



Maritec Tanker Management

Incident Reports Details

Ship File No : N/A
Office File No : N/A
Form No : N/A
Issue : N/A
Revision : N/A
Rev Date : N/A

Vessel : Bitu Express	Defect ID : 309	NCR # : 1/2023	Is NCR ? : Yes
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Defect Details

On the date of 08 Feb 2023 / 14:45 LT Duty Ab Amar Shinde lost from his hand one shakle on his right foot. Immediately was investigated for any fracture / dislocation / contusion - no any sign.
Administrated Ibuproven and Voltaren / Pain reliver gell. Rest in his cabin.

Requisition Code :

Categories

Primary :	Incident	Inspector - Internal :		Vessel Dept :	Deck
Secondary :	Lack of Training	Inspector External :		Office Dept :	Crew
		Inspection Date :			

Applicable Dates

Date Raised : 14-Feb-2023	ETC : 30-Apr-2023	Date Completed : 26-Apr-2023
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Other Details

Priority : Normal	Assigned By : Vessel	Verified By : Nawin Khaware
Display in Daily Meeting? : No	SFI :	Verified On : 26/Apr/2023

Causes

The reason could be attributed to the loss of balance due adverse weather Condition.

Corrective Action

Pay more attention while handling heavy object.

Preventive Action

Proper Instructions to be provided before starting any Jobs. Work supervision is the key to avoid any incident which was reemphasised after the incident. All hands are instructed to practice the principles of TAKE 5 prior commencing any jobs. Monitor the progress on a continuous basis.

Applicable Tags

Root Causes- Job Factor

Inadequate Leadership and / or Supervision

Root Causes- Personal Factor

Lack of Knowledge

Direct Causes- Unsafe Acts

Improper Lifting, Handling or Storage

Substandard Acts

Failure to follow procedure

Follow Up

On	By	Follow Up	
26/Apr/2023	Nawin Khaware	Subject crew member has been recovered from his injury, Basis submitted evidence, this incident could be considered as closed now.	
21/Apr/2023	Nawin Khaware	What's the present status of his Leg injury.	
21/Apr/2023	Nawin Khaware	ETC has been changed from "21 Feb 2023" to "30 Apr 2023".	
21/Apr/2023	Nawin Khaware	Please upload supporting docs if he has fully recovered from the injury.	
07/Apr/2023	Marin Panait Staff Code - 10017 - MST	On 24.02.2023 -AB Amar Shindle Disembark for shore treatment.	
13/Mar/2023	Nawin Khaware	What's the latest status of injured crew member. kindly upload supporting docs if he has been recovered fully.	
22/Feb/2023	Marin Panait Staff Code - 10017 - MST	Continous under monitoring and under medical treatment, still not recovered. Informed Office for medical attendance on Shore Tutunciftlik Port	
17/Feb/2023	Marin Panait Staff Code - 10017 - MST	On collaboration with vessel Agent, on 16-02-2023 AB Shinde was on shore for medical investigation. Found all ok, Fit for Work with restricted work.	Link1
15/Feb/2023	Marin Panait Staff Code - 10017 - MST	Vessel in communication with Shore Doctor, AB Amar Shinde will be sende on shore for X-Ray investigation as per Doctor advice. Checked his health condition, still remain same with small pain on his feet AB reiami in rest - follow medical indicatin rcvd from Doctor.	Link1 Link2 Link3 Link4 Link5
14/Feb/2023	Marin Panait Staff Code - 10017 - MST	Continous checked his health condition, decreasing the pain, after 2 days he was able to walk, bu still not fully recovered. Continous under checking - was able to walk fully after 4 days, still remain with same pain / no any sign of swelling; on the date of 13 feb 2023 was requested medical assistance from Shore Clinic.	Link1 Link2 Link3 Link4 Link5

Before & After Pictures

Before

After

	B. 4.10 - SEAFARERS MEDICAL REPORT FORM	Date : 01/01/2023
		Page : 1 of 3
		Made by : QHSE
		Approved by : GM
		Rev. No : 01

For Completion By Ship's Doctor Or Master & Hospital Or Doctor Ashore, In Case Of Illness Or Injury Affecting Seafarers.

Note :
Copies of this form should be provided for the seafarers' medical records, ship's Master (Or his representatives) & Hospital/Doctor ashore.

For Completion by Ship's Master:

Date (dd/mm/yy): 14/02/2023

Surname of Patient, Other Names: SHINDE AMAR ATMARAM

Date of Birth	31/05/1992	Name of Ship	BITU EXPRESS
Nationality	INDIAN	Ship-owner	PIKETT SHIPPING CO.
Seafarer's Registration N°	MUM288227	Name of Ship's Representative/Agent On Shore	BOUTROS MARITIME AND TRANSPORT S.A.
Shipboard Position Held	ABLE SEAMAN	Address/Telephone N° Of Ship's Representative On Shore	ISTANBUL OFFICES CUMHURİYET CAD. ADLI HAN NO.173/7 HARBIYE ISTANBUL 34373 - TURKEY +90 (533) 517-5772

Details of illness / injury. Treatment Received
Onboard Ship (Enclose Attachments if Necessary)
**LOSE FROM HAND ON HIS RIGHT FOOT ONE HEAVY OBJECT -abt 15 KG
IBUPROFEN / VOLTAREN LINGUENT**

Date of Onset of illness : 08/02/2023 Date Injury Occured : 08/02/2023
Date Work Ceased Onboard : 08/02/2023

For Completion by Hospital or Examining Doctor Onshore

Diagnosis

No fracture Tissue damage?

Date When Patient First Examined: 14.02.2023

Full Medical Documentation Should Be Attached As Necessary

Details of Specialised Examinations

X-Ray

To be completed as required & forwarded by E-Mail & filed as hard copy onboard in Bridge 4.10 folder

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	B. 4.10 - SEAFARERS MEDICAL REPORT FORM	Date : 01/01/2023
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Place :

Date : *Click or tap to enter a date.*

Signature of Doctor :

[Handwritten Signature]

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Treatment Given (Generic Names) of Drugs, Dosages, Route of Administration

Further Treatment To Be Given Onboard Ship

Precautions To Be Taken Onboard Ship
No

Other Observation Of Hospital or Examining Doctor?
Orthopedic Doctor / MRI?

Should See Another Doctor?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	When? Specify Specialty, If Necessary	_____
Is The Illness Contagious? Or Infectious?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Estimated Duration Of Illness	_____
Fit For Normal Work Now?	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Fit For Normal Work From	<input type="checkbox"/>	<input type="checkbox"/>		
Fit For Restricted Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Specify	_____
Unfit For Work	<input checked="" type="checkbox"/>	<input type="checkbox"/>	For How Many Days?	_____
Bed Rest Necessary	<input type="checkbox"/>	<input checked="" type="checkbox"/>	For How Many Days?	_____

Recommended To Be:

* Repatriated	<input type="checkbox"/>	Air Transport Recommended	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Should be Accompanied?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
* Hospitalized	<input type="checkbox"/>						

Name of Doctor (In Capital Letters, Written or Stamped), Position Held, Address, Telephone N°
Dr. OZGE PISKIN

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REÇETE			
Adı Soyadı	: AMAR ATMARAM SHİNDE	T.C. Kimlik No	:
Doğum Tarihi	: 31/05/1992 00:00:00	Protokol No	: 6650605
Reçete Türü	: NORMAL	E-Reçete No	:
Reçete Alt Türü	: Acil Reçetesi	Takip No	:
		Tarih	: 16/02/2023 11:58:00
TANILAR			
[WZZ] - Cıslanma çarpma veya onlarla diğer çarpışma			
İLAÇLAR			
1- ANESTOL %5 MERHEM			
1 (Bir) Kutu	1 X 1 Adet	1 GÜN	CILT ÜZERİNE (EPIDERMAL)
2- DİKLORON 25 MG.30 TB.			
1 (Bir) Kutu	1 X 1 Adet	1 GÜN	AGIZDAN (ORAL)
DR. ÖZGE PİŞKİN Dip. Tes. No: 256094 Aliağa Devlet Hastanesi			
DR. ÖZGE PİŞKİN Pratisyen Hekim (C.K.) Uzman Tescil No: 256094			
Sistemin çalışmaması nedeniyle E-Reçete düzenlenemiştir.			

