

# ATLANTIC PILOTAGE AUTHORITY OHS SYSTEM

## APA OCCURRENCE REPORT

### GENERAL INFORMATION

- Occurrence Type:  
(check all that apply)
- |   |   |
|---|---|
| <input type="checkbox"/> FIRST AID        | <input type="checkbox"/> NEAR-MISS                              |
| <input type="checkbox"/> MINOR INJURY     | <input type="checkbox"/> DAMAGE (EQUIPMENT, VESSEL, PROPERTY)   |
| <input type="checkbox"/> DISABLING INJURY | <input type="checkbox"/> MOTOR VEHICLE ACCIDENT                 |
| <input type="checkbox"/> FATALITY         | <input type="checkbox"/> ENVIRONMENTAL DAMAGES (OIL SPILL, ETC) |
| <input type="checkbox"/> COMPLAINT        | <input type="checkbox"/> REPORTABLE MARINE ACCIDENT/INCIDENT    |

Location of occurrence: \_\_\_\_\_

Date & time of occurrence: \_\_\_\_\_

Date & time reported: \_\_\_\_\_ Reported to: \_\_\_\_\_

Weather/sea conditions: \_\_\_\_\_

Witnesses: \_\_\_\_\_

(RECORD WITNESS STATEMENTS ON SEPERATE SHEET & ATTACH)

### INJURY

Name: \_\_\_\_\_

Nature and extent of injury: \_\_\_\_\_

First aid administered & time; name of first-aider: \_\_\_\_\_

### DAMAGE

Nature and extent of damage: \_\_\_\_\_

### INVESTIGATION

Sequence of events leading to occurrence: \_\_\_\_\_

# **ATLANTIC PILOTAGE AUTHORITY OHS SYSTEM**

## **ANALYSIS**

A) Unsafe conditions: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B) Unsafe acts: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

C) Root causes (ask **why** unsafe acts or conditions existed!): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

D) Failures in the OHS System (ask **why** again!): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## **CORRECTIVE ACTIONS**

Actions **taken, planned, and recommended** to prevent recurrence:

Action (number each action, i.e. 1, 2, 3...)	Person Responsible	Completion By (target)

Report completed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_