

South African Maritime Safety Authority



Marine Notice No 23 of 2009

Addendum to the South African Maritime Safety Authority's Casualty / Accident Report Form

TO ALL PRINCIPLE OFFICERS, SHIP OWNERS, SHIP OPERATORS, SHIP AGENTS,
STEVEDORES, SHIP REPAIRERS, SHORE CONTRACTORS AND INCIDENTAL PERSONS

Summary

This Marine Circular introduces the Occupational Casualty Reporting Form, which is an addendum to the existing SAMS Casualty / Accident Report (TV5/325). It is aimed at the stevedoring industry, ship repair and ship building industries and all other shore based personnel. The purpose of the form is to provide the Authority with a detailed and accurate account of the casualty / accident.

- 1 In the event of a serious injury occurring onboard a vessel, stevedores, ship repairers, shore contractors and incidental persons are to complete the Addendum to the SAMS Casualty / Accident Report Form: Occupational Casualty Report Form.
- 2 This form is to be completed in conjunction with the existing SAMS Casualty / Accident Report (TV5/325).
- 3 The completed SAMS Casualty / Accident Report and Occupational Casualty Report forms are to be returned to the nearest SAMS office along with all the requested additional documentation.
- 4 A copy of the form is annexed.

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South African Maritime Safety Authority



Addendum to SAMS SA Casualty / Accident Report

Section 259 of the Merchant Shipping Act, 1951 (Act 57 of 1951)

Occupational Casualty Reporting Form

To be completed for a death or injury to stevedores, repairmen and shore based personnel working onboard ships

1. Particulars of Shore Based Company (Stevedore, Ship Repairer etc)			
Name of Company		Contact Person	
Address		Telephone Number	Fax Number / Email:

3. Casualty / Accident Location				
Berth:	Hold No:	Area of Ship:	Berthed Starboard / Portside to:	Afloat / Dry Dock:

4. Employment Particulars of Injured or Deceased Person			
Permanently / Casually Employed		Duration of Employment, if Permanent:	
If Casual, Name of Labour Broker	Contact Person at Labour Broker	Labour Broker Telephone Number	Labour Broker Fax Number / Email

5. Nature of Injuries: (tick as appropriate)					
Part of body affected	Head or neck	Eye	Trunk	Finger	Hand
	Arm	Foot	Leg	Internal	Multiple
Effect on person	Sprains or strains	Contusion or wounds	Fractures	Burns	Amputation
	Electric shock	Asphyxiation	Unconsciousness	Poisoning	Occupat. Disease
	Other				
Date Admitted to Hospital			Date Discharged or Due to be Discharged from Hospital:		

6. Particulars of Cargo or Ship Damage		
Ship or Cargo Damage:	Location of Damage:	Equipment Involved in Damage:

7. Particulars of Casualty			
Name of Supervisor:		Nature of work being conducted at the time of the accident?	
Names of all employees in the gang or witnesses to the accident			
Name	Position	ID No. / Company No.	Contact Number
1.			
2.			
3.			
4.			
5.			

8. Description of Accident

9. Notification of Casualty?	
Has the Master been informed of the accident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If it is a fatality has the SAPS been informed? Insert Case Number:

10. Additional Documentation to be Provided to the South African Maritime Safety Authority			
Copy of Injured / Deceased's ID	<input type="checkbox"/>	Copy of First Medical Report	<input type="checkbox"/>
Copy of Death Certificate if Deceased	<input type="checkbox"/>	Copy of recorded Safety Talk	<input type="checkbox"/>
Copy of the Daily Safety Inspection	<input type="checkbox"/>	Copy of the Injured / Deceased Certificate of Medical Fitness	<input type="checkbox"/>
Copies of Machinery Operators Certificate of Competence	<input type="checkbox"/>	Copies of Machinery Operator's Certificate of Medical Fitness	<input type="checkbox"/>
Proof of safety induction training provided	<input type="checkbox"/>	Copy of Companies Risk Assessment	<input type="checkbox"/>