

Shetland Islands Council
Marine Report Form SMSF-P-1001

This Marine Report Form (MRF) is to enable SIC stakeholders to report any marine event or issue for the attention of the Harbour Authority. Such reports will be assessed, categorised and recorded by the Harbour Authority. Where necessary, further investigation may be undertaken and recorded.

SECTION 1 PERSON MAKING REPORT

Employee	Pilot	VTS		Other(State)
Date of Occurrence			Time	
Surname			Forename(s)	
Job Title				

SECTION 2 LOCATION OF OCCURRENCE

Ship or Craft (berthed)		Uyeasound		West Burra / Hamnavoe
Ship or Craft (underway/at sea)		Mid Yell		Hamars Ness, Fetlar
Sullom Voe		Cullivoe		Symbister/North Voe
Yell Sound		West Burrafirth		Out Skerries
Scalloway		Vaila Sound / Gruting Voe (Walls)		North Haven, Fair Isle
Baltasound		Sandness		Other (please specify)

SECTION 3 VESSEL DETAILS

Name		Tanker:		Container
IMO Number		Product	<input type="checkbox"/>	General/Bulk
LOA		Chemical	<input type="checkbox"/>	Ferry/Cruise
Beam		Crude	<input type="checkbox"/>	Tug/Port
Draft		Gas	<input type="checkbox"/>	North Sea Oil Related
Loaded/Ballast		Bitumen	<input type="checkbox"/>	Tall Ship/Pleasure
Dangerous Cargo		Other	<input type="checkbox"/>	Dredger
Remarks		Agent (please specify)		Other (please specify)

SECTION 4 CATEGORY

Close Quarters	<input type="checkbox"/>	Infringement, Fishing Vessel	<input type="checkbox"/>
Cargo/Bunkers, loss of containment causing pollution	<input type="checkbox"/>	Infringement, Pleasure Craft	<input type="checkbox"/>
Collision		Infringement, Port/Jetty Regulations	<input type="checkbox"/>
Communication Failure, Equipment		Lack of Navigational Charts/Publications/Plans	<input type="checkbox"/>
Contact with Pier/Jetty/Object		Lack of Notification of Movement	<input type="checkbox"/>
Defective Equipment/ Machinery		Loss of Anchor/Cargo/Equipment	<input type="checkbox"/>
Excessive Speed in Channel		Mechanical/Technical Failure, major potential	<input type="checkbox"/>
Failure of Good Working Practice		Mechanical/Technical Failure, minor potential	<input type="checkbox"/>
Failure of Mooring Equipment		Non-Compliance with National/International Regs	<input type="checkbox"/>
Failure of Seamanship/Good Practice	<input type="checkbox"/>	Towage, Dangerous Occurrence	<input type="checkbox"/>
Failure to call at Reporting Point	<input type="checkbox"/>	Towage, Infringement	<input type="checkbox"/>
Grounding	<input type="checkbox"/>	<i>General Recommendation</i>	<input type="checkbox"/>
Infringement, Byelaws/General Directions	<input type="checkbox"/>	Other:	

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Complete all Sections

SECTION 5 MET. AND HYDROGRAPHICAL INFORMATION

Visibility:	Good <input type="checkbox"/>	Moderate <input type="checkbox"/>	Poor: (please tick box)	0~5 cables <input type="checkbox"/>	0.5~1.0nm <input type="checkbox"/>	1.0~1.5n m <input type="checkbox"/>
Wind Direction		Wind Speed	Gusts	Sea State		Swell Height
N <input type="checkbox"/>	NE <input type="checkbox"/>	0~10 kts <input type="checkbox"/>	<input type="checkbox"/>	0~0.25m <input type="checkbox"/>	0~0.5 m <input type="checkbox"/>	
E <input type="checkbox"/>	SE <input type="checkbox"/>	10~20 kts <input type="checkbox"/>	<input type="checkbox"/>	0.25~0.5m <input type="checkbox"/>	0.5~1.0 m <input type="checkbox"/>	
S <input type="checkbox"/>	SW <input type="checkbox"/>	20~30 kts <input type="checkbox"/>	<input type="checkbox"/>	0.5~1.0 m <input type="checkbox"/>	1.0~2.0 m <input type="checkbox"/>	
W <input type="checkbox"/>	NW <input type="checkbox"/>	30~40 kts <input type="checkbox"/>	<input type="checkbox"/>	1.0~1.5 m <input type="checkbox"/>	2.0~3.0 m <input type="checkbox"/>	
Light and Variable <input type="checkbox"/>		40~50 kts <input type="checkbox"/>	<input type="checkbox"/>	1.5~2.0 m <input type="checkbox"/>	3.0~4.0 m <input type="checkbox"/>	
		50 and over <input type="checkbox"/>	<input type="checkbox"/>	2.0 m and above <input type="checkbox"/>	4.0 m and above <input type="checkbox"/>	
General Weather				Light Conditions		
Fair <input type="checkbox"/>	Raining <input type="checkbox"/>	Daylight <input type="checkbox"/>	Darkness with no artificial light <input type="checkbox"/>			
Fog/Mist <input type="checkbox"/>	Snowing <input type="checkbox"/>	Twilight <input type="checkbox"/>	Floodlight <input type="checkbox"/>			
Sunshine <input type="checkbox"/>		Glare <input type="checkbox"/>	Other: <input type="checkbox"/>			
Tidal Information						
HW Time	Tidal Range	Neap <input type="checkbox"/>	Mid <input type="checkbox"/>	Spring <input type="checkbox"/>		
State of Tide	Ebb <input type="checkbox"/>	Slack <input type="checkbox"/>	Flood <input type="checkbox"/>			

SECTION 6 DESCRIPTION OF WHAT HAPPENED

SECTION 7 OTHER DETAILS

Job or Task in progress:

Give names of persons who saw what happened:

From the causes you have found, what immediate action have you taken to prevent a similar occurrence happening again?

I verify that, to the best of my knowledge, the details given above are accurate

Signature

Date

Note: This report, and any attachments, is intended solely for the use of the Competent/Statutory Harbour Authority. It contains information that is both privileged and confidential, and any dissemination, distribution or copying of these documents is strictly prohibited without the consent of the person making this report.

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