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| **VESSEL DETAILS** |
| Describe the incident: Who, what, when, where and how – what happened?      |
| What created the risk?      |
| What actions have you taken to prevent similar incidents in the future?      |
| **RISK ASSESSMENT** |
| Did similar incidents occur previously? | [ ]  Yes [ ]  No |
| Was risk assessment conducted for this activity? | [ ]  Yes [ ]  No |
| Did the risk assessment highlight any concerns with the activity? | [ ]  Yes [ ]  No |
| Risk assessment reviewed? | [ ]  Yes [ ]  No |