

This form is to be used for **all** Marine incidents (Incident / Near miss / Safety Observations, Non-compliant Pilot Transfer and Boarding Arrangements). Completed forms are to be returned to the Harbour Masters department within 24 hours.

SECTION 1 – PERSONNEL DETAILS				
PLA Staff <input type="checkbox"/>	PLA / Medway Pilot <input type="checkbox"/>	PEC Holder <input type="checkbox"/>	Master / Owner <input type="checkbox"/>	Other (State) <input type="checkbox"/> _____
Surname:		Forenames:		
Job Title or No:		Phone No:		
Email Address:		RYA/BML/CoC No:		
SECTION 2 – VESSEL DETAILS				
Vessel Name		Container Vessel <input type="checkbox"/>	PLA Vessel <input type="checkbox"/>	
IMO Number		Dredger <input type="checkbox"/>	Recreational Vessel <input type="checkbox"/>	
LOA		Fishing Vessel <input type="checkbox"/>	Ro-Ro Vessel <input type="checkbox"/>	
Beam		General Cargo <input type="checkbox"/>	Tanker <input type="checkbox"/>	
Draft		Government / Military <input type="checkbox"/>	Tug <input type="checkbox"/>	
Air Draft		Hovercraft <input type="checkbox"/>	Workboat <input type="checkbox"/>	
Freeboard		Large commercial yacht <input type="checkbox"/>	Other (Please specify)	
Loaded / Ballast		Passenger Vessel <input type="checkbox"/>		
Specified Vessel	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pilot Boat <input type="checkbox"/>		
Manoeuvring Characteristic:				
SECTION 3 – INCIDENT DETAIL & CATEGORY				
Incident <input type="checkbox"/>		Near Miss <input type="checkbox"/>		
Location:		Time:	Date:	
Embarking / Boarding <input type="checkbox"/>		Disembarking / Landing <input type="checkbox"/>		
Underway / Making way <input type="checkbox"/>		At Anchor / Berthed <input type="checkbox"/>		
Category of Incident or Near Miss (Please tick all that apply)				
Breach of Regulations <input type="checkbox"/>		Security <input type="checkbox"/>		
Collision <input type="checkbox"/>		Non-Compliant Pilot Transfer Arrangement <input type="checkbox"/>		
Contact <input type="checkbox"/>		Non-Complaint Boarding Arrangement <input type="checkbox"/>		
Deficiency Fire / Explosion <input type="checkbox"/>		Wash / Draw off <input type="checkbox"/>		
Environment <input type="checkbox"/>		Other (Please State): <input type="checkbox"/>		
Floating Hazard <input type="checkbox"/>				
Loss of hull Integrity <input type="checkbox"/>				
Man overboard <input type="checkbox"/>				
Navigation Hazard <input type="checkbox"/>				
Pollution <input type="checkbox"/>				
Swamping <input type="checkbox"/>				

**SECTION 4 –WEATHER & TIDAL INFORMATION (Please tick all that apply)**

Weather	Visibility (mile)	Wind Speed / Gusts & Direction	Sea State	Swell Height	Light Conditions	Tidal Information
Clear <input type="checkbox"/>	V Good > 25 <input type="checkbox"/>	0-10kts <input type="checkbox"/>	Calm <input type="checkbox"/>	0-0.5m <input type="checkbox"/>	Daylight <input type="checkbox"/>	HW ___:___
Fog/Mist <input type="checkbox"/>	Good < 25 <input type="checkbox"/>	10-20kts <input type="checkbox"/>	Slight <input type="checkbox"/>	0.5-1.0m <input type="checkbox"/>	Dawn <input type="checkbox"/>	STN _____
Rain <input type="checkbox"/>	Mod < 5 <input type="checkbox"/>	20-30kts <input type="checkbox"/>	Mod <input type="checkbox"/>	1.0-2.0m <input type="checkbox"/>	Dusk <input type="checkbox"/>	Neap <input type="checkbox"/>
Snow <input type="checkbox"/>	Poor < 2 <input type="checkbox"/>	30-40kts <input type="checkbox"/>	Rough <input type="checkbox"/>	2.0-3.0m <input type="checkbox"/>	Darkness <input type="checkbox"/>	Spring <input type="checkbox"/>
Sunny <input type="checkbox"/>	V.Poor <0.5 <input type="checkbox"/>	40-50kts <input type="checkbox"/>	V.Rough <input type="checkbox"/>	3.0-4.0m <input type="checkbox"/>	Floodlight <input type="checkbox"/>	Slack <input type="checkbox"/>
Overcast <input type="checkbox"/>	Unknown <input type="checkbox"/>	50-60kts <input type="checkbox"/>	High <input type="checkbox"/>	4.0-5.0m <input type="checkbox"/>	Artificial <input type="checkbox"/>	Flood <input type="checkbox"/>
Unknown <input type="checkbox"/>		E N S W		5m+ <input type="checkbox"/>		Ebb <input type="checkbox"/>

**SECTION 5 – DESCRIPTION OF SEQUENCE OF EVENTS LEADING TO THE END OF THE OCCURRENCE ( Please use sketches to help explain if appropriate )**

Box will expand as text is added (delete unused lines)

**SECTION 6 – PLEASE STATE WHY YOU THINK THE OCCURRENCE HAPPENED AND ACTIONS TAKEN TO PREVENT RE-OCCURRENCE**

Box will expand as text is added (delete unused lines)

Any Witnesses/Names of persons who saw what happened:

**I verify that, to the best of my knowledge, the details given above are accurate**

Signature \_\_\_\_\_ Date \_\_\_\_\_

To complete this report online please go to [www.PLA.co.uk/Incidents](http://www.PLA.co.uk/Incidents) or send to:-

**Upper**-Email – [HMU@PLA.co.uk](mailto:HMU@PLA.co.uk) – Teddington to Dagenham  
 Post – Harbour Master (Upper) Pinnacle House, 23-26 St Dunstan’s Hill, London, EC3R 8HN  
**Lower** – Email – [Lowerdistrict@PLA.co.uk](mailto:Lowerdistrict@PLA.co.uk) – Dagenham to the Estuary (PLA Outer Limits)  
 Post – Harbour Master (Lower ) London River House, Royal Pier Road, Gravesend, Kent, DA12 2BG