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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 |