



FORTH PORTS LIMITED

Marine Report Form

Version 2 - Mar 11

Complete all Sections

Non-Compliance <input type="checkbox"/>	Dangerous Occurrence <input type="checkbox"/>	Near Miss <input type="checkbox"/>	Other <input type="checkbox"/>
Damage <input type="checkbox"/>	Observation <input type="checkbox"/>	Health & Safety Issue <input type="checkbox"/>	
Employee <input type="checkbox"/>	Pilot <input type="checkbox"/>	PEC <input type="checkbox"/>	MIC <input type="checkbox"/>
Date of Occurrence		Time	

STEP 1 PERSON MAKING REPORT

Surname	Forename(s)
Job Title	

STEP 2 LOCATION OF OCCURRENCE

Ship or Craft (berthed) <input type="checkbox"/>	Leith <input type="checkbox"/>	Braefoot Bay <input type="checkbox"/>
Ship or Craft (underway/at sea) <input type="checkbox"/>	Burntisland <input type="checkbox"/>	Hound Point <input type="checkbox"/>
Firth of Forth <input type="checkbox"/>	Rosyth <input type="checkbox"/>	Dundee <input type="checkbox"/>
Firth of Tay <input type="checkbox"/>	Methil <input type="checkbox"/>	Crombie <input type="checkbox"/>
Grangemouth <input type="checkbox"/>	Inverkeithing <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>

STEP 3 VESSEL DETAILS

Name	Tanker: Product <input type="checkbox"/>	Container <input type="checkbox"/>
IMO Number	Chemical <input type="checkbox"/>	General/Bulk <input type="checkbox"/>
LOA	Crude <input type="checkbox"/>	Ferry/Cruise <input type="checkbox"/>
Beam	Gas <input type="checkbox"/>	Tug/Port <input type="checkbox"/>
Draft	Bitumen <input type="checkbox"/>	North Sea Oil Related <input type="checkbox"/>
Loaded/Ballast	Other <input type="checkbox"/>	Tall Ship/Pleasure <input type="checkbox"/>
Dangerous Cargo		Dredger <input type="checkbox"/>
Remarks		Other (please specify) <input type="checkbox"/>

STEP 4 CATEGORY

Close Quarters <input type="checkbox"/>	Infringement, Fishing Vessel <input type="checkbox"/>
Cargo/Bunkers, loss of containment causing pollution <input type="checkbox"/>	Infringement, Pleasure Craft <input type="checkbox"/>
Collision <input type="checkbox"/>	Infringement, Port/Jetty Regulations <input type="checkbox"/>
Communication Failure, Equipment <input type="checkbox"/>	Lack of Navigational Charts/Publications/Plans <input type="checkbox"/>
Contact with Dock/Lock/Pier/Jetty/Object <input type="checkbox"/>	Lack of Notification of Movement <input type="checkbox"/>
Defective Equipment/ Machinery <input type="checkbox"/>	Loss of Anchor/Cargo/Equipment <input type="checkbox"/>
Excessive Speed in Channel <input type="checkbox"/>	Mechanical/Technical Failure, major potential <input type="checkbox"/>
Failure of Good Dock-Working Practice <input type="checkbox"/>	Mechanical/Technical Failure, minor potential <input type="checkbox"/>
Failure of Mooring Equipment <input type="checkbox"/>	Non-Compliance with National/International Regs <input type="checkbox"/>
Failure of Seamanship/Good Practice <input type="checkbox"/>	Towage, Dangerous Occurrence <input type="checkbox"/>
Failure to call at Reporting Point <input type="checkbox"/>	Towage, Infringement <input type="checkbox"/>
Grounding <input type="checkbox"/>	General Recommendation <input type="checkbox"/>
Infringement, Byelaws/General Directions <input type="checkbox"/>	Other: <input type="checkbox"/>

STEP 5 MET. AND HYDROGRAPHICAL INFORMATION

Visibility:	Good <input type="checkbox"/>	Moderate <input type="checkbox"/>	Poor: (please tick box)	0~5 cables <input type="checkbox"/>	0.5~1.0nm <input type="checkbox"/>	1.0~1.5nm <input type="checkbox"/>	
Wind Direction		Wind Speed		Sea State		Swell Height	
N <input type="checkbox"/>	NE <input type="checkbox"/>	0~10 kts <input type="checkbox"/>	Gusts <input type="checkbox"/>	0~0.25m <input type="checkbox"/>	0~0.5 m <input type="checkbox"/>		
E <input type="checkbox"/>	SE <input type="checkbox"/>	10~20 kts <input type="checkbox"/>	<input type="checkbox"/>	0.25~0.5m <input type="checkbox"/>	0.5~1.0 m <input type="checkbox"/>		
S <input type="checkbox"/>	SW <input type="checkbox"/>	20~30 kts <input type="checkbox"/>	<input type="checkbox"/>	0.5~1.0 m <input type="checkbox"/>	1.0~2.0 m <input type="checkbox"/>		
W <input type="checkbox"/>	NW <input type="checkbox"/>	30~40 kts <input type="checkbox"/>	<input type="checkbox"/>	1.0~1.5 m <input type="checkbox"/>	2.0~3.0 m <input type="checkbox"/>		
Light and Variable <input type="checkbox"/>		40~50 kts <input type="checkbox"/>	<input type="checkbox"/>	1.5~2.0 m <input type="checkbox"/>	3.0~4.0 m <input type="checkbox"/>		
		50 and over <input type="checkbox"/>	<input type="checkbox"/>	2.0 m and above <input type="checkbox"/>	4.0 m and above <input type="checkbox"/>		
General Weather				Light Conditions			
Fair <input type="checkbox"/>	Raining <input type="checkbox"/>	Daylight <input type="checkbox"/>	Darkness with no artificial light <input type="checkbox"/>				
Fog/Mist <input type="checkbox"/>	Snowing <input type="checkbox"/>	Twilight <input type="checkbox"/>	Floodlight <input type="checkbox"/>				
Sunshine <input type="checkbox"/>		Glare <input type="checkbox"/>	Other: <input type="checkbox"/>				
Tidal Information							
HW Time	Tidal Range	m	Neap <input type="checkbox"/>	Mid <input type="checkbox"/>	Spring <input type="checkbox"/>		
State of Tide	Ebb <input type="checkbox"/>	Slack <input type="checkbox"/>	Flood <input type="checkbox"/>				

* A Reportable Occurrence is one which cannot reasonably be defined under any of the available categories but which the Reporter believes warrants attention.

STEP 6 DESCRIPTION OF WHAT HAPPENED

Computer: Box will expand as text is added (delete unused lines)

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STEP 7 OTHER DETAILS

Job or Task in progress:

Give names of persons who saw what happened:

From the causes you have found, what immediate action have you taken to prevent a similar occurrence happening again?

I verify that, to the best of my knowledge, the details given above are accurate

Signature _____

Date _____

FOR MARINE DEPARTMENT USE ONLY
Feedback (separate sheet if required)

Remarks			Date		
Is a risk assessment or procedure review required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Is this occurrence MAIB Reportable	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Is an investigation required	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Acknowledgement to originator	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Feedback to originator	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Date closed	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	

Note: This report, and any attachments, is intended solely for the use of the Competent Harbour Authority. It contains information that is both privileged and confidential, and any dissemination, distribution or copying of these documents is strictly prohibited without the consent of the person making this report.

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