

FORM XII

To be sent to the Inspector, Dock Safety
Address:

REPORT OF ACCIDENT AND DANGEROUS OCCURRENCE

(Required by Regulation 91 of the Dock Workers (Safety, Health and Welfare) Regulations, 1990 in pursuance of Section 22 of the Dock Workers (Safety, Health and Welfare) Act, 1986).

- 1. Name of the Employer
- 2. Address of the Employer
- 3. Ship or other exact place where accident or.....
dangerous occurrence happened.
- 4. Date, Shift and hour of accident or dangerous.....
occurrence

	Date	Shift	Hour
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5. (i) Name & address of injured person	Sex	Age	Years	Occupation No.	Experience in the trade
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- (ii) Nature & extent of injuries. (e.g. fatal,
loss of finger, fracture of legs)
- (iii) By whom treatment was given?
- (iv) Was the injured person disabled for more.....
than forty-eight hours?
- (v) Type and name of cargo handled.

- 6. Hour at which the injured person started work.....
- 7. Cause of accident or dangerous occurrence
- 8. Accident:

- (a) If caused by machinery state:
 - (i) Name of machine and part causing.....
the accident
 - (ii) If moved by mechanical power at the.....
time.
- (b) State exactly what the injured person was.....
doing?

- 9. Dangerous occurrence:
 - (a) Nature of collapse or failure of lifting.....
appliance.
 - (b) Nature of the breakage of rope, chain or.....
other appliances.
 - (c) Nature of collapse or failure of means of.....
access to or from a ship
 - (d) Nature of any other Dangerous
Occurrence as covered under Regulation.....
90 other than 9(a), 9(b) and 9(c) above.

Signature

Dated

(To be filled in by Inspector)

Port
Date of receipt
Accident/Dangerous Occurrence No.
Causation
Sex
Remarks

I N S T R U C T I O N S

REPORTING OF ACCIDENTS AND DANGEROUS OCCURRENCES

Reporting of accidents:

- (1) Notice of any accident in dock which either:
 - (a) Causes loss of lift to a dock worker, or
 - (b) Disable a dock worker from work on which he was employed for the rest of the day or shift in which the accident occurred, shall forthwith be sent by telegram, telephone or special messenger within four hours of the occurrence to:
 - (i) the Inspector;
 - (ii) the relatives of the workers when the accident causes loss of life to the dock worker or is likely to disable the dock worker from work for more than ten days; and
 - (iii) in the case of fatal accidents only, the officer-in-charge of the nearest Police Station and the District Magistrate or if the District Magistrate by order so directs the sub-divisional Magistrate;
- (2) In cases of accidents falling under clause (b) of sub-regulation (1), the injured person shall be given first-aid and thereafter immediately conveyed to a hospital or other place of treatment.
- (3) Where any accident causing disablement, results in the death of dock worker disabled; notice in writing of the death shall be submitted to the authorities mentioned in sub-regulation (1) within 72 hours after the death occurs and acknowledgement obtained.
- (4) The following classes of dangerous occurrences shall be reported to the Inspector, whether death or disablement is caused or not, in the manner prescribed in sub-regulation (1).
 - (a) collapse or failure of lifting appliances or breakage or failure of ropes, chains or loose gears, including slings, lifting beams, container spreaders, etc, or over turn or displacement of cranes used in dock work, falling of hatchboards or beams or cargo slings, displacement of hatch beam resulting in the fall of hatch beams or coverings;
 - (b) collapse or subsidence of any wall, floor, gallery, roof, platform, staging or means of access;
 - (c) explosion of a receiver or vessel used for the storage, at a pressure greater than atmospheric pressure, of any gas or gases (including air) or any liquid or solid resulting from the compression of gas;
 - (d) explosion of fire causing damage to any place in the docks in which dock workers are employed;
 - (e) failure, capsizing, toppling or collision of transport equipment;
 - (f) spillage or leakage of dangerous cargoes or damage to their containers;
 - (g) breakage, buckling or damage of freight containers;
- (5) If a failure of lifting appliance, loose gear or similar other gears and transport equipment has occurred, the concerned shall as far as practicable be kept undisturbed until inspected by an Inspector;
- (6) In addition every notice given under sub-regulation (1) and sub-regulation (4), shall be confirmed within seventy-two hours of the occurrence by submitting a written report to the Inspector in [Form XII](#) provided that in case of an accident under clause (b) of sub-regulation (1) such written report need be submitted only when the dock worker is disabled from work on which he was employed for more than forty-eight hours from the time of accident.

ACCIDENT FORM ANNEX
(To be sent to Safety Cell)

Date:

1	DEP No. of Injured worker or person Gang & IC No./Wage & Regd. No.	
2	PF No. MAR No. & Mobile No. of Injured worker	
3	Surrounding details of accident spot	
4	Part of body injured (Head, hand, arm, knee, ankle, foot, chest, abdomen, etc.)	
5	In case of fatal accident – i) Position of deceased lying at the spot ii) Protective equipment worn by him	
6	Name(s) & contact number(s) of eye witnesses or first person seen the accident	
7	Name & contact No. of the person escorted with injured to dispensary or hospital	
8	How the accident occurred (write in detail)?	
9	Name & contact No. of equipment / vehicle operator involved in the accident	
10	Description & model of equipment / vehicle and cargo involved in the accident	
11	Name & contact number of Supervisor of the operation	
12	Whether the injured admitted in hospital or send home after treatment or re-join his duty on the same day/shift	
13	Ambulance No. - Shifted injured to which hospital - At what time	
14	What action(s) has been taken to avoid similar accident in future	
15	The incident reported to which officials	

Name & Signature

Section Officer