



ST. VINCENT AND THE GRENADINES
MARITIME ADMINISTRATION

CIRCULAR N° GEN 005

REPORT ON LOSS OF LIFE OR PERSONAL INJURY ON BOARD

TO: SHIPOWNERS, SHIPS' OPERATORS & MANAGERS, MASTERS

APPLICABLE TO: All vessels
ENTRY INTO FORCE: DATE OF THE PRESENT CIRCULAR

Monaco, 22nd April 2009

St Vincent and the Grenadines Maritime Administration highlights the importance of reporting all occupational accidents which result in personal injury or loss of life on board a vessel.

1. The annexed Form should be completed for **each** loss of life which is the result of an occupational accident.
2. The annexed Form should also be completed for **each** injury resulting from an occupational accident which incapacitates the injured person for more than seventy two hours (3 days).

The Shipowners, Ships' Operators, Ships' Managers, Masters and crew members are urged to collect appropriate evidence and to start an initial investigation as soon as possible in order to complete and submit the requested Report to St Vincent and The Grenadines Maritime Administration.

P.S. The Form can be downloaded in Word format at

<http://www.svg-marad.com/download.asp?path=Forms&newpath=Other%20Applications>



ST. VINCENT AND THE GRENADINES

MARITIME ADMINISTRATION

REPORT ON PERSONAL INJURY OR LOSS OF LIFE

NOTE

1. This Form should be completed for each loss of life which is the result of an occupational accident.
2. This Form should be completed for each injury resulting from an occupational accident which incapacitates the injured person for more than seventy-two hours (3 days).

Ship's details

Name:	Official Number
Type:	GT:
Propulsion Power	Owner's Name and address:
Length Overall	
Managing Company's name and address:	

Details of injured person

Full Name:	Home address
Passport No	Date of birth
Nationality	Activity engaged at the time of the accident
Crew Member or other(specify):	Full Name of Officer in charge or supervisor at the time of the casualty:
Nature of injury:	Total days incapacitated:

Person's details when a loss of life is involved

Full Name:	Home address
Passport No:	Date of Birth
Nationality	Activity engaged at the time of the accident
Crew Member or other (specify):	Full Name of person in charge or supervisor at the time of accident:
Reason for loss of life:	Date of loss of life:
	Where was the person located when the accident occurred:

Details of the accident

Date :	Location:
Times, UTC and Local Time	Time of the day: <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight
It occurred:	Other observations:
<input type="checkbox"/> at sea <input type="checkbox"/> at Port	

Date at which the next of kin has been notified and mean(s) of notification:

Description of the accident

(Indicate the sequence of events leading to the accident and the way it occurred. (Add a sketch and additional sheets, if necessary.)

Full Name of the first witness

Full Name of the second witness:

Address:

Address:

Assistance given

Indicate to whom the medical message was sent to:

Date of the first message:

Time of the first message:

Treatment Given Yes No

By whom:

Describe the treatment given:

Hospital's name:

Hospital's address:

Recommendations

Recommendations for corrective safety measures or preventive safety measures (if any) to prevent the recurrence of such an event:

Date:

Name and Position

Signature