

<b>Accident at work</b>	
<b>Occupational injury while operating the ship</b>	
Location of incident	<input type="checkbox"/> deck area <input type="checkbox"/> bridge area <input type="checkbox"/> superstructure <input type="checkbox"/> hold area/tank area <input type="checkbox"/> engine control area <input type="checkbox"/> forecastle area <input type="checkbox"/> Leisure Craft <input type="checkbox"/> other/ashore (please state):
Type of work	
Assistance after accident/salvage	
Supervision of the assistance	
External assistance	
Results from assistance	
Compliance with regulations for safety at work	<input type="checkbox"/> Yes <input type="checkbox"/> No