Shipboard Accident/Incident Declaration Form

Date of Incident
Time of Incident
Location on Board
Reported By (Name & Position)
Persons Involved
Time of Assident/lesident
Type of Accident/Incident
Description of Accident/Incident
Description of Academic Monagement
Immediate Actions Taken
miniediate / tellene raken
Witnesses
Williesses
Follow-up Actions/Recommendations
ф. изгания по
Investigator (Name & Signature)
miredigate: (rame a digitation)
Date of Report
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