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* |
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| *Your position/ job title* | *Name(s) of employee(s) involved* |
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| *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)** |