	rence			
Corrective measure and date employe	r will implement							
Supplementary Corrective Measures								
	<u></u>			T _				
Name of person investigating		Signature		Date				
Title				Telephone				
Name of safety committee member or	safety and	Signature		Date				
health representative								
Title				Telephone				

