Incident Report- Supervisor- Equipment

*Marine Operations*

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| *TITLE: Short one line description of incident:*  |
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| *Your Name- PRINT* | *Incident date* ***(01-January-2020)*** *and time* |
|  |  |
| *Your position/ job title* | *Name(s) of employee(s) involved* |
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|  *1. What type of incident was this?* |
|  *\_\_\_\_\_\_\_ Equipment damage \_\_\_\_\_\_\_ Equipment failure* *\_\_\_\_\_\_\_ Equipment loss \_\_\_\_\_\_\_ Near Miss* |
|  *2. Was employee working full or part time when incident occurred?* |
|  *\_\_\_\_\_\_\_ Full time \_\_\_\_\_\_\_ Part time* |
|  *3. How long has employee been working this position?* |
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|  *4. Were TDI procedures followed and correct PPE worn?* |
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|  *5. Describe what happened leading up to the incident.* |
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|  *6. List major equipment involved.* |
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|  *7. Did the equipment have any known defects/ damage before this incident occurred?*  *If yes, describe here.* |
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|  *8. Was a new JSA or safety stand down required to handle the incident?*  *If yes, please attach a copy.* |
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|  *9. List any other possible contributing factors to the event- weather, employee*  *experience/ training or lack of training, off spec procedures, communications, etc.* |
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| *10. How was the equipment repaired/ recovered?* |
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| *11. If not recovered, record the location here.* |
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| *12. Was equipment owned by TDI or leased?* |
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| *13. Include make, model and serial number of equipment.* |
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| *14. Your recommendations to prevent future recurrence.* |
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| *15. \*\* Attach any related documents, JSA’s picture or scans to the Helm record.* |
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| Supervisor’s Signature | Today’s date **(01 January-2020)** |