

Incident report form

Recreational and small commercial vessels (non PEC)

Section one: Master/owner details

Name

Address

Email address

Telephone numbers

In the interest of safety, mariners or recreational and small commercial vessels are encouraged to complete this form for all reportable incidents which may be used to assist the Harbour Master in an investigation.

The ongoing statistical data gathered will also be used to develop future safety initiatives.

This form should be used to report a Navigational or Safety Incident or Near Miss within Jersey Territorial Seas.

Urgent navigational matters should be reported immediately to Jersey Coastguard on VHF 82 or by telephone on +44 (0)1534 447704. If you are within the Port limits of St Helier Harbour, call St Helier VTS on VHF 14 or telephone +44 (0) 1534 447722. The Harbour Master may receive a follow-up written report in support of verbal advice, for which this form is to be used.

Qualifications (RYA etc)	
Club / organisation / company	
Section two: Vessel details	
Name of vessel	
Registration number	
Type of vessel	
Length (m)	
Draught (m)	
Beam (m)	
Details of propulsion system	
Additional information	

Please complete as much of the form as you consider necessary and return to the Harbour Master at Maritime House, La Route du Port Elizabeth, St Helier, Jersey JE1 1HB or email harbourmaster@ports.je Should we require further information, we will contact you directly.



Section three : Other vessel / object details	s (if applicable)	
Name of vessel		
Registration number		
Type of vessel		
Object		
Additional information		
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Section four : Nature of incident		
Incident type		
Leave blank if not applicable		
If other selected		
Reporting safety concern? For example, obstruction	ction/hazard to navigation/hydrological information	
Date	Location	
Time	Tide	
Visibility (NM)	Weather	
Section five : Details of incident		
on them. Include in your account any authoritie VTS, Jersey Coastguard, Police, Fire & Rescue Se posted, lights or shapes displayed, sound signals	dent following the sequence of events, if necessary expanding es contacted at the time of the incident (for example St Helier ervice, Ambulance Service) and information on any look-outs in use at the time of the incident and any other pertinent ald accompany this report where appropriate. Please continue	

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Section six : Declaration	
Name of person submitting this form	
Position	
Date of report	
Signature	

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