

OCCUPATIONAL HEALTH INCIDENT FORM

This report is to be completed as a requirement of the Maritime Labour Convention (MLC), Regulation A4.3 – occupational accidents and injuries, and occupational diseases must be reported and investigated. Form ORF refers to any crew injury while on duty and prevented the individual from undertaking normal duties for 3 days or more or resulted in greater than 24 hours in hospital.

Please return a completed form for each individual affected:

**Bahamas Maritime Investigations Department
BAHAMAS MARITIME AUTHORITY
120 Old Broad Street
LONDON EC2N 1AR**

OR
casualty@bahamasmaritime.com

Name of Vessel:

IMO Number:

Section A: Personal Details

Surname:

Given Name(s):

Gender:

Rank:

Nationality:

Age:

Record of hours of work or rest:

Hours in previous 72 hours:

Location of incident (e.g. Lat/Long, name of port)

Section B: Details of Incident

Date:

Time (local):

Location on ship of incident:

Bodily location of injury:

Nature of injury:

Activity of seafarer at time of injury:

Witnesses:

Name:	Rank:
<input type="text"/>	<input type="text"/>
Name:	Rank:
<input type="text"/>	<input type="text"/>
Name:	Rank:
<input type="text"/>	<input type="text"/>

Outcome (where known):

Brief description of events leading to the incident (please use additional sheets if required):

Section C: Environment

Lighting				Weather			
Natural		Artificial		Sea State		Wind	
Light		Excellent		Sheltered waters		Calm	
Semi dark		Good		Calm		Breeze	
Dark		Poor		Moderate		Gale	
				Rough		Storm	

Section D: Occupational Diseases

Who diagnosed:

Type of occupational disease(s) (if known):

Section E: Signed Declaration

Are you investigating this incident?

Is a third party investigating?

Person completing form:

Name:

Position:

Signature:

not required if sending as e-form

Owners / Managers

Name:

Address:

Signed by Master:

not required if sending as e-form

Date:

Ships stamp

not required if sending as e-form