



Merchant Shipping Directorate



Transport Malta

Accident and Incident Safety Investigations

Merchant Shipping Notice 94

*Notice to Shipowners, Ship Operators and Managers,
Masters, Owners' representatives and recognised organisations*

The Directorate would like to remind all concerned that, in addition to the reporting obligations in terms of Section 307 of the Merchant Shipping Act, any occurrence happening on board a Maltese ship anywhere in the world and any ship within Maltese waters shall be reported to the Marine Safety Investigation Unit within Transport Malta in terms of the Merchant Shipping (Accident and Incident Safety Investigation) Regulations, 2011, Legal Notice 275 of 2011 published on 12 July 2011.

The requirement to report occurrences applies to merchant and passenger ships, fishing vessels over 15 metres in length and pleasure vessels engaged in trade. The investigative procedures are prescribed in the said Regulations and the only purpose of such safety investigations is to identify causes and safety issues, and where possible or necessary, make recommendations with the only scope of improving safety and avoid marine pollution. Since the Marine Safety Investigation Unit is neither an enforcement nor a prosecuting body, it does not have the legal mandate to investigate for the purpose of taking administrative, regulatory or criminal actions.

It is the responsibility of Masters and ISM Managers of ships operating under the Malta flag to ensure timely reporting of any occurrence. The cooperation and assistance of all concerned is crucial in safety investigations with a view to ensure that the scope of the safety investigation is achieved and safety lessons are promulgated to the maritime industry.

Reporting Occurrences

Casualties as defined in the said Regulations shall be reported to the Marine Safety Investigation Unit at the earliest opportunity and by the quickest means possible. Reports should be sent to the following address:

Head of Marine Safety Investigation
Marine Safety Investigation Unit
Malta Transport Centre
Marsa MRS 1917
Malta

Tel: +356 2291 4217
AOH: +356 7943 4315
Fax: +356 2124 1460
Email: msiu.tm@transport.gov.mt

The *MSIU Marine Accident and Incident Report – Forms A and B* (enclosed) may also be used as a notification report of any occurrence.

Legal Notice 275 of 2011 can be downloaded from:
<http://www.justiceservices.gov.mt/DownloadDocument.aspx?app=lp&itemid=22376&l=1>

Merchant Shipping Directorate

19 October 2011



Marine Safety Investigation Unit



Transport Malta

Office Use Only
Occurrence Classification:

Marine Accident/Incident Report Form A

- Under the provisions of the international conventions, the flag State has the responsibility to conduct investigations of accidents and incidents to ships entitled to fly its flag.
 - The Merchant Shipping Act 1973 (as amended) requests the owner or the master of a Maltese ship, which has sustained or caused any accident to report within 24 hours, or as soon as possible, the happening of the accident or damage. The scope of the Marine Accident/Incident Report Form is to facilitate the reporting to the Marine Safety Investigation Unit.
 - One form should be completed for each accident/incident.
 - Please return the completed form by email to:

Marine Safety Investigation Unit
 Transport Malta
 Malta Transport Centre
 Marsa, MRS 1917 Malta
- Email: msiu.tm@transport.gov.mt
- 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.
 - Please complete the form clearly, using black or blue ink. Please tick the boxes where applicable.

Section A Ship Particulars

Ship's Name:	Call Sign: 9H
IMO Number:	Official Number:
Type of Ship:	Flag: MALTA
DPA:	Office Telephone Number: AOH Telephone Number:

VOYAGE DATA RECORDER FITTED: YES NO

MANUFACTURER & TYPE: _____

Section B Preliminary Casualty Data			
Date of occurrence		Time of occurrence	
Day	Month	Year	
Date and time of departure from last port		Voyage details	
/ /	:	From:	
		To:	
Location of occurrence (e.g. latitude & longitude or name of port, or other geographical reference)		Voyage type	
Lat. 0	Long. 0	Internal voyage <input type="checkbox"/>	
Port or geographical location: _____		Coastal voyage <input type="checkbox"/>	
		International voyage <input type="checkbox"/>	
		Short international voyage <input type="checkbox"/>	
		Inland <input type="checkbox"/>	
		Other: _____ <small>(Please specify)</small>	
Type of occurrence (Initiating Event)			
Collision (insert particulars of other vessel in the space available below) <input type="checkbox"/>		Stranding/grounding <input type="checkbox"/>	
Contact <input type="checkbox"/>		Fire/explosion <input type="checkbox"/>	
Hull failure/failure of watertight doors/ports <input type="checkbox"/>		Machinery damage <input type="checkbox"/>	
Damages to ship and/or equipment <input type="checkbox"/>		Capsizing/listing <input type="checkbox"/>	
Missing ship: assumed lost <input type="checkbox"/>		Serious injury <input type="checkbox"/>	
Loss of life <input type="checkbox"/>		Other <input type="checkbox"/>	
If other, please specify:			

Consequences of occurrence			
Total loss of ship <input type="checkbox"/>		Ship rendered unseaworthy <input type="checkbox"/>	
Ship remaining seaworthy <input type="checkbox"/>		Pollution <input type="checkbox"/>	
Loss of life (enter details on pg. 3) <input type="checkbox"/>		Serious injuries <input type="checkbox"/>	
Name and Port of Registry or Flag of any other ship involved			
Name of Other Ship and Official No.		Port of Registry or Flag	

Section C Details of person(s) killed or injured									
Place of occurrence (<i>e.g.</i> engine room, galley <i>etc.</i>)					_____				
Position (<i>e.g.</i> rank, rating, passenger)	Age	Part of body injured	Kind of injury	Hours worked before occurrence	Duration of last rest period	Whether on duty when accident occurred			
						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
						Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If more space is required, please continue on the continuation sheets – see pg. 5 re instructions on continuation sheets.

Section D A brief description of the sequence of events leading to the occurrence.

Section E

1. Please state your opinion on the causes of the occurrence.

2. Has any immediate action been RECOMMENDED by you as a result and if so, why?

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

Signed:	
Name:	
Master or owner's representative:	
Date:	

To be signed by the ship's Safety Officer (if applicable)	
Signed:	
Name:	
Rank:	
Date:	

Company Single Point of Contact's Details[#]	<i>Name:</i>	
	<i>Tel:</i>	
	<i>AOH:</i>	

[#] *The Company Single Point of Contact is the person designated to liaise with the Marine Accident Investigation Unit in an efficient and effective manner, for the purpose of the reported occurrence.*

If there is insufficient space in any part of this form for your answers or comments, please use a plain sheet of paper as a continuation sheet and attach it to this form. Please indicate in the box below the number of sheets used. *Please ensure that the sections being expanded are indicated on the continuation sheets.*

PLEASE ATTACH A COPY OF THE CREW LIST TO THIS FORM

Number of continuation sheets



Marine Safety Investigation Unit



Transport Malta

OFFICE USE ONLY
Occurrence Classification:

Marine Accident/Incident Report Form B

- Under the provisions of the international conventions, the flag State has the responsibility to conduct investigations of accidents and incidents to ships entitled to fly its flag.
- The Marine Accident/Incident Report – Form B **shall be used in conjunction** with the Marine Accident/Incident Report – Form A. Both Form A and Form B should therefore be sent to the Marine Safety Investigation Unit as **one** set of documents. This report and the information inside are solely used to further maritime safety and environmental protection.
- One form should be completed for each incident.
- Please return the completed form by email to:

Marine Safety Investigation Unit
Transport Malta
Malta Transport Centre
Marsa, MRS 1917 Malta

Email: msiu.tm@transport.gov.mt

- 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.
- Please complete the form clearly, using black or blue ink. Please the boxes where applicable.

Part 1 Ship Particulars				
Ship's Name:	Call Sign 9H			
Type of Ship:	Flag MALTA			
LOA (m):	Gross Tonnage:			
LBP (m):	Deadweight (mt):			
Hull Material:	Date of Contract:			
Date when Keel was Laid:	Date of Delivery:			
Date of Major Conversion:	Hull No.*:			
Building Yard*:				
Single hull <input type="checkbox"/>	Double hull <input type="checkbox"/>	Double bottom <input type="checkbox"/>	Double sides <input type="checkbox"/>	Mid deck <input type="checkbox"/>
Bunkers: Heavy Fuel Oil (HFO) <input type="checkbox"/> Medium Fuel Oil (MFO) <input type="checkbox"/> Marine Diesel Oil (MDO) <input type="checkbox"/>				
No. of Crew:	Total No. of Passengers:	Total No. of Other Persons:		
Classification Society:		Previous Classification Society:		
Previous Flag:		Previous Name:		

* The Building Yard and Hull Number may be obtained from the ship's drawings available on board.

Part 2 Particulars of the Events

Voyage phase:

Anchor handling/tug work <input type="checkbox"/>	Berthed <input type="checkbox"/>
At anchor <input type="checkbox"/>	Coastal passage <input type="checkbox"/>
Entering port (no pilot) <input type="checkbox"/>	Leaving port (no pilot) <input type="checkbox"/>
Ocean passage <input type="checkbox"/>	Pilotage <input type="checkbox"/>
Fishing <input type="checkbox"/>	Other (<i>specify below</i>) <input type="checkbox"/>

If "Other" is ticked please specify: _____

Weather conditions:

Clear <input type="checkbox"/>	Snow <input type="checkbox"/>
Fog <input type="checkbox"/>	Rain <input type="checkbox"/>
Overcast <input type="checkbox"/>	Other (<i>specify below</i>) <input type="checkbox"/>

If "Other" is ticked please specify: _____

Visibility:

Distance: _____	Condition
Miles <input type="checkbox"/> Cables <input type="checkbox"/> Metres <input type="checkbox"/>	Natural Light <input type="checkbox"/> Daylight <input type="checkbox"/> Twilight <input type="checkbox"/> Night <input type="checkbox"/>

Sea conditions:

Sea State:	Was vessel icing present? Yes <input type="checkbox"/> No <input type="checkbox"/>
Swell (Direction & Height): Direction: Height:	Was sea ice present? Yes <input type="checkbox"/> No <input type="checkbox"/> Approximate Thickness: _____

Wind:

Temperature:

Direction:	Air: °C
Speed (Knots):	Sea: °C

Account of rescue rendered (by what ship and means):

Part 3 Present Voyage		
Last Sailed From:	Destination:	
Date of Departure:	Draught <i>in metres (at the time of occurrence)</i> :	
Time <i>(specify if LT or UTC)</i> :	Fwd	Aft
Description of Cargo/Ballast:	Total weight or volume in m ³ or metric tonnes:	
Unmanned Machinery Space (UMS) Yes <input type="checkbox"/> No <input type="checkbox"/>	One Man Bridge Yes <input type="checkbox"/> No <input type="checkbox"/>	Integrated Bridge System Yes <input type="checkbox"/> No <input type="checkbox"/>
List of life saving appliances and/or safety equipment used (life rafts, fire-fighting gear, pumps, etc.):	Number of persons evacuated:	

Part 4 Navigational Aids (Not required for occupational accidents/incidents)			
Magnetic compasses	<input type="checkbox"/>	Deviation Card	<input type="checkbox"/>
Gyro Compass	<input type="checkbox"/>	Gyro Compass Error Book	<input type="checkbox"/>
Radars	<input type="checkbox"/>	Automatic Radar Plotting Aid (ARPA)	<input type="checkbox"/>
Speed and Distance Indicator through the water	<input type="checkbox"/>	Speed and Distance Indicator through water interfaced with ARPA	<input type="checkbox"/>
Echo Sounder	<input type="checkbox"/>	Propeller Revolution Counter	<input type="checkbox"/>
Rudder Angle Indicators	<input type="checkbox"/>	Rudder Angle Indicators synchronised with repeaters	<input type="checkbox"/>
Propeller pitch indicator	<input type="checkbox"/>	Rate of Turn Indicator	<input type="checkbox"/>
Auto-pilot	<input type="checkbox"/>	Aldis lamp	<input type="checkbox"/>
Navigation lights failure alarm operational	<input type="checkbox"/>	COLREGS navigation lights and shapes	<input type="checkbox"/>
Line-throwing apparatus	<input type="checkbox"/>	Public Address System-Bridge/ER/Steering	<input type="checkbox"/>
Global Positioning System (GPS)	<input type="checkbox"/>	Automatic Identification System (AIS)	<input type="checkbox"/>
Voyage Data Recorder (VDR)	<input type="checkbox"/>	Standing Instructions/Night Order Book	<input type="checkbox"/>

Part 5 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
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

To be signed by the ship's Safety Officer (if applicable)	
Signed	
Name	
Rank	
Date	

If there is insufficient space in any part of this form for your answers or comments, please use a plain sheet of paper as a continuation sheet and attach it to this form. Please indicate in the box below the number of sheets used. *Please ensure that the sections being expanded are indicated on the continuation sheets.*

Number of continuation sheets