



PORTLAND HARBOUR LEISURE INCIDENT REPORT FORM

This Form is to be used to report a Navigational or Safety Incident or Near Miss to the Portland Harbour Master.

URGENT Navigational matters should be reported immediately to the Harbour Master via Harbour Control on VHF Channel 74 or by telephone on 01305 824044. The Harbour Master may require a follow-up written report in support of the initial verbal advice, for which this form should be used.

Section 1 - Incident				
Incident Reported to Duty Harbour Master	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Date of Incident	Time of Incident			

Section 2 – Master/Owner Details	
Name	
Address	
Post Code	Email Address
Telephone	Mobile
Qualification(s)	
Club if applicable	

Section 3 – Vessel Details	
Name of Vessel	Type of Vessel
Length (m)	Beam (m)
Draught (m)	P&HD's Number
Details of Propulsion/Manoeuvring Aids	

Section 4 – Other Vessel/Object Details (if applicable)	
Name of Vessel	Type of Vessel
Object	
Any other details	



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Section 5 – Nature of Incident

Incident Type *(please tick as appropriate)*

Collision (Vessel)		Contact (Object)	
Near Miss		Grounding	
Dangerous Occurrence		Fire/Explosion	
Pollution		Ingress of Water	

Other (please specify)

Was Medical Attention Required?	YES/NO	WIND SPEED		WIND DIRECTION	
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Date	Time
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Location/Hospital

Nature of Injury

Section 6 – Details of Incident

Please provide an explanation of the incident in concise terms following the sequence of events and if necessary expanding on them. Include in your account, any Agencies or Authorities contacted at time of incident (e.g. Emergency Services, MCA, MAIB) and information on any lookouts posted, lights/shapes displayed, sound signals in use at the time of the incident and any other pertinent information. Please continue on another sheet if necessary.

A sketch and/or photographs should accompany this report where appropriate.



PORTLAND HARBOUR
AUTHORITY

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Section 6 – Details of Incident *(Continued)*

SUGGESTED PREVENTATIVE ACTION *(Describe how the accident/incident/near miss could be avoided)*

Name	Position
Date of Report	Signature of Person Submitting Report

REPORT OF ACCIDENT/INCIDENT/ NEAR MISS/DANGEROUS OCCURRENCE

BY PHA OFFICERS

COMMENTS

Empty box for comments.

PREVENTATIVE ACTION REQUIRED

Empty box for preventative action required.

DATE ACTION COMPLETED