



# South African Maritime Safety Authority

Ref. SM 6/5/2/1

Date: 27 July 2018

## Marine Notice No. 26 of 2018

### 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, AND INCIDENTAL PERSONS

#### *Summary*

This Marine Notice amends the Occupational Casualty Reporting Form, which is the addendum to the SAMSA Casualty / Accident Report (TV5/325). It is aimed at the stevedoring industry, ship repair 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 and incidental persons are to complete the Addendum to the SAMSA Casualty / Accident Report Form: Occupational Casualty Report Form.
2. This form is to be completed in conjunction with the existing SAMSA Casualty / Accident Report (TV5/325).
3. The completed SAMSA Casualty / Accident Report (TV5/325) and Occupational Casualty Report forms are to be returned to the nearest SAMSA office along with all the requested additional documentation.
4. A copy of the form is annexed.

27 July 2018

SM 6/5/2/1

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## Addendum to SAMSA Casualty / Accident Report

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

### Occupational Casualty Reporting Form

- To be submitted with the SAMSA Casualty / Accident Report (TV5/325)
- To be completed for accidents, fatalities and serious injuries occurring to stevedores, ship repairers and shore based personnel working onboard ships

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

<b>2. Name of Vessel:</b>
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<b>3. Location Particulars of Casualty / Accident</b>				
Berth:	Hold No:	Area of Ship:	Berthed Starboard / Portside to:	Afloat / Dry Dock:

<b>4. Description of work being conducted at the time of the injury or accident?</b>

<b>5. Employment Particulars of Injured or Deceased Person</b>			
Permanently / Casually Employed		Duration of Employment:	
If Casual, Name of Labour Broker	Contact Person at Labour Broker	Labour Broker Telephone Number	Labour Broker Email Address

<b>6. Nature of Injuries:</b>					
Part of body affected	Head or neck	Eye	Trunk	Finger	Hand

	<b>Arm</b>	<b>Foot</b>	<b>Leg</b>	<b>Internal</b>	<b>Multiple</b>
<b>Effect on person</b>	<b>Sprains or strains</b>	<b>Contusion or wounds</b>	<b>Fractures</b>	<b>Burns</b>	<b>Amputation</b>
	<b>Electric shock</b>	<b>Asphyxiation</b>	<b>Unconsciousness</b>	<b>Poisoning</b>	<b>Occupat. Disease</b>
	<b>Other (Describe)</b>				
<b>Hospital Admitted to:</b>			<b>Date Admitted to Hospital</b>	<b>Date Discharged / to be Discharged from Hospital:</b>	

**7. Details of Equipment Used at the Time of Injury:**

Eg. Crane no | lifting gear ID no's | welding machine no. | ladder no's etc

**8. Particulars of Cargo | Ship | Equipment Damage**

<b>Cargo   Ship or Equipment Damage:</b>	<b>Location of Damage:</b>	<b>Equipment Involved in Damage:</b>
Eg. container dropped   gear struck ships railing   crane wire parted   fire etc		

**9. Supervisor & Witness Particulars**

Name of Team Leader / Foreman / Supervisor:

Names of all employees in the gang / team or witnesses to the accident			
Name	Position	ID No. / Company No.	Contact Number
1.			
2.			
3.			
4.			
5.			

**10. Notification of Casualty?**

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

**11. Additional Documentation to be Provided to SAMSA (as applicable)**

Copy of Injured / Deceased's ID	<input type="checkbox"/> Copy of the Injured / Deceased Certificate of Medical Fitness	<input type="checkbox"/>
Copy of Death Certificate if Deceased	<input type="checkbox"/> Copies of Machinery Operator's Certificate of Medical Fitness	<input type="checkbox"/>
Copy of First Medical Report	<input type="checkbox"/> Copy of Companies Risk Assessment & SOPs	<input type="checkbox"/>
Copy of the Safety Talk	<input type="checkbox"/> Copies of Machinery Operators Certificate of Competence	<input type="checkbox"/>
Proof that safety induction training was provided	<input type="checkbox"/> Copy of Work Permit/s	<input type="checkbox"/>
Copy of the Daily Safety Inspection	<input type="checkbox"/> Copy of Ships Gear Register	<input type="checkbox"/>