

Ship Crew Injury Report

Crew Member Details

Full Name

Rank / Position

Crew ID / Employee No.

Date of Birth

Nationality

Incident Information

Date of Incident

Time

Location on Ship

Activity at Time of Incident

Injury Details

Type of Injury

Part of Body Injured

Severity

Description of Injury

Incident Description

Describe How The Incident Happened

Immediate Actions Taken

Describe Actions Taken

Witnesses

Witness Names (if any)

Person Reporting

Name

Position

Report Date