

MONTHLY SAFETY AND QUALITY REPORT

FORM NO : SEHQ/SHE-26

| VESSEL | | | | MONTH | | | | TOTAL CREW ONBOARD | | |
|--|---|---|---|-----------------------------|----------------------------|------------------------------------|------------------|---|--|--|
| A | Number of Undesirable Events for the reporting month (Ref Form SHE-27) | | | | | | | | | |
| | Events | Accident | | | | | | Hazardous Occurrence / Near Miss (No losses) | | |
| | Personal Injury without loss of time | Personal Injury resulting in Loss of Time | LTI - Personnel Injury resulting in lost workday. Unable to do any work next day (8hrs or more) | Property Loss Events | Off Hire/ Stoppages | Spill or Environment events | | | | |
| | How many this month ? | | | | | | | | | |
| <p>Comments:</p> <p>1. List brief details of above events occurred this month . For personal injury list how many working hours lost. If he did light work ,then it is not treated as LTI</p> <p>2. Lost Time Injuries (LTI) : Lost Time Injuries are the sum of Fatalities, Permanent Total Disabilities**, Permanent Partial Disabilities and Lost Workday Cases. (LTIs = Fatalities + PTD + PPD + LWC)</p> <p>Ple refer to guide lines given on subsequent pages of this form regarding definition of LWC,PTD, PPD and LTI.</p> | | | | | | | | | | |
| B | Root cause analysis of the Events for the reporting month (Skip this if no events this month) | | | | | | | | | |
| | <p>The counts and comments are to be recorded for the current month only.</p> <p>Count: Always mark count as 1 for each event, if relevant. E.g.: If accident happened due to People-skills, and Equipment-Design then the count will be 1 divided by the no of causes (i.e 1 divided by 2) which means 0.5 for each cause. If we have more than one incident/accident etc on board during the month due to the same cause then it has to be counted once for each event. E.g.: 2 accidents in the month due to Equipment- Design. Count is 1+1 = 2.</p> | | | | | | | | | |
| | Parameter | | Accidents | | | | Near Miss | | | |
| | | | Personal Injury | Property Loss Events | Off Hire/ Stoppages | Spill or Environment events | | | | |
| | Source | Cause | Codes | Count | | | | | | |
| | People | Knowledge | PK | | | | | | | |
| | | Skills | PS | | | | | | | |
| | | Attitude | PA | | | | | | | |
| | Equipment | Operation | EO | | | | | | | |
| | | Design | ED | | | | | | | |
| | | Age | EA | | | | | | | |
| | Procedure | Insufficient | PI | | | | | | | |
| | | Non-existent | PNE | | | | | | | |
| | | Not followed | PNF | | | | | | | |
| C | Key Performance Indicator (KPI) of events for the Calendar Year (From 01 January to 31 December) | | | | | | | | | |
| | Parameter | | KPI | Comments | | | | | | |
| | Accumulated LTI - (How many cases of Lost Time Injuries - LTI this year ?) | | | LTH | | LTIF | | | | |
| | How many accidents this year? | | | | | | | | | |
| | Operating days without Accident | | | Last accident occurred on: | | | | | | |
| | How many Incidents this year? | | | | | | | | | |
| | Number of Off Hires this year | | | Total Offhire Hours (OFH) | | OHF | | | | |
| | Number of Stoppages this year (without off hire) | | | Total Stoppage Hrs | | | | | | |
| | Percent Availability | | | | | | | | | |
| | General Comments : (Please provide brief reason / total hrs / date of the of Injuries, off hires - for the reporting month) | | | | | | | | | |
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|--------|--|-------|--|--------------------|--|

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|--|--|---|---|----------------------------|-----------------|
| D | Inspection This month | Date of Inspection | Place of Inspection | No of NC/Obs/Def * | Comments |
| | Port State Inspection | | | | |
| | Flag State Inspection | | | | |
| | Owner's Inspection | | | | |
| | Charterers, Terminal | | | | |
| | Oil Majors Vetting | | | | |
| | Internal Audit | | | | |
| | External Audit | | | | |
| | Safety Audit / Inspection (by office) | | | | |
| | <p>* If applicable</p> <p>** Comments if any including reasons for not closing Observations and NCNs or deficiencies . Info if any detentions also to be included . (Use separate sheet if necessary).</p> | | | | |
| E | Key Performance Indicator (KPI) of Inspections/Vetting/Audits for the Calendar Year (From January to December) | | | | |
| | Inspections | Total Inspections this year (cumulative) | Total Deficiencies this year (cumulative) | Status | Comments |
| | Port State Control | | | | |
| | Flag Inspection | | | | |
| | Owner's Inspection | | | | |
| | Charterer, Terminal Inspection | | | | |
| | Oil Major Vetting | | | | |
| | Safety and Quality Audits (Year) | Total no of Non Conformities | Total Number of Observation | Status | Comments |
| | Internal Audit | | | | |
| | External Audit | | | | |
| | Safety Audit / Inspection (by office) | | | | |
| | Master's Review of SMS | | | Next Due | |
| | Master's Review of EMS | | | Next Due | |
| | F | ROOT CAUSE INFORMATION. | | | |
| | | Sl.No. | Event (Accident, Incidents, Inspections (PSC, FSC, Owners), Vetting, Audits (External)) | Detail of Deficiency given | * Root cause |
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| <p>* Use as appropriate : PK, PS, PA, EO, ED, EA, PI, PNE, PNF (refer Sect. B- Column Parameters for abbreviations).</p> | | | | | |

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|----------|---|--|--|--|--|---|---|-------------|
| G | MONTHLY CREW ILLNESS REPORT | | | | | | | |
| | Number of crew referred to doctor | Name of Medical Sign- Off/ Hospitalized Crew | | | Total Man hrs lost (=>8 hrs per day due to injury) * | | Total Man Hrs Lost (= > 8 hrs per day due to Illness) | |
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| H | Details of crew referred to Doctor | | | | | | | |
| | Name / Rank | Port | Date | Specify** Illness/Injury with brief details | Man Hours Lost | Signed off /Light Duty/Rest | | |
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| I | Category of INJURY / ILLNESS (mandatory for Tankers) | | | | | | | |
| | Loss of consciousness | Sutures for non-cosmetic purpose | Immobilization (use of casts, splints etc) | Surgical Treatment | Eye Injury | Bruise / Strains/ Sprains (Which require use of compresses) | Use of Non prescriptive Drugs, Medicines | Total Cases |
| | | | | | | | | 0 |
| J | No. of TRCs (Total Recordable Cases) (mandatory for Tankers) is to be calculated as : | | | | | | | |
| | LTI | (+) | RWC | (+) | MTC | = | | TRC |

Master (Name)

Date

| OFFICE COMMENTS | |
|------------------|--|
| | |
| Name / Singature | |