

## Cheryl Z Watson

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**From:** no-reply@amsa.digital on behalf of Australian Maritime Safety Authority via Australian Maritime Safety Authority <no-reply@amsa.digital>  
**Sent:** Thursday, 9 April 2020 2:20 PM  
**To:** admin@amitytrader.com  
**Subject:** Form submission from: Submit an incident report form 19

Submitted on Thursday 9 April 2020

Submitted by anonymous user: 10.241.2.81 Submitted values are:

==PART A: VESSEL INFORMATION==

Vessel name: personal information

Flag:

IMO number :

Unique identifier : personal information

Master: NR

Operator/Company name: Amity Trader Pty Ltd

Responsible person: NR

Contact details: NR

==Domestic commercial vessel - please choose if applicable==

Class : 1

Operational area: E

==PART B==

==PART B: INCIDENT DETAILS==

Date: Sun, 04/05/2020

==Time==

Local: 9:21 pm

UTC:

==Voyage==

From: Coochiemudlo Island

To: Victoria Point

==Location==

Location description: Victoria Point Jetty

Latitude:

Longitude:

Weather: Fine 5-10 knot southerly

Visibility: Good

==Number of persons on board==

Crew: 2

Passengers: 1

Other: 0

==Vessel activity==

==Vessel activity at the time of the incident==

Vessel activity: Berthing

Pilot on board? No

Cargo on board? No

==Consequences - please choose as relevant==

Please choose as relevant - # please fill in Part H: Injury#

==PARTS C - G==

==PART C: WHAT HAPPENED?==

Describe the incident: Master, deckhand and one passenger on board whilst berthing at the Victoria Point terminal at 9.21pm. Driving into the dock, misjudged the distance between the port bow to the fender on the jetty. The vessel hit the rubber fender and vessel bounced off the fender. Passenger dislodged from their seat and landed on the deck. Vessel control regained and vessel docked successfully. Passenger hurt their shoulder and elbow when they landed. The passenger was personal information and the crew offered her medical treatment or to contact the ambulance but the passenger refused all assistance and requested to be returned to the Coochiemudlo Island terminal. Deckhand escorted the passenger to the car park and waited with them until they were collected by another party.

==PART D: WHAT WERE THE CAUSES?==

Please state why you think the incident happened? Misjudgement of the distance between the vessel and the terminal. Vessel was travelling at safe speed.

==PART E: WHAT ARE THE ACTION(S) TAKEN AS A RESULT OF THIS INCIDENT?==

Please state what has been done to prevent this incident from reoccurring:

Internal investigation completed.

Master was considered competent having completed over 1,100 satisfactory landings since commencing with the company.

Additional reflectors placed on the outer edges of the fenders.

==PART F: DETAILS OF PERSON COMPLETING THE REPORT==

Name: NR

Rank/Role: Administrationmanager

Phone: NR

==PART G: ADDITIONAL COMMENTS AND/OR DRAWINGS - If you want to submit any other information or attachments, please email [reports@amsa.gov.au](mailto:reports@amsa.gov.au)==

Would you like a copy of this form emailed to you? Yes

Your email for a copy of this form: [admin@amitytrader.com](mailto:admin@amitytrader.com)

==PART H==

==ADDITIONAL AFFECTED PERSON 1 (if relevant)==

Number of persons affected: 1

Email: NR @amitytrader.com

==ADDITIONAL AFFECTED PERSON 2 (if relevant)==

Name:

Address:

Rank/Role:

Gender:

Date of birth:

Nationality:

Australian resident?

Type of certificate of competency / licence / grade:

Seafarer ID/PIN:

==Hours on duty==

Time on:

Time off:

Incident occurred while on duty?

Type of Injury or Illness:

Date left ship:

Expected period of incapacity:

Treatment given:

The results of this submission may be viewed at:

[https://urldefense.com/v3/\\_\\_https://www.amsa.gov.au/node/14941/submission/27328\\_\\_;!!OMLVqk!hEPb001TAsALLyK-vKOVwKXalzcZ0hK1IUdFApuVPek-uwen3g8W1evJEmqB9MCetyssEyWq\\$](https://urldefense.com/v3/__https://www.amsa.gov.au/node/14941/submission/27328__;!!OMLVqk!hEPb001TAsALLyK-vKOVwKXalzcZ0hK1IUdFApuVPek-uwen3g8W1evJEmqB9MCetyssEyWq$)

Released under RTI-DTMR



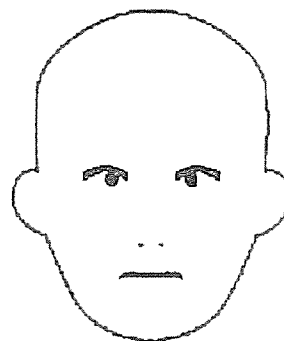
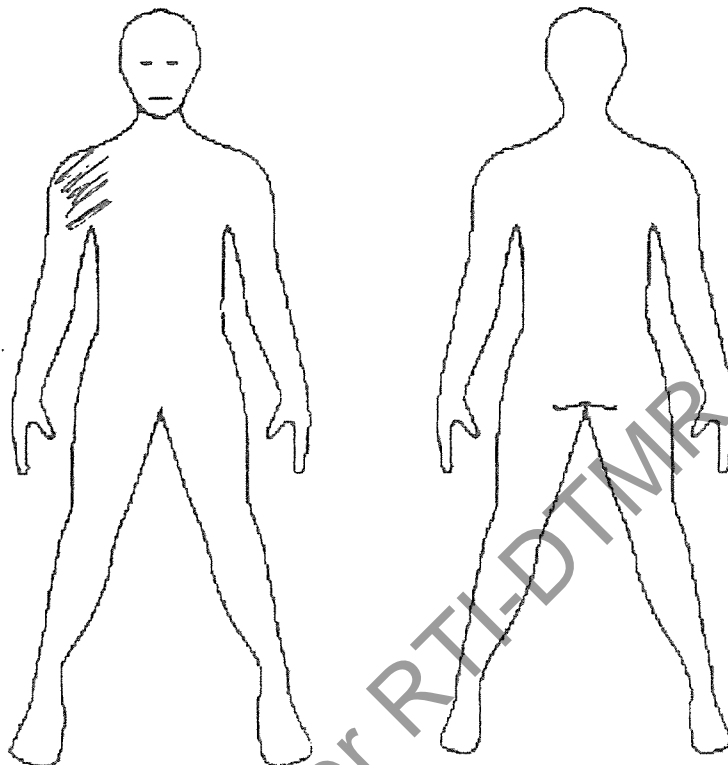
## PART B – Details of injury

\* N.B. If more than one person has been injured in this incident, please attach an additional part B for each injured person

|  |  |
|--|--|
| Details of injured person                      | Name: _____<br>Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female Date of Birth: ___/___/___   |
| Contact Details                                | Work phone _____ Home phone _____ Mobile _____<br>Email: _____   |
| Relationship with                              | <input type="checkbox"/> Employee <input type="checkbox"/> External Labour Hire <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor<br><input type="checkbox"/> Other <u>PASSENGER</u>  |
| Employee Details                               | Position Title: _____<br>Division: _____<br>Type of Employment: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual<br>Will a WorkCover claim be lodged? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure<br>Work cycle:- <input type="checkbox"/> Journey <input type="checkbox"/> Meal or rest break <input type="checkbox"/> Work   |
| Mechanism of Injury<br>(indicate all relevant) | <input type="checkbox"/> Slip/trip/fall <input checked="" type="checkbox"/> Manual handling <input type="checkbox"/> Body stressing <input type="checkbox"/> Being hit by falling object<br><input type="checkbox"/> Hitting an objects with part of the body <input type="checkbox"/> Being hit by moving objects<br><input type="checkbox"/> Exposure to heat /radiation /electricity <input type="checkbox"/> Exposure to biological agent (including body fluid)<br><input type="checkbox"/> Exposure to Chemical agent <input type="checkbox"/> Exposure to asbestos <input type="checkbox"/> Exposure to work stress<br><input type="checkbox"/> Violence <input type="checkbox"/> Other inappropriate behaviour <input type="checkbox"/> Other: _____ |
| Nature of Injury<br>(indicate all relevant)    | <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Fracture <input type="checkbox"/> Cuts/Scratch/Abrasion <input type="checkbox"/> Bruising <input type="checkbox"/> Burn <input type="checkbox"/> Bite/Sting<br><input type="checkbox"/> Electrical shock <input type="checkbox"/> Concussion <input type="checkbox"/> Psychological <input type="checkbox"/> Other _____   |

Bodily Location/s

Shade the part of the body that is injured



Released under RTI-DTMR

Treatment required  
(highest level only)

- No treatment    First Aid    Doctor    Hospital outpatient    Hospital admission  
 Other \_\_\_\_\_

Name:

NR

Signature: \_\_\_\_\_

Date: 6/4/2020

**PART C – Investigation**

Time and date of incident: 2123 h am/pm on 05 April 2020

\* N.B. Investigations are usually conducted/coordinated by the supervisor/manager.

|   |  |
|---|--|
| <p>Is this a notifiable incident? (refer to Work Health &amp; Safety Incident Investigation Guide)</p>  | <p><input type="checkbox"/> Yes. Notify the Office of Fair and Safe Work Queensland (Call 1300 362 128 or complete an online incident notification form). Date Notified: __/__/__</p> <p><input checked="" type="checkbox"/> No</p>  |
| <p>Investigation Methods</p>  | <p><input checked="" type="checkbox"/> interviews   <input type="checkbox"/> written statements   <input checked="" type="checkbox"/> examination of accident site   <input checked="" type="checkbox"/> CCTV review</p> <p><input type="checkbox"/> Other: _____</p>  |
| <p>Brief Summary of findings (refer to attachments if necessary)</p>  | <p>Ferry has struck Southern most Fender on Victoria Point Jetty. Single passenger thrown from seat on impact. Master has misjudged bow position resulting in port bow hitting southern most fender.</p>   |
| <p>Causal factors identified (refer to the Work Health &amp; Safety Incident Investigation Guide for definitions of causal factor categories)</p> | <p><input checked="" type="checkbox"/> People: <u>Ferry Master has misjudged bow position while berthing</u></p> <p><input type="checkbox"/> Equipment/plant: _____</p> <p><input type="checkbox"/> Environment: _____</p> <p><input type="checkbox"/> Processes/procedures: _____</p> <p><input type="checkbox"/> Organisational factors: _____</p>   |
| <p>Recommendations (refer to the Work Health &amp; Safety Incident Investigation Guide for hierarchy of control definitions)</p>                  | <p><input checked="" type="checkbox"/> Elimination: <u>Reflectors had been placed previously to mark outer edge of fenders.</u></p> <p><input type="checkbox"/> Substitution: _____</p> <p><input type="checkbox"/> Isolation: _____</p> <p><input type="checkbox"/> Engineering: _____</p> <p><input checked="" type="checkbox"/> Administrative: <u>MASTER Stops down</u></p> <p><input type="checkbox"/> Personal protective equipment: _____</p> |
| <p>Will recommendations eliminate all hazards?</p>  | <p><input checked="" type="checkbox"/> Yes   <input type="checkbox"/> No</p>   |

Investigator Name: NR Signature: NR Date: 06 April 2020

Work Health and Safety Officer (WHSO) (if applicable):  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Rehabilitation & Return to Work Co-ordinator (RRTWC) (if applicable):  
 Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Submitted to:  
 Name: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

**PART D – Actions**

Time and date of incident: 9-21 pm am/pm on 05 / 04 / 20

\* N.B. Actions are usually coordinated by the supervisor/manager.

|  |  |
|--|--|
| <p><b>Confirmation of actions</b></p>        | <p>Are all recommendations accepted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note exceptions:</p>   |
| <p><b>Additional actions to be taken</b></p> | <p>Attempted to contact the passenger via telephone and SMS to enquire how she was going but no response. Left a message that we had provide her with some free travel passes for colection on the ferry.</p>  |
| <p><b>Actions completed</b></p>              | <p>Are all actions completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>  |
| <p><b>Transfer to the risk register</b></p>  | <p>All remaining hazards transferred to the risk register for monitoring/review: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>  |
| <p><b>Outstanding actions</b></p>            | <p>All outstanding actions noted against hazards in the risk register: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A</p>  |
| <p><b>Communication</b></p>                  | <p><input checked="" type="checkbox"/> Incident reporter notified of outcomes on <u>07 / 04 / 20</u></p> <p><input type="checkbox"/> Relevant committee notified of incident and outcomes on <u>    /    /    </u></p> <p><input type="checkbox"/> Copy of this complete WHS incident form sent to whscoordinator@justice.qld.gov.au</p> |

Director/Supervisor/Manager Name: NR

Director/Supervisor/Manager Signature: NR

Date: 07 / 04 / 20