CAIRNRYAN PORT

INCIDENT REPORT FORM

Author: Click here to enter text.	Number: Choose an item.

1 ENVIROMENTAL DETAILS

Date:	Click here to enter a date.	Location	Click here to enter text.
Time:	Click here to enter text.	Visibility	Choose an item.
Daylight/ Dark	Choose an item.	Sea State	Choose an item.
Wind Dir Spd	Click here to enter text.	Weather	Choose an item.
Height of Tide	Click here to enter text.	Flood /Ebb	Choose an item.

Over all conditions	Good	☐	Fair	☐	Poor	☐

2 VESSEL(S)

Name	Choose an item.	Name	Choose an item.
Length	Click here to enter text.	Length	Click here to enter text.
Beam	Click here to enter text.	Beam	Click here to enter text.
Draft	Click here to enter text.	Draft	Click here to enter text.
Master	Choose an item or type	Master	Choose an item or type
Type	Choose an item.	Type	Choose an item.

3 OPERATIONS

OPERATIONS		Berthing	☐	Un berthing	☐	At Anchor	☐
Underway within the Harbour	☐	Engaged in Towing	☐	Engaged in pilotage	☐	Conservancy	☐
Underway within the Approaches	☐	Debris	☐	Mooring operations	☐	Bunker/Cargo ops	☐

4 MAIN INCIDENT TYPE (Max 3 per incident)

	Minor	Moderate	Serious		Minor	Moderate	Serious
Collision – any other vessel	☐	☐	☐	Pollution	☐	☐	☐
Contact – Fixed object	☐	☐	☐	Person Overboard	☐	☐	☐
Grounding	☐	☐	☐	Machinery or Hull failure	☐	☐	☐
Near Miss (Estimate)	☐	☐	☐	Capsize/Listing/Sinking	☐	☐	☐
Fire/Explosion/Flooding	☐	☐	☐	Other on board incident	☐	☐	☐

5 DESCRIPTION (Please use an additional sheet if required, attach photos if possible)

CAIRNRYAN
PORT

6	**IMMEDIATE ACTIONS TAKEN**

Click here to enter text.

7	**SUBMISSION DETAILS**

Please send the completed form to the Harbour Master

INCIDENT INVESTIGATION FORM

1	**INCIDENT CLASSIFICATION**					Number:	**Select**
Accident	☐	**Near Miss**		☐	**Observation**		☐

2	**OPERATIONS**		**Berthing**	☐	**Un berthing**	☐	**At Anchor**	☐
Underway within the Harbour		☐	**Engaged in Towing**	☐	**Engaged in pilotage**	☐	**Conservancy**	☐
Underway within the Approaches		☐	**Debris**	☐	**Mooring operations**	☐	**Bunker/Cargo ops**	☐

3 POTENTIAL RISK RANKING

	People				*Environment*				*Users*				*Business*		
H	☐	☐	☐	H	☐	☐	☐	H	☐	☐	☐	H	☐	☐	☐
M	☐	☐	☐	M	☐	☐	☐	M	☐	☐	☐	M	☐	☐	☐
L	☐	☐	☐	L	☐	☐	☐	L	☐	☐	☐	L	☐	☐	☐
	L	M	H		L	M	H		L	M	H		L	M	H

4 MAIN INCIDENT FACTORS (MAX 3 per incident)

Inappropriate vessel Navigation	☐	**Hazards to Navigation (obstruction in channel)**	☐	**Incorrect Procedures**	☐	**Poor passage planning/ Deviation from plan**	☐
Breech of regulations	☐	**Poor bridge communication (eg Pilot/Master)**	☐	**Lack of training/Skill**	☐	**No Lifejacket/ LSA worn**	☐
Mechanical/Equipment Failure	☐	**Poor Communications (eg ship to Ship, Ship to VTS)**	☐	**Fatigue**	☐	**Other (state)** Type	☐

5 INJURIES: Number of Crew/ Passengers/Staff

	Crew	**Passengers**	**Staff**		**Minor**	**Moderate**	**Serious**
Fatalities	Type	Type	Type	**Major Injury**	Type	Type	Type
Serious Injury	Type	Type	Type	**First Aid**	Type	Type	Type
Missing	Type	Type	Type		Type	Type	Type

6 CIRCULATION OF INFORMATION

Pilots	☐	**Ship Agent**	☐	**SAPA**	☐	**Fire Brigade**	☐
Work Dept	☐	**UKHO/NLB**	☐	**Royal Navy NI**	☐	**Marine Services**	☐
MCA	☐	**MAIB**	☐	**Police**	☐	**Ship Owner**	☐
Coastguard	☐	**PEC Holders**	☐	**Ambulance**	☐		☐

7 Category

Debris	☐	**Pilotage**	☐	**Navigation**	☐	**Conservancy**	☐
Marine Services	☐	**Recreational**	☐	**Others**	☐		☐
	☐		☐		☐		☐
	☐		☐		☐		☐

8	INVESTIGATION FINDINGS

Click here to enter text.

9	FOLLOW UP ACTIONS	Action By	Action Date	Signoff Date
	Click here to enter text.	Choose an item or type.	Click here to enter a date.	Click here to enter.

10	RECOMMENDED CHANGES TO PSMS

Click here to enter text.

10	SIGN OFF

Signature Choose an item.	Date: Click here to enter a date.