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1999B00101



Occupational Health and Safety (Maritime Industry) Amendment Regulations 1999 (No. 1)

Statutory Rules 1999 No. 1

101

I, WILLIAM PATRICK DEANE, Governor-General of the Commonwealth of Australia, acting with the advice of the Federal Executive Council, make the following regulations under the *Occupational Health and Safety (Maritime Industry) Act 1993*.

Dated 09 JUN 1999 1999.

WILLIAM DEANE

Governor-General

By His Excellency's Command,

PETER REITH

Minister for Employment, Workplace Relations
and Small Business



Occupational Health and Safety (Maritime Industry) Amendment Regulations 1999 (No. 1)¹

Statutory Rules 1999 No. 1²

101

made under the

*Occupational Health and Safety (Maritime Industry)
Act 1993*

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1

Regulation 1

1 Name of regulations

These regulations are the *Occupational Health and Safety (Maritime Industry) Amendment Regulations 1999 (No. 2)*. /

2 Commencement

These regulations commence on 1 July 1999.

3 Amendment of Occupational Health and Safety (Maritime Industry) Regulations

Schedule 1 amends the Occupational Health and Safety (Maritime Industry) Regulations.

2	<i>Occupational Health and Safety (Maritime Industry) Amendment Regulations 1999 (No. 2)</i>	1999, 2	101 /
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Schedule 1 Amendments

(regulation 3)

[1] Regulation 1

substitute

1 Name of regulations

These regulations are the *Occupational Health and Safety (Maritime Industry) Regulations 1995*.

[2] Regulation 2, definitions of *business hours* and *telecommunication*

omit

[3] Regulations 10, 11, 12, 13 and 14

substitute

10 Definition for Part 4

In this Part:

incident means:

- (a) an accident of a kind described in paragraph 107 (1) (a) or (b) of the Act; or
- (b) a dangerous occurrence.

11 Period of incapacity requiring notice and report

For paragraph 107 (1) (b) of the Act, a period of 5 successive days or more is prescribed.

12 Notifying incidents

- (1) The requirements in this regulation are prescribed for paragraph 107 (2) (a) of the Act.
- (2) The operator must give notice of an incident to the Inspectorate within 4 hours of becoming aware of the incident.

Penalty: 10 penalty units.
- (3) However, if it is not reasonably practicable for the operator to give notice to the Inspectorate within 4 hours, the operator must give notice to the Inspectorate as soon as practicable after the end of that time.
- (4) The notice:
 - (a) must be in accordance with Form 6 (Incident alert); and
 - (b) may be given to the Inspectorate by any practicable means.

13 Reporting incidents

- (1) The requirements in this regulation are prescribed for paragraph 107 (2) (b) of the Act.
- (2) The operator must give a report about an incident to the Inspectorate within 72 hours of becoming aware of the incident.

Penalty: 10 penalty units.
- (3) However, if it is not reasonably practicable for the operator to give the report to the Inspectorate within 72 hours, the operator must give the report to the Inspectorate as soon as practicable after the end of that time.

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- (4) The report must be:
- (a) in accordance with the relevant parts of Form 7 (Incident report); and
 - (b) given to the Inspectorate by sending it to the postal address, facsimile number, or electronic mail address stated in the form.

[4] Regulation 15

omit

of an accident or a dangerous occurrence

insert

about an incident

[5] Schedule, Form 6*substitute***Form 6 Incident alert**

(subregulation 12 (4))

INCIDENT ALERT**SHIP DETAILS**

Ship's name	
IMO number	Flag
Call sign	Satcom number
Master	
Gross tonnage	No. of persons on board
Class society	
Propulsion	IOPP certificate date of issue
<input type="checkbox"/> Container <input type="checkbox"/> Tanker <input type="checkbox"/> Bulk Carrier <input type="checkbox"/> Tug <input type="checkbox"/> OSV <input type="checkbox"/> Other	
Operator's name and address	
Responsible Officer (ISM designated person)	Contact number
Agents and P&I Club	

INCIDENT DETAILS

Voyage From _____ To _____	
Ship's Location (eg port, at sea, lat, long)	
Location on ship where incident occurred	
Date & time of incident / / _____ am/pm	No. of persons involved
Nature of Incident	
<input type="checkbox"/> Collision	<input type="checkbox"/> MARPOL ship defects
<input type="checkbox"/> Grounding	<input type="checkbox"/> Serious personal injury
<input type="checkbox"/> Fire	<input type="checkbox"/> Death
<input type="checkbox"/> Structural failure	<input type="checkbox"/> Disappearance
<input type="checkbox"/> Flooding	<input type="checkbox"/> Loss
<input type="checkbox"/> Machinery failure	<input type="checkbox"/> Presumed lost
<input type="checkbox"/> Cargo gear	<input type="checkbox"/> Close quarters situation
<input type="checkbox"/> Pilotage	<input type="checkbox"/> Births
<input type="checkbox"/> Dangerous goods	<input type="checkbox"/> Other (specify)

DESCRIPTION OF INCIDENT/DAMAGE

Note: If incident occurred under Pilotage, include name of pilot

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OTHER RELEVANT INFORMATION

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Form 7 Incident report

(subregulation 13 (4))

INCIDENT REPORT

Note: This form must be forwarded within 72 hours of the incident by the ISM Code Designated Person or equivalent to:
General Manager, Ship & Personnel Safety Services, AMSA
GPO Box 2181 Canberra ACT 2601 Australia
Fax: +61 2 6279 5966
E-mail: Reports@amsa.gov.au
For further information please call 1800 021 098

Ship's name	
IMO number	Flag
Call sign	Satcom number
Master	
Gross tonnage	Propulsion
Class society	
Operator's name and address	
Agents and P&I Club	
Date & time of incident	Ship's location (eg port, at sea, lat, long)

PART 1 - To be completed if reporting under Marine Orders Part 32

Person-in-charge	
Employer of person-in-charge	
Incident	
<input type="checkbox"/> Injury	→ If injury, complete parts 4 - 8
<input type="checkbox"/> Gear failure	→ If gear failure, complete parts 5 - 8
<input type="checkbox"/> Dangerous Goods	→ If dangerous goods, complete parts 5 - 8

PART 2 - To be completed if reporting under sections 268, 269 and 417 of the *Navigation Act 1912* (other than births) and regulation 4 of the *Navigation (Marine Casualty) Regulations*

Voyage	
To	From
Incident description	
<input type="checkbox"/> Grounding	<input type="checkbox"/> Foundering
<input type="checkbox"/> Collision	<input type="checkbox"/> Capsize
<input type="checkbox"/> Fire	<input type="checkbox"/> Explosion
<input type="checkbox"/> Structural failure	<input type="checkbox"/> Close quarters
<input type="checkbox"/> Loss	<input type="checkbox"/> Presumed lost
<input type="checkbox"/> Death	<input type="checkbox"/> Dangerous occurrence
<input type="checkbox"/> Other (specify)	
Place of incident	
<input type="checkbox"/> Machinery spaces	<input type="checkbox"/> Accommodation block
<input type="checkbox"/> Deck/cargo spaces	<input type="checkbox"/> Gangway/pilot ladder
<input type="checkbox"/> Other (specify)	
Crew numbers	Passenger numbers
Cargo	

PART 3 - To be completed if reporting under section 417 of the *Navigation Act 1912* - Births

Child's name	Gender M / F
Date of birth	Place
Mother's full name	
Town & country of birth	Australian resident Yes / No
Father's full name	
Town & country of birth	Australian resident Yes / No

Note: Part 4 relates to personal injury. If more than one person is affected complete Part 4 on a separate form for each person.

PART 4 - To be completed if reporting under section 107 of the Occupational Health and Safety (Maritime Industry) Act 1993

Name of affected person		
Date of birth	Gender M / F	PIN
Home address		
Australian resident Yes / No	Town & country of birth	
Capacity		
<input type="checkbox"/> Crew	<input type="checkbox"/> Contractor	<input type="checkbox"/> Waterside worker
<input type="checkbox"/> Watchkeeper	<input type="checkbox"/> Other (specify)	
show watch period: from to Time since last rest period:		
Logbook entry date	Rank	
Hours of duty Time on:	Time off:	Hours before duty
Affected area		
<input type="checkbox"/> Head (1)	<input type="checkbox"/> Eyes (1)	<input type="checkbox"/> Trunk (3)
<input type="checkbox"/> Arms (4)	<input type="checkbox"/> Hands (4)	<input type="checkbox"/> Legs (5)
<input type="checkbox"/> Neck (2)	<input type="checkbox"/> Fingers (4)	<input type="checkbox"/> Feet (5)
<input type="checkbox"/> Toes (5)	<input type="checkbox"/> Other (specify)	
Type of injury		
<input type="checkbox"/> Drowning (150)	<input type="checkbox"/> Crushing (100)	<input type="checkbox"/> Laceration (060/080)
<input type="checkbox"/> Burns & scalds (120)	<input type="checkbox"/> Hernia (450)	<input type="checkbox"/> Fracture (020/010)
<input type="checkbox"/> Electric shock (150)	<input type="checkbox"/> Amputation (070)	<input type="checkbox"/> Foreign Body (110/090)
<input type="checkbox"/> Abrasion (090)	<input type="checkbox"/> Bruising (100)	<input type="checkbox"/> Asphyxia (110/150/140)
<input type="checkbox"/> Strain & sprain (040)	<input type="checkbox"/> None	
<input type="checkbox"/> Other (specify)		
Result of incident		
<input type="checkbox"/> Death	<input type="checkbox"/> Serious Injury	<input type="checkbox"/> Minor Injury
<input type="checkbox"/> Near miss	<input type="checkbox"/> Temporary disability	<input type="checkbox"/> Partial disability
<input type="checkbox"/> Permanent disability	<input type="checkbox"/> Disappearance	<input type="checkbox"/> Time off work
<input type="checkbox"/> None	<input type="checkbox"/> Other (specify)	

Incident factors	
<input type="checkbox"/> Machinery and (mainly) fixed plant (1)	
<input type="checkbox"/> Mobile plant and transport (2)	
<input type="checkbox"/> Powered equipment, tools and appliances (3)	
<input type="checkbox"/> Non-powered hand tools, appliances and equipment (4)	
<input type="checkbox"/> Chemicals and chemical products (5)	
<input type="checkbox"/> Materials and substances (6)	
<input type="checkbox"/> Environmental agencies (7)	
<input type="checkbox"/> Animal, human and biological agencies (8)	
<input type="checkbox"/> Other and unspecified agencies (9)	
Cause of injury/illness	
Date left ship	Expected period of incapacity
Treatment given on board ship	

PART 5 - Explanation and Description

State cause and give names and addresses of any witnesses

Attach additional pages if necessary

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PART 6 - Incident Narrative*Attach additional pages if necessary*

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PART 7 - Action taken to prevent similar occurrences

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PART 8 - Details of person completing report

Name	
Position	Contact number
Signature	/ /

Notes

1. These regulations amend Statutory Rules 1995 No. 17.
2. Made by the Governor-General on *L* 1999, and notified in *9 June*
the *Commonwealth of Australia Gazette* on *L* 1999. *17 June*