## **Ship/Shore Safety Deviation Report Form**

Ship Name
IMO Number
Port/Terminal
Berth
Date
Time
Description of Deviation
Risk Assessment / Potential Consequences
Tusk Assessment / Foterital consequences
Immediate Action Taken
Corrective or Preventive Actions Proposed
Controllive / Calonia i Toposeu
Additional Remarks

Ship Representative Name
Rank/Role
Shore Representative Name
Designation/Role