Incident Report- Supervisor- Equipment

*Marine Operations*

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

|  |  |
| --- | --- |
|  |  |
| Supervisor’s Signature | Today’s date **(01 January-2020)** |