



# 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

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

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

4. Description of work being conducted at the time of the injury or accident?

5. Employment Particulars of Injured or Deceased Person			
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

6. Nature of Injuries:					
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"/>