|  |
| --- |
| **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 |