**This Form is to be used to report a Marine/Navigational or Safety Incident or Near Miss to the Harbour Master.**

**URGENT Navigational matters should be reported IMMEDIATELY to Belfast VTS on VHF Ch 12.**

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|  | **REPORT FORM - MARINE INCIDENT / NEAR MISS** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section A - Vessel Details** | |  |  | | | |
| Name of Vessel: |  |  |  | | | |
| Type of Vessel: |  |  |  | | | |
| Length (m): |  |  |  | Beam (m): | |  |
| Draught (m): |  |  |  | Air Draft(m): | |  |
| Details of Propulsion /  Manoeuvring Aids  *(including Prop Rotation)*: |  |  |  | | | |
|  |  |  |  | | | |
| **Section B - Pilot/Master/Owner** | |  |  | | | |
| Name: |  |  |  | | | |
| Organisation / Company: |  |  |  | | | |
| Address: (external only) |  |  |  | | | |
| E-mail Address: |  |  |  | | | |
| Telephone: |  |  |  | | | |
| Mobile: |  |  |  | | | |
| Pilot Name: |  | PEC No |  | Agent |  | |
| Relevant qualification(s):  (BML / RYA etc.)  Licence No/BML No |  |  |  | | | |

|  |  |  |  |  |  |  |  |  |  |
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| **Section C – Incident Detail (Tick as necessary)** | | |  | | |  | | | |
| Contact |  | Swamping |  | Berthing / Manoeuvring | |  | Breach of Byelaws | |  |
| Grounding |  | Near Miss |  | Wash/Draw-off | |  | Inappropriate Navigation | |  |
| Pollution |  | Fire / Explosion |  | Breach of Pilotage Directions | |  | Navigational Hazard | |  |
| Loss of hull integrity |  | Collision |  | Breach of General Directions | |  | Other: Please State |  | |
|  |  |  |  |  | |  |  |  | |
| Date of Incident: |  | |  | | Time of Incident : | |  | | |
| Location: |  | |  | | Tide: |  |  | | |
| Weather: |  | |  | | Visibility: |  |  | | |

[Data Protection – Information supplied is confidential and for BHC use only]

|  |  |
| --- | --- |
| **Please provide an explanation of the incident in concise terms, following the sequence of events and if necessary expanding on them with as much appropriate detail as possible. We encourage the inclusion of sketch where appropriate. Please continue on another sheet if necessary.** | |
| **Details of any third parties/Witness/Injured parties:** | |
| **What immediate action have you taken to prevent a similar occurrence happening again?** | |
| **In your opinion, what was the root cause of the incident?** | |
| **Please include recommendations for future preventative measures** | |
| **NAME** | **POSITION** |
|  |  |
| **SIGNATURE OF PERSON SUBMITTING REPORT** | **DATE OF REPORT** |
|  |  |
| **CASE NUMBER** | **INITIAL RESPONSE DATE** |
| Internal Use Only: | Internal Use Only: |

*Upon completion, please submit this form to* [*operations@belfast-harbour.co.uk*](mailto:operations@belfast-harbour.co.uk)

*On receipt, you will be given a case number and a date by which you should receive an initial response.*

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