GEOSHIPPING

Accident / Incident Report

AGS-MFO-0025 Rev 2

6. PERSONNEL INJURY: N/A
☐ Lost Time Accident ☐ Medical Treated Incident
☐ Restricted Work Case ☐ First Aid Case

CONSEQUENCES:
☐ Death ☐ Non-Serious
☐ Serious ☐ Other: _____

7. **PERSONNEL ILLNESS** N/A
☐ Personnel Illness ☐ Separate Report forwarded (no. of pages)
Medical Doctor contacted: ☐ yes, ☐ no **if yes**: name of MD:
Person sent ashore: ☐ yes, ☐ no - **if yes**: date: and place:

8. **NAME** N/A
Name of Main Person Involved: Age: Employer:
Date of Birth (dd/mm/yy): Position/Profession:
Other Personnel Involved (Name):
Name of Supervisor/Foreman:

9. **EXPERIENCE/EMPLOYMENT** N/A
Experience relevant for this job: years. Total time of experience: Duration of this work operation: days
Geoshipping Employee: ☐ yes, ☐ no **if yes**: time within Company:

10. **SHIFT** N/A
Total man-hours worked this day: hours
Total work days this shift period: days
Did the event occur during normal working days: ☐ yes, ☐ no
if no: ☐ Overtime ☐ Training ☐ Off Shift

Other relevant information:

11. **INVOLVEMENT** N/A
Parallel ongoing work operation: ☐ yes, ☐ no **if yes,** specify:
System/Equipment in use (specify):
Other relevant information:

12. **IF INJURED, SPECIFY** N/A

☐ Head	Eye	☐ Left	☐ Right
☐ Mouth	Ear	☐ Left	☐ Right
☐ Neck	Shoulder	☐ Left	☐ Right
☐ Chest	Arm	☐ Left	☐ Right
☐ Stomach	Hand	☐ Left	☐ Right
☐ Back	Knee	☐ Left	☐ Right
☐ Hip	Leg	☐ Left	☐ Right
☐ Finger	Foot	☐ Left	☐ Right

Was evacuation of injured person required: ☐ yes, ☐ no
if yes, ordered by:

Short description of treatment.

13. Witness No. 1: Name: CH ENG MR PATRICK WILDERMOTH
Address: 78 PRINCESS ST, NORTHOTE PT, AUCKLAND, NZ
Witness No. 2: Name:
Address: SEE ATTACHED REPORT
Attachments: ☐ Witness 1 Report ☐ Witness 2 Report ☐ Patient Check Lists

14. **REPORTING**
Will there be a need for further reporting? ☑ yes, ☐ no **if yes:** ☐ NMD ☐ NPD ☐ Other Authority TBA
If yes, has this been sent?: ☐ yes, ☑ no Comments:

SIGNATURES
Date: 2/3/08 Master: [signature] Date: _____ Safety Delegate: _____

REFER TO AMSA REPORT PREVIOUSLY SUBMITTED TO DOF SUBSEA AU HSE - KHANN SINCLAIR