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| **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 (SIC Staff only) | | | |  | | | | | | | | | | | | | | | | | | | | |
| 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:** Product | | | | | | |  | | | | Container | | |  |
| IMO / PLN Number | |  | | | | | | | | Chemical | | | | | | |  | | | | General/Bulk | | |  |
| LOA | |  | | | | | | | | Crude | | | | | | |  | | | | Ferry/Cruise | | |  |
| Beam | |  | | | | | | | | Gas | | | | | | |  | | | | Tug/Port | | |  |
| Draft | |  | | | | | | | | Bitumen | | | | | | |  | | | | North Sea Oil Related | | |  |
| Loaded/Ballast | |  | | | | | | | | Other | | | | | | |  | | | | Tall Ship/Pleasure | | |  |
| Dangerous Cargo | |  | | | | | | | |  | | | | | | | | |  | | Dredger | | |  |
| Persons on-board | | Crew       Passengers | | | | | | | | Agent (please specify) | | | | | | | | | | | Other (please specify) | | | |
| Remarks | |  | | | | | | | |  | | | | | | | | | | |  | | | |
| *SECTION 4 CATEGORY* | | | | | | | | | | | | | | | | | | | | | | | | |
| Close Quarters | | | | | | | | |  | |  | | Infringement, Fishing Vessel | | | | | | | | | |  | |
| Cargo/Bunkers, loss of containment causing pollution | | | | | | | | |  | |  | | Infringement, Pleasure Craft | | | | | | | | | |  | |
| Collision | | | | | | | | |  | |  | | Infringement, Port/Jetty Regulations | | | | | | | | | |  | |
| Communication Failure, Equipment | | | | | | | | |  | |  | | Lack of Navigational Charts/Publications/Plans | | | | | | | | | |  | |
| Contact with Pier/Jetty/Object | | | | | | | | |  | |  | | Lack of Notification of Movement | | | | | | | | | |  | |
| Defective Equipment/ Machinery | | | | | | | | |  | |  | | Loss of Anchor/Cargo/Equipment | | | | | | | | | |  | |
| Excessive Speed in Channel | | | | | | | | |  | |  | | Mechanical/Technical Failure, major potential | | | | | | | | | |  | |
| Failure of Good Working Practice | | | | | | | | |  | |  | | Mechanical/Technical Failure, minor potential | | | | | | | | | |  | |
| Failure of Mooring Equipment | | | | | | | | |  | |  | | Non-Compliance with National/International Regs | | | | | | | | | |  | |
| Failure of Seamanship/Good Practice | | | | | | | | |  | |  | | Towage, Dangerous Occurrence | | | | | | | | | |  | |
| Failure to call at Reporting Point | | | | | | | | |  | |  | | Towage, Infringement | | | | | | | | | |  | |
| Grounding | | | | | | | | |  | |  | | *General Recommendation* | | | | | | | | | |  | |
| Infringement, Byelaws/General Directions | | | | | | | | |  | | Other: | | | | | | | | | | | | | |

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

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| *SECTION 6 DESCRIPTION OF WHAT HAPPENED* | **Box will expand as text is added (delete unused lines)** |
|  | |
| *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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