BOATING ACCIDENT/INJURY INVESTIGATION REPORT

Section I - Personnel Data

Crew member’s description of accident:

__________________________________________________________________________________________
__________________________________________________________________________________________

Lost Time:  Yes ☐ hrs: __________________  No ☐

Section II - Accident/Conditions

A. Please identify the **primary cause** of the injury/illness *(Carelessness is not an acceptable response).*

__________________________________________________________________________________________
__________________________________________________________________________________________

B. Are you aware of **similar occurrences** in your department or work area?  Yes ☐  No ☐

C. Please identify secondary causes or **contributing factors** *(Check all that apply).*

☐ Equipment Malfunction  ☐ Violation of Float Plan  ☐ Capsizing
☐ Violation of procedure (e.g., Failure to use PPE)  ☐ Heat/Cold Emergency  ☐ Dehydration
☐ Environmental Related (Weather)  ☐ Fire  ☐ Poor Condition of Dock
☐ Other (be specific): _________________________________________________________________________

D. Was the location or condition of the accident **evaluated within 24 hours** of the incident? Yes ☐  No ☐

If no, date evaluated? _____/_____/_____  By whom: ____________________________

Briefly describe findings: _____________________________________________________________________
___________________________________________________________________________________________________________

E. In your opinion, is job specific safety **training/counseling** required?  Yes ☐  No ☐

F. Describe what **specific steps** have been taken to **prevent recurrence** *(If no actions have been taken please explain)*

___________________________________________________________________________________________________________
___________________________________________________________________________________________________________

G. The cause of the injury and steps to prevent recurrence **have been discussed** with the crew member.

__________________________________________________________________________________________

______________________________         _________________________________ _______________
Supervisor’s signature                   Crew Member’s signature       Date

Exposure Potential: ☐ Mild  ☐ Moderate  ☐ Significant
Probability of Recurrence: ☐ Frequent  ☐ Occasional  ☐ Rare

Section III - Follow-up *(To be completed by DSO)*

Date received:

06/04