



Human Environment and Transport  
Inspectorate  
*Ministry of Infrastructure and the  
Environment*

## Report Health and Safety Accident Merchant Shipping

With this form you can register an health and safety accident within the merchant shipping.

Incomplete or incorrectly filled out forms (including missing of additional documents) will not be processed.

The complete filled in form can be sent to P.O. Box 16191, 2500 BD Den Haag, NL or send by e-mail to [ongevallen-zeevaart@ilent.nl](mailto:ongevallen-zeevaart@ilent.nl)

### Additional information

088 489 00 00 | [www.ilent.nl](http://www.ilent.nl)

## 1 General details

- 1.1 Name notifier
- 1.2 Function
- 1.3 Accident report date

## 2 Details Ship

- 2.1 Name ship
- 2.2 Callsign
- 2.3 IMO number

## 3 Details Employer

- 3.1 Name employer
- 3.2 Address
- 3.3 P.O. Box
- 3.4 Postal code and place

## 4 Details injured person

- 4.1 Name injured person
- 4.2 Address
- 4.3 Postal code and place of residence
- 4.4 Date of birth

4.5 Gender  male  female

4.6 Nationality \_\_\_\_\_

4.7 Function on board the ship \_\_\_\_\_

4.8 Date sign on \_\_\_\_\_

4.9 Employment association  permanent employment  employment contract  temporary employee  apprentice  
 other: \_\_\_\_\_

4.10 Number seamansbook \_\_\_\_\_

4.11 Certificate of Competency \_\_\_\_\_

## 5

### Circumstances during the accident

5.1 Date and time of the accident \_\_\_\_\_

5.2 Land, place, sea/river, position of the ship during the accident \_\_\_\_\_

5.3 Has there been an investigation by the local authorities (police, inspectorate, harbour service) in the Netherlands or abroad? (Include copies of the reports)  yes  no

5.4 Description accident \_\_\_\_\_

5.5 Where was the injured person during the accident? \_\_\_\_\_

5.6 At what time did his/her shift begin? \_\_\_\_\_

5.7 What did he/she do at the moment of the accident? \_\_\_\_\_

5.8 What were his/her working- and rest hours in the 24 hours towards the accident? \_\_\_\_\_

5.9 Who was in charge at the moment of the accident? \_\_\_\_\_

5.10 What were the work instructions? \_\_\_\_\_

5.11 What went different than expected? \_\_\_\_\_

- 5.12 Which tools and/or machines did the injured person use? \_\_\_\_\_  
\_\_\_\_\_
- 5.13 Were these tools and/or machines passed as being safe?  yes  no
- 5.14 What caused the injury? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 5.15 Which tools and/or machines caused the injury? \_\_\_\_\_
- 5.16 Which circumstances played a role in the accident
- |   |   |
|---|---|
| <input type="checkbox"/> daylight           | <input type="checkbox"/> artificial light |
| <input type="checkbox"/> calm sea           | <input type="checkbox"/> rough sea        |
| <input type="checkbox"/> dry weather        | <input type="checkbox"/> wet weather      |
| <input type="checkbox"/> at sea             | <input type="checkbox"/> in the harbour   |
| <input type="checkbox"/> alone              | <input type="checkbox"/> in company       |
| <input type="checkbox"/> during the day     | <input type="checkbox"/> at night         |
| <input type="checkbox"/> beginning of shift | <input type="checkbox"/> end of shift     |

## 6

### Details injury

- 6.1 Kind of injury \_\_\_\_\_  
\_\_\_\_\_
- 6.2 Injured part(s) of the body \_\_\_\_\_  
\_\_\_\_\_
- 6.3 Was admission to the hospital necessary?  yes  no
- 6.4 Were other people injured during the accident?  yes  no
- 6.5 Probable absence
- |   |
|---|
| <input type="checkbox"/> 1 to 2 days        |
| <input type="checkbox"/> 3 to 7 days        |
| <input type="checkbox"/> 1 to 2 weeks       |
| <input type="checkbox"/> 3 to 6 weeks       |
| <input type="checkbox"/> 7 to 13 weeks      |
| <input type="checkbox"/> more than 14 weeks |
| <input type="checkbox"/> deadly outcome     |

## 7

### Means of personal protection

- 7.1 What means of personal protection were on board? \_\_\_\_\_  
\_\_\_\_\_
- 7.2 What means of personal protection did the person involved use? \_\_\_\_\_  
\_\_\_\_\_
- 7.3 Were the means of personal protection used in the right way by the victim?  yes  no

## 8

### Measures

8.1 What measures could have been taken, to prevent this accident?

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8.2 Which measures have been taken to prevent the same sort of accident from happening in the future?

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8.3 Which measures will be taken to prevent such accidents in the future?

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8.4 Have circumstances regarding the accident been discussed prior to the accident in the safety commission?

yes     no