



REPORT OF A MARINE OCCURRENCE / HAZARDOUS OCCURRENCE REPORT

Complete only those sections that apply

<p>Marine occurrences shall be reported to the Board or 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 reportable marine occurrence and forwarded to the Transportation Safety Board.</p> <p>The information provided is required under the <i>Transportation Safety Board Regulations</i> and is protected under the <i>Canadian Transportation Accident Investigation and Safety Board Act</i>. Furthermore, personal information contained in this report received by the Board is protected under the <i>Privacy Act</i> and will be stored in the Personal Information Bank # TSB PPU 005.</p> <p>Note: Where applicable and subject to the <i>Canadian Transportation Accident Investigation and Safety Board Act</i>, some information may be required to be reported to Transport Canada under the <i>Canada Shipping Act, 2001</i> and the <i>Canada Labour Code, Part II</i>. Personal information communicated to Transport Canada is also protected under the <i>Privacy Act</i> and will be stored in Personal Information Bank # DOT PPU 048.</p>	<p>Transportation Safety Board of Canada 200 Promenade du Portage, Place du Centre, 4th floor Gatineau QC K1A 1K8</p> <p>Phone: 819-994-3741 1-800-387-3557 (toll free in Canada)</p> <p>Fax: 1-833-644-5149</p> <p>Email: MarineNotifications@bst-tsb.gc.ca (preferred)</p>
---	---

PART 1 — OCCURRENCE INFORMATION	
Date of occurrence Year Month January Day	Location (<i>geographical name of body of water, waterway, harbour or berth</i>)
Time of occurrence (<i>hh:mm</i>) Local	Latitude Longitude North West
Vessel particulars	
Name of vessel	
Port of registry	Flag
Type of vessel (<i>tanker, bulk carrier, tug, fishing vessel</i>)	

PART 2 — ENVIRONMENTAL CONDITIONS					
Visibility		Sea conditions		Ice presence	
Distance 0.0	Condition	Sea state Please select ...		Ice coverage 0 /10	
<input type="radio"/> Miles <input type="radio"/> Cables <input type="radio"/> Metres	<input type="radio"/> Day <input type="radio"/> Night <input type="radio"/> Twilight	Swell direction Please select ...		Icebergs	<input type="radio"/> Yes <input type="radio"/> No
Weather Conditions		Swell height <input type="radio"/> Metres <input type="radio"/> Feet		Bergy bits	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Clear	<input type="checkbox"/> Rain	Temperature		Growlers	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Fog	<input type="checkbox"/> Sleet	Air	<input checked="" type="radio"/> °C <input type="radio"/> °F	Under ice regime	<input type="radio"/> Yes <input type="radio"/> No
<input type="checkbox"/> Hail	<input type="checkbox"/> Snow	Water	<input type="radio"/> °C <input type="radio"/> °F	Observed by (<i>example: ice navigator</i>)	
<input type="checkbox"/> Overcast	<input type="checkbox"/> Thunderstorm/Lightning	Wind		Vessel icing present	<input type="radio"/> Yes <input type="radio"/> No
		Wind direction	Please select ...	Approximate icing thickness	<input type="radio"/> Metres <input type="radio"/> Feet
		Wind speed	<input type="radio"/> Knots or <input type="radio"/> Beaufort	Ice advisor or navigator on board:	<input type="radio"/> Yes <input type="radio"/> No



For Transportation Safety Board use only	<input type="checkbox"/> Copy to Head Office <input type="checkbox"/> Copy to TC		File number M _____
--	---	--	------------------------

PART 3 — TYPE OF MARINE OCCURRENCE (select all that apply)

A person is killed or sustains a serious injury as a result of

- boarding, being on board falling overboard from the ship
- coming into direct contact with any part of the ship or its contents;
- a person falls overboard (not resulting in death or serious injury)
- a crew member whose duties are directly related to the safe operation of the ship is unable to perform their duties as a result of a physical incapacitation which poses a threat to the safety of persons, property or the environment

The ship

- sinks founders capsizes
- is involved in a collision is involved in a risk of collision
- sustains a fire or an explosion
- goes aground
- makes unforeseen contact with bottom without going aground
- sustains damage that affects its seaworthiness or renders it unfit for its purpose
- is anchored, grounded or beached to avoid an occurrence,
- is missing is abandoned
- fouls a utility cable or pipe, or an underwater pipeline
- sustains a total failure of
 - the navigation equipment if the failure poses a threat to the safety of any person, property or the environment,
 - the main or auxiliary machinery, or
 - the propulsion, steering, or deck machinery if the failure poses a threat to the safety of any person, property or the environment;
- all or part of the ship's cargo shifts or falls overboard; or
- there is an accidental release on board or from the ship consisting of a quantity of dangerous goods or an emission of radiation that is greater than the quantity or emission levels specified in Part 8 of the Transportation of Dangerous Goods Regulations

PART 4 — VESSEL PARTICULARS - continued

IMO number		Official or registered number		
Gross tonnage		Canadian fishing vessel licence number (VRN)		
Call sign		AIS/MMSI number		
Length	<input type="radio"/> Metres <input type="radio"/> Feet	<input checked="" type="radio"/> Registered <input type="radio"/> LOA	Breadth <input type="radio"/> Metres <input type="radio"/> Feet	<input type="radio"/> Extreme <input type="radio"/> Moulded
Hull material:	Please select ...		Propulsion type Please select ...	
Classification society	Please select ...		Former name(s)	
Name and address of owner, manager or authorized representative				
Company name			Contact type (agent, owner, manager)	
Name contact person/DPA				
Address				
Telephone				
Email				

PART 5 — DAMAGE

Vessel damage					Damage to other vessel(s)/other object(s)
<input type="radio"/> Total loss <input checked="" type="radio"/> Partial Loss					Object description (e.g. berth, buoys, other vessels, shore installations, bridge):
Brief description of location and extend of damage	None apparent	Minor	Major	Ice related	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="checkbox"/>	Description of damage and level of damage:
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	

PART 6 — OCCURRENCE VOYAGE			
Last sailed from (examples: a port name, fishing grounds, offshore production or other vessel at sea)		Destination (examples: a port name, fishing grounds, offshore production or other vessel at sea)	
Date of departure Year	Month	Day	Draught (at time of the occurrence)
Time	Local		Forward Aft <input type="radio"/> Metres <input type="radio"/> Feet
Description of cargo/ballast		Total weight	Unit (tonnes, litres, etc.)
			Please select ..
			Please select ..
			Please select ..
Nature of operation at time of occurrence (e.g., fishing, carriage of goods, excursion, etc.):			
Speed at time of occurrence:		Course at time of occurrence:	
List of life saving appliances and/or safety equipment used (life rafts, firefighting gear, pumps, SART, EPIRB, etc.)		Description of search and rescue services rendered/received:	
Fishing Vessels Only			
Fishery type engaged in at time of occurrence (salmon, crab) Please select ...		<input type="checkbox"/> Check if equipped for multiple fisheries at the time of the occurrence	
Gear type in use at time of occurrence (traps, long line, seine) Please select ...		<input type="checkbox"/> Check if the vessel is licenced for multiple fisheries	

PART 7 — POLLUTANTS AND DANGEROUS GOODS									
Fuel/products on board		Fuel/products released							
Shipping name of commodity	Quantity on board	Quantity released	Units	Release		UN number	From		Stowed on deck
				on board	at sea		Bunkers	Cargo	
			Please select	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
			Please select	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
			Please select	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
			Please select	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
			Please select	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>

PART 8 — SHIPBOARD EQUIPMENT											
Check "Y" if on board and "Z" if on and in use at the time of the occurrence											
	Y	Z		Y	Z		Y	Z		Y	Z
Selec Radar 1 (<input type="checkbox"/> ARPA)	<input type="checkbox"/>	<input type="checkbox"/>	ECDIS	<input type="checkbox"/>	<input type="checkbox"/>	Bridge navigational watch alarm system (BNWAS)	<input type="checkbox"/>	<input type="checkbox"/>	VHF	<input type="checkbox"/>	<input type="checkbox"/>
Selec Radar 2 (<input type="checkbox"/> ARPA)	<input type="checkbox"/>	<input type="checkbox"/>	ECS	<input type="checkbox"/>	<input type="checkbox"/>	Echo sounder	<input type="checkbox"/>	<input type="checkbox"/>	MF/HF	<input type="checkbox"/>	<input type="checkbox"/>
Magnetic compass	<input type="checkbox"/>	<input type="checkbox"/>	GPS	<input type="checkbox"/>	<input type="checkbox"/>	Speed log	<input type="checkbox"/>	<input type="checkbox"/>	INMARSAT-B or Fleet	<input type="checkbox"/>	<input type="checkbox"/>
Gyro compass	<input type="checkbox"/>	<input type="checkbox"/>	Integrated Bridge System	<input type="checkbox"/>	<input type="checkbox"/>	AIS	<input type="checkbox"/>	<input type="checkbox"/>	INMARSAT-C	<input type="checkbox"/>	<input type="checkbox"/>
Automatic pilot	<input type="checkbox"/>	<input type="checkbox"/>	Integrated Navigation System	<input type="checkbox"/>	<input type="checkbox"/>	LRIT	<input type="checkbox"/>	<input type="checkbox"/>	Dynamic Positioning System	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	Specify								
Voyage data recorder on board	<input type="radio"/> No	<input type="radio"/> VDR	<input type="radio"/> SVDR	Describe actions taken to save data:							
Make	Model										

PART 9 — INFORMATION REGARDING THE OCCURRENCE

IMPORTANT ADVICE – Check one box

The following description is privileged under section 30 of the *Canadian Transportation Accident Investigation and Safety Board Act* and, as such, will not be communicated to any person except as provided by that Act or as authorized in writing by the person who completed this description.

Failure to check a box will be considered as withholding authorization to communicate the following description.

- YES
- NO

authorization is given to communicate the following description to TC.
 authorization is refused to communicate the following description to anyone outside the TSB.

Last name:

First name:

This information will be reviewed by the Transportation Safety Board to assist the Board in meeting its object to advance transportation safety. *(If more space is required please add a blank page.)*

Describe the events and circumstances leading to the marine occurrence.

Describe corrective actions taken, if any, to reduce the risk of a similar occurrence happening in the future.

Provide a description of any action taken or planned to protect persons, property and the environment.

PART 10 — INFORMATION REGARDING PERSON COMPLETING THIS FORM

Check if same as name and address of owner, manager or authorized representative and complete date only.

Last name		First name	
Address		Position	
Telephone		Email	
Date completed	Year	Month	Day

PART 11 — PERSONNEL / INDIVIDUALS

	Total number of people on board	Evacuated	Missing	Minor injuries	Serious injuries (an injury that is likely to require admission to hospital)	Death
Crew						
Passenger						
Guests						
Other						
Total	0	0	0	0	0	0

PART 12 — LIST OF VICTIMS (in case of fatalities or injuries) If more space is required, use a separate sheet.

Casualty 1			Casualty 2		
Last name	First name	Nationality	Last name	First name	Nationality
DOB	Gender	Rank on board	DOB	Gender	Rank on board
	Select ...			Select ...	
On duty/watch	Location on board	Hospitalized	On duty/watch	Location on board	Hospitalized
		<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No
Injury type (<i>fracture, burn</i>)	Mode of injury (<i>fall, slip</i>)	Body part(s)	Injury type (<i>fracture, burn</i>)	Mode of injury (<i>fall, slip</i>)	Body part(s)
Person in water	Time in water	Lifejacket/PFD	Person in water	Time in water	Lifejacket/PFD
<input type="radio"/> Yes <input type="radio"/> No	minutes	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No	minutes	<input type="radio"/> Yes <input type="radio"/> No
Recovered	Hypothermia		Recovered	Hypothermia	
<input type="radio"/> Yes <input type="radio"/> No			<input type="radio"/> Yes <input type="radio"/> No		

PART 13 — WATCHKEEPING PERSONNEL

Personnel	Master or person in charge	Officer of the watch	Engineer of the watch	Pilot on board	Pilot with conduct of vessel	Other pilot on board
Last name				Last name		
First name				First name		
CDN number (Canadian citizens only)				License number		
Grade of certificate				Grade of license		
Country of issue				Date of issue		
Pilotage exemption	<input type="radio"/> Yes <input type="radio"/> No	<input type="radio"/> Yes <input type="radio"/> No		Pilotage authority		
Duty schedule on the day of the occurrence						
On duty	<input type="radio"/> Yes <input type="radio"/> No					

PART 14 — VESSEL INVOLVED IN TOWING						
Particulars of tow	Tow # 1		Tow # 2		Tow # 3	
Name						
Official number						
Port of registry						
Type of vessel						
Gross tonnage						
Length	<input type="radio"/> Metres	<input type="radio"/> Feet	<input type="radio"/> Metres	<input type="radio"/> Feet	<input type="radio"/> Metres	<input type="radio"/> Feet
Breadth	<input type="radio"/> Metres	<input type="radio"/> Feet	<input type="radio"/> Metres	<input type="radio"/> Feet	<input type="radio"/> Metres	<input type="radio"/> Feet
Year built						
Hull material	Please select ...		Please select ...		Please select ...	
Hull construction	<input type="radio"/> Single skin	<input type="radio"/> Doubled hull	<input type="radio"/> Single skin	<input type="radio"/> Doubled hull	<input type="radio"/> Single skin	<input type="radio"/> Doubled hull
Draught	Fwd Aft	<input type="radio"/> Metres <input type="radio"/> Feet	Fwd Aft	<input type="radio"/> Metres <input type="radio"/> Feet	Fwd Aft	<input type="radio"/> Metres <input type="radio"/> Feet
Ice class						
Description and location of cargo						
Weight of cargo (<i>specify units</i>)						
Extent and location of damage						
Length of towline	<input type="radio"/> Metres <input type="radio"/> Feet		<input type="radio"/> Metres <input type="radio"/> Feet		<input type="radio"/> Metres <input type="radio"/> Feet	
Total length of tow (<i>stern towing vessel to stern last towed object</i>)			<input type="radio"/> Metres <input type="radio"/> Feet			

PART 15 — ADDITIONAL INFORMATION RELATED TO PERSONAL INJURY/HAZARDOUS OCCURRENCE, REQUIRED BY THE CANADA LABOUR CODE PART II			
Type of occurrence			
<input type="radio"/> Death <input type="radio"/> Disabling injury <input type="radio"/> Emergency procedure <input type="radio"/> Fire/explosion <input type="radio"/> Other (<i>specify</i>)			
Witnesses		Supervisor's name	
Site of hazardous occurrence		Direct causes of hazardous occurrence	
Specify training in accident prevention given to injured employee in relation to duties performed at the time of the hazardous occurrence.			
Corrective measure and date employer will implement			
Supplementary corrective measures			
Name of person investigating			Date
Title	E-mail		Telephone
Name of safety committee member or safety and health representative			Date
Title	E-mail		Telephone