



**Part 1: To be filled in immediately when injury occurs and send to Office.**

<b>Vessel Name</b> :	Biskra		
<b>Report Date</b> :	21-Dec-2021		
<b>Report No.</b> :	0/2021		
<b>Department Name</b> :	N/A		
<b>Seafarer Name</b> :	NA		
<b>Task Involved</b> :	N/A		
<b>Type Of Event</b> :	NA	TEST	
<b>Location of Incident</b> :	N/A		
<b>Date of Event</b> :	NA	<b>Date of Reported</b> :	NA
<b>Ship Position(Lat.&amp;Long):</b>			
<b>Weather Conditions</b> :			
<b>Next Vessel Portcall</b> :	N/A		
<b>Next ETA Date</b> :	NA		
<b>Finding on Board</b> :			
<b>Treatment Administered</b> :			
<b>Medical Advice Required?</b>	No		
<b>Medevac Required ?</b> :	No		
<b>Any other comments?</b> :			

**Part 2: Injury Investigation details to be filled in afterwards**

**Work Instructions**

<b>A) Body Part Affected</b>		<input type="text" value="N/A"/>	
<b>B) Type of Incident?</b>		<input type="text" value="N/A"/>	
<b>C) Immediate Cause</b>	<b>1)Substandard Acts</b>	<input type="text" value="N/A"/>	<input type="text"/>
	<b>2)Substandard Conditions</b>	<input type="text" value="N/A"/>	
<b>D) Root cause of Incident</b>	<b>1)Personal Factors</b>	<input type="text" value="N/A"/>	<input type="text"/>
	<b>2)Job Factors</b>	<input type="text" value="N/A"/>	

Could the accident be avoided?

**Injury Type**  
**(Please refer to OCIMF-Marine Injury Reporting Guidelines )**

**Selected Injury Type** :

**How will the Ship/Company prevent recurrence** :