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Shipping Guidance Notice – 053 Accident, Safety and Security Incident Reporting

To: Ship Owners, Operators, Masters, Officers and Classification Societies

INCIDENT REPORT FORM SGN No 029 is hereby cancelled

The Gibraltar Maritime Administration requires Masters, Owners/Operator and ISM Managers to report accidents and dangerous occurrences and any security related incident which could possibly hazard the ship, or endanger personnel or endanger the environment.

In this regard, with immediate effect, a completed Incident Report Form is required for accidents leading to death or significant injury, or to loss or abandonment of the vessel or material damage; any stranding, collision, fire, explosion or major breakdown; any incident causing harm to any person or the environment; and any incident which might have led to injury or which hazarded the ship.

One form should be completed for each incident, as soon as possible but within 24 hours of the incident

Completed forms should be returned to two authorities:

- 1) Marine Accident Investigation Compliance Officer (MAICO): Email: maico@gibraltar.gov.gi AND
- 2) Gibraltar Maritime Administration: E-mail: maritime.survey@gibraltar.gov.gi

Completing and signing this form does not constitute an admission of liability of any kind, either by the person making the report or any other person.

A copy of the Incident Report Form is attached to this Shipping Guidance Note. Further copies can be downloaded from www.gibraltarship.com

Dylan Cocklan
Maritime Administrator

Issue date: June 2022

All notices are available on the Administration website: www.gibraltarship.com

This copy of the Administrative Instruction has been sent electronically and does not carry a signature or official stamp. A sign and stamped copy will be available upon request.



Incident Report Form

- The Gibraltar Marine Accident Investigation Compliance Officer (MAICO) and Maritime Administration (GMA) requires Masters and Owners to report accidents and dangerous occurrences.

In this regard, a completed Incident Report Form is required for accidents leading to death or significant injury, or to loss or abandonment of the vessel or to her suffering material damage; any stranding, collision, fire, explosion or major breakdown; any incident causing harm to any person or the environment; and any safety or security related incident which could possibly hazard the ship or endanger personnel or create a risk to the environment.

- One form should be completed for each incident.
- Please return the completed form to: maico@gibraltar.gov.gi and maritime.survey@gibraltar.gov.gi
- Completing and signing this form does not constitute an admission of liability of any kind, either by the person making the report or any other person.

Section A

| | | | |
|--|--|------------------|----------------------|
| Date of Incident | <input type="text"/> | Time of Incident | <input type="text"/> |
| Name of Vessel | <input type="text"/> | | |
| IMO Number | <input type="text"/> | | |
| Name, address & Tel No. of Owner / ISM Manager | Name and port of registry of any other vessel involved | | |
| <input type="text"/> | <input type="text"/> | | |
| <input type="text"/> | <input type="text"/> | | |
| <input type="text"/> | <input type="text"/> | | |
| <input type="text"/> | <input type="text"/> | | |
| <input type="text"/> | <input type="text"/> | | |

Section B

Date and time of departure from last port

Voyage from and to:

Location of incident in Lat. & Long. or name of port

Weather and visibility at time of incident

Responsibility: was incident caused by persons on another vessel or shoreside persons, or persons **not** sailing on the vessel? Yes NO

Type of injury (please tick appropriate boxes)
 Fatal injury Non-fatal injury
 Vessel lost / abandoned Vessel damaged

Section C – details of person(s) killed or injured

Place of incident (e.g. engine room, galley)

How many person(s) suffered an accident which resulted in death or injuries preventing the performance of the normal full range of duties for 3 days or more after the day of the incident?

Please complete the questions in the table for each person.

| Position (eg rank; rating: passenger) | Age | Injured part of body | Type of injury | Hr's worked beforehand | Hr's worked afterwards | On duty Y / N |
|---------------------------------------|-----|----------------------|----------------|------------------------|------------------------|---------------|
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Section D

Please give a brief description of the sequence of events leading to the incident.

if necessary continue on a separate sheet

Section E

1. Please state how you think the accident happened.

2. Has any action been recommended by you as a result and if so, what?

3. Has any action been taken and if so, what?

If necessary continue on a separate sheet

Section F

| | | | |
|------------------------------------|----------------------|--|----------------------|
| Signed | <input type="text"/> | To be completed by the ship's officer (if applicable) | |
| Name | <input type="text"/> | Signed | <input type="text"/> |
| Master or Owners Representative | <input type="text"/> | Name | <input type="text"/> |
| Date | <input type="text"/> | Date | <input type="text"/> |

Section G – if applicable

If the incident involved a reportable accident or was a dangerous occurrence and there is an elected Safety Representative on board, he must be shown the completed report and allowed to make any comments in this section.

Signed

(Safety Representative)

Name

Date

This space may be used as an extension of Sections C, D, E and G. Please use additional sheets of paper if necessary.

Number of continuation sheets: