

Initial Assessment Form

Instructions: Items marked with an asterisk (*) are the most critical for initial assessment, and should be as accurate as possible. Critical information should be passed shore side as soon as possible. Additional information can be provided later.

REAL WORLD INCIDENT
 DRILL OR EXERCISE

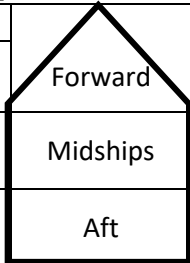
Key Info	Vessel Name*: _____ IMO or Official Number*: _____	
	Info on this Form Provided By*: _____ Date & Time*: _____ Company: _____ Phone: _____ Email: _____	
Casualty Specifics	Date & Time of Casualty*: _____ Nearest Port: _____ Position*: <input type="checkbox"/> Offshore <input type="checkbox"/> Pier side <input type="checkbox"/> Near shore <input type="checkbox"/> River Latitude: _____ <input type="checkbox"/> N <input type="checkbox"/> S Longitude: _____ <input type="checkbox"/> E <input type="checkbox"/> W Other Location Info: _____ Crew Injury Requiring Medevac *: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN Details: _____ Pollution*: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN Number of Persons Onboard: _____ All accounted for: <input type="checkbox"/> YES <input type="checkbox"/> NO Type of Casualty*: (Check all that apply) Pilot Onboard: <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Unknown <input type="checkbox"/> Grounding <input type="checkbox"/> Sinking <input type="checkbox"/> Risk of fire <input type="checkbox"/> Capsizing <input type="checkbox"/> Collision/Allision <input type="checkbox"/> Flooding <input type="checkbox"/> Fire/explosion <input type="checkbox"/> Structural <input type="checkbox"/> Oil/HAZMAT Spill <input type="checkbox"/> Loss of Main Propulsion <input type="checkbox"/> Other: _____ Damage Description* refer to page 2 for further Damage Detail: <input type="checkbox"/> No Damage <input type="checkbox"/> Above Waterline <input type="checkbox"/> Below waterline <input type="checkbox"/> Unknown Main ship systems known to be inoperable: <input type="checkbox"/> Communication <input type="checkbox"/> Lifesaving <input type="checkbox"/> Main Engine <input type="checkbox"/> Navigation <input type="checkbox"/> Firefighting <input type="checkbox"/> Ballast System <input type="checkbox"/> Auxiliary Engine(s) <input type="checkbox"/> Vessel's Crane <input type="checkbox"/> Mooring winches <input type="checkbox"/> Anchor Windlass <input type="checkbox"/> Inert Gas System <input type="checkbox"/> Cargo Handling System <input type="checkbox"/> Other: _____ Weather (Beaufort Scale or other details): _____ Wind Speed: _____ Wind Direction: _____ Estimated Wave Ht: _____ m <input type="checkbox"/> ft Swell Direction: _____ Set and Drift: _____	
	Contact Info	Vessel Info*: Master's Name: _____ Company: _____ Phone: _____ Email: _____ Designated Person Ashore or Other Primary Contact*: Name: _____ Company: _____ Phone (mobile): _____ Email: _____ Agent Information: Name: _____ Company: _____ Phone (mobile): _____ Email: _____
	Vessel Details	Vessel type*: _____ LOA*: _____ m <input type="checkbox"/> ft LBP: _____ m <input type="checkbox"/> ft Breadth/Beam*: _____ m <input type="checkbox"/> ft Depth*: _____ m <input type="checkbox"/> ft <input type="checkbox"/> TPI <input type="checkbox"/> TPC: _____ Summer Load Line Draft: _____ m <input type="checkbox"/> ft Lightship Displacement/Wt: _____ Fast Oil Recover System (FORS): <input type="checkbox"/> YES <input type="checkbox"/> NO Tow Bracket: <input type="checkbox"/> FWD <input type="checkbox"/> AFT <input type="checkbox"/> NONE Damage Assessment Provider: <input type="checkbox"/> ABS RRDA <input type="checkbox"/> DNVGL ERS <input type="checkbox"/> BV ERS <input type="checkbox"/> LLOYDS SERS <input type="checkbox"/> NONE <input type="checkbox"/> Other: _____
	Loading Details	Cargo Type and Quantity*: _____ <input type="checkbox"/> HAZMAT Bunkers Onboard: _____ Onboard Loading Computer: Please send printout and load case file (or EDC) with this form <input type="checkbox"/> CARGOMAX <input type="checkbox"/> GLM/GHS <input type="checkbox"/> NAPA <input type="checkbox"/> LOADMASTER <input type="checkbox"/> NAVIS MACS3 <input type="checkbox"/> NONE/UNKOWN <input type="checkbox"/> OTHER: _____

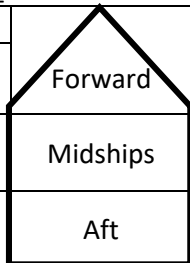
Page 2 contains less urgent information and should be filled in as known.
 Do not delay transmission of critical info on Page 1 if some information is not known.

****Please provide Safety Data Sheet for Cargo**

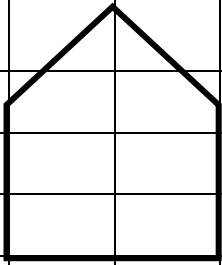
Initial Assessment Form

Vessel Drafts

Pre-Casualty Drafts		
Date: _____		Time: _____
Heel: _____ °		Units: <input type="checkbox"/> m <input type="checkbox"/> ft
Port		Starboard
Notes: _____		

Post-Casualty Drafts		
Date: _____		Time: _____
Tide: <input type="checkbox"/> High <input type="checkbox"/> Low		Height: _____ <input type="checkbox"/> m <input type="checkbox"/> ft
Heel: _____ °		Units: <input type="checkbox"/> m <input type="checkbox"/> ft
Port		Starboard
Notes: _____		

Water Depth Info

Water Depths					
Date: _____		Time: _____			
Units: <input type="checkbox"/> m <input type="checkbox"/> ft					
Write in water depths around the hull.					
					

Site Specifics

Bottom type:
Mud/Silt Sand Rock Gravel Coral

Next High Tide:
 Time: _____ Height: _____ m ft

Next Low Tide:
 Time: _____ Height: _____ m ft

Is the vessel sheltered? YES NO UNKNOWN

Any nearby obstructions? YES NO UNKNOWN

Actions Taken by the Crew: (Check ALL that apply)

Notifications Made Anchor set Ballast or Deballast
 Tugs Connected Fixed Firefighting System Activated
 Crew engaged in firefighting Cargo Shifting
 Initial Damage Survey Refloat attempt made
 Pushed into bank/intentional beaching
 Cargo Transfer/Offload Soundings Taken
 OTHER: _____

Crew Actions

Damage Details

Damage Description (if applicable describe damage and flooding on the vessel): _____

Flooding: _____

Structural Damage: _____

Equipment and Machinery Details: _____

Notes

Notes: _____

Record

Recorded by: _____ **Company:** _____

Date & Time: _____ **Phone:** _____