Incident Report- Supervisor- Other

*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* |
|  |  |
| *Names of any witnesses (Have each one fill out a witness form)* |
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|  *1. What type of incident was this?* |
|  *\_\_\_\_\_\_\_ Allision/ Collision \_\_\_\_\_\_\_ Near Miss* *\_\_\_\_\_\_\_ Security \_\_\_\_\_\_\_ Other* |
|  *2. Were TDI procedures followed and correct PPE worn?* |
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|  *3. Describe what happened leading up to the incident.* |
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|  *4. 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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|  *5. How was the incident resolved?* |
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|  *6. If a near miss, what could have happened?* |
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|  *8. Recommendations to prevent recurrence* |
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|  *9. Any additional comments or observations?*  |
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| *10. Attach any scans, pictures or documents related to the incident to the Helm record.* |
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| Supervisor’s Signature | Today’s date **(01 January-2020)** |