



**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: 819-997-2239</p> <p>Email: <a href="mailto:MarineNotifications@bst-tsb.gc.ca">MarineNotifications@bst-tsb.gc.ca</a></p>
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PART 1 — OCCURRENCE INFORMATION			
Date of occurrence		Location ( <i>geographical name of body of water, waterway, harbour or berth</i> )	
Year	Month	Day	
Time of occurrence ( <i>hh:mm</i> )		Latitude	Longitude
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		Condition		Sea state		Ice coverage /10			
Miles	Cables	Metres	Day	Night	Twilight	Swell direction		Icebergs	Yes No
Weather Conditions			Swell height		Metres	Feet	Bergy bits	Yes	No
Clear	Rain		Temperature			Growlers			
Fog	Sleet		Air	°C	°F	Under ice regime		Yes	No
Hail	Snow		Water		°C	°F	Observed by ( <i>example: ice navigator</i> )		
Overcast	Thunderstorm/Lightning		Wind			Vessel icing present			
			Wind direction				Approximate icing thickness		Metres Feet
			Wind speed		Knots or Beaufort		Ice advisor or navigator on board:		Yes No



For Transportation Safety Board use only	<input type="checkbox"/> Copy to Head Office <input type="checkbox"/> Copy to TC		File number M_____
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**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	Metres Feet	Registered LOA	Breadth	Metres Feet	Extreme Moulded
Hull material:			Propulsion type ( <i>sail, propeller, azipod, etc. </i> )		
Classification society and notations:			Former name(s)		
<b>Name and address of owner, manager or authorized representative</b>					
Company name			Contact type ( <i>agent, owner, manager</i> )		
Name contact person/DPA					
Address					
Telephone					
Email					

**PART 5 — DAMAGE**

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

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			Forward	Aft	Metres Feet
Description of cargo/ballast				Total weight	Unit (tonnes, litres, etc.)
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)			Check if equipped for multiple fisheries at the time of the occurrence		
Gear type in use at time of occurrence (traps, long line, seine)			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	

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
Radar 1 ( ARPA)			ECDIS			Bridge navigational watch alarm system (BNWAS)		VHF
Radar 2 ( ARPA)			ECS					MF/HF
Magnetic compass			GPS			Echo sounder		INMARSAT-B or Fleet
Gyro compass			Integrated Bridge System			Speed log		INMARSAT-C
Automatic pilot			Integrated Navigation System			AIS		Dynamic Positioning System
Other		Specify				LRIT		
Voyage data recorder on board	No		VDR	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 authorization is given to communicate the following description to TC.  
 NO 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						

**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
On duty/watch	Location on board	Hospitalized	On duty/watch	Location on board	Hospitalized
		Yes No			Yes 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
Yes No	minutes	Yes No	Yes No	minutes	Yes No
Recovered	Hypothermia		Recovered	Hypothermia	
Yes No			Yes 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	Yes No	Yes No		Pilotage authority		
Duty schedule on the day of the occurrence						
On duty	Yes 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		Metres    Feet		Metres    Feet		Metres    Feet	
Breadth		Metres    Feet		Metres    Feet		Metres    Feet	
Year built							
Hull material							
Hull construction	Single skin	Doubled hull	Single skin	Doubled hull	Single skin	Doubled hull	
Draught	Fwd Aft	Metres Feet	Fwd Aft	Metres Feet	Fwd Aft	Metres Feet	
Ice class							
Description and location of cargo							
Weight of cargo ( <i>specify units</i> )							
Extent and location of damage							
Length of towline	Metres    Feet		Metres    Feet		Metres    Feet		
Total length of tow ( <i>stern towing vessel to stern last towed object</i> )			Metres    Feet				

PART 15 — ADDITIONAL INFORMATION RELATED TO PERSONAL INJURY/HAZARDOUS OCCURRENCE, REQUIRED BY THE CANADA LABOUR CODE PART II			
Type of occurrence			
Death Other ( <i>specify</i> )	Disabling injury	Emergency procedure	Fire/explosion
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