

Appendix I – Incident Form

INCIDENT REPORT

To be used to report all incidents of failure of propulsion, manoeuvring or steering equipment and groundings, strandings, contact or collision within the Gloucester Harbour and submitted to Gloucester Harbour Trustees within 24 hours of the incident

(1) VESSEL:

(2) DATE:

(3) PILOT:

(4) TIME:

(5) LOCATION OF INCIDENT:

(6) NATURE OF INCIDENT:

(7) ACTIONS TAKEN:

	Y	N
(8) INJURY TO PERSONNEL	<input type="checkbox"/>	<input type="checkbox"/>
(9) DAMAGE TO VESSEL	<input type="checkbox"/>	<input type="checkbox"/>
(10) DAMAGE TO NAVIGATION AIDS	<input type="checkbox"/>	<input type="checkbox"/>
(11) EXTERNAL ASSISTANCE REQUIRED	<input type="checkbox"/>	<input type="checkbox"/>
(12) COASTGUARD/HARBOURMASTER NOTIFIED	<input type="checkbox"/>	<input type="checkbox"/>

In the event of an affirmative response to any of items (8) to (12) above, Harbour Master to be advised at time of incident and a full report submitted to Gloucester Harbour Trustees within 24 hours of the incident.

Received:

Incident No:

POST-INCIDENT ACTION REPORT

Incident No:

Action taken:

By:

Date:

