



Marine Circular Nr. 03/ 2022, 15/06/2022

Subject: "Notification and Reporting of Marine Incident/Marine Casualty"

Ref.: (a) IMO MSC-MEPC.3/Circ.2, 13 June 2008 CASUALTY INVESTIGATION CODE.
(b) "Code of Operation of the International Ships Registry of the Republic of Guinea-Bissau".

To: Representatives of Guinea-Bissau flagged vessels, Masters of Guinea-Bissau flagged vessels, Deputy Registrars, Ship-owners & Ship operators.

Summary: The current MAR.CIR. 03 2022 prescribes notification and reporting requirements and the respective reporting format for vessels registered with the G-B I.S.R. in case of Marine Incident/Marine Casualty.

1. **A marine casualty** means an event, or a sequence of events, that has resulted in any of the following which has occurred directly in connection with the operations of a ship:
 - death or serious injury to a person;
 - loss of a person from a ship;
 - loss, presumed loss or abandonment of a ship;
 - material damage to a ship;
 - stranding or disabling of a ship, or the involvement of a ship in a collision;
 - material damage to marine infrastructure external to a ship, that could seriously endanger the ship's safety, another ship or an individual; or
 - severe damage to the environment, or the potential for severe damage to the environment, brought about by the damage of a ship or ships.
2. **A marine incident** means an event, or sequence of events, other than a marine casualty, which has occurred directly in connection with the operations of a ship that endangered, or, if not corrected, would endanger the safety of the ship, its occupants or any other person or the environment.
3. **Initial Notification:** In case of marine incident or marine casualty, the G-B I.S.R is to be advised by the master or ship manager or ship owner immediately by telephone or other means of electronic communication (E-mail: rmedawar@gbi-lb.org, Tel.+30 2104537950). The following information should be provided in the initial notification, as appropriate:
 - Vessel name;
 - Date and time of the Marine Casualty, Marine Incident;
 - Type of Marine Casualty, Marine Incident;
 - Vessel's location and, if at sea, next port of call;
 - Current situation on board and status of the crew;
 - Confirmation that port or coastal State authorities have been notified when applicable; and
 - Details for preferred contact, if other than the DPA.
4. **The Report** on marine casualty or marine incident is required to be promptly forwarded to the G-B I.S.R. to the attention of the General Ships Registrar (G.S.R.) Office (Email: gbi@gbistr.com) and Deputy



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General Ships Registrar (D G.S.R.) Office (rmedawar@gbi-lb.org) and in any case no later than 24 hours since the occurrence of the marine incident or marine casualty, in the format provided under the annex attached to this MAR.CIR.

5. The persons in charge of any vessel involved in a marine incident marine casualty should keep for three (3) years, or until otherwise instructed by this Administration, the complete records of the voyage upon which the casualty occurred, as well as any other material which might reasonably be of assistance in the investigation and determination of the cause and scope of the casualty. Upon request, these persons should make available to this Administration all these records and materials.
6. Shipowners/Ship operators/Managers and Masters should also ensure that the reporting requirements of the port or coastal State in whose waters a Marine Casualty or Marine Incident occurs are complied with. This Administration should be informed immediately when a port or coastal State initiates an investigation or otherwise intervenes and takes a control action as a result of the Marine Incident or Marine Casualty for vessels being registered under the G-B I.S.R..
7. Failure to comply with the above-mentioned obligations without reasonable excuse may result in a fine or other action by this administration, as prescribed by the "Code of Operations of the International Ships Registry of Guinea-Bissau".

For the Guinea-Bissau International Ships Registry

Office of the General Ships Registrar



Encl.

Format of Report for Vessel Casualty / Incident (p.4)



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REPORT OF VESSEL CASUALTY / INCIDENT

INSTRUCTIONS

1. An original of this form shall be submitted to the G-B I.S.R. as soon after the occurrence of the casualty as possible, and no later than 24 hours since the occurrence.
2. This form must be completed in full. Entries which do not relate to a particular case should be indicated as not applicable by inserting the initials "N.A."
3. This form should be completed by the Master or person in charge, or, if neither is available, by the owner or his duly authorized agent.
4. Attach crew list to this form.

I. PARTICULARS OF VESSEL

1. Name of Vessel	2. IMO Number	3. Year built	4. Gross Tonnage	5. Net Tonnage
6. Type of Vessel (See Note 1.)	7. Propulsion (See Note 2.)		8. Place Built	
9. Name of Owner		10. Name, Address and Telephone of Managing Agent		
11.(a) Name of Master or Person in Charge	(b) Citizenship	(c) Date of Birth	(d) License Grade and Date of Issue	

II. CASUALTY PARTICULARS

12. (a) Date of Casualty	(b) Time (Local or Zone)	(c) Zone Description	(d) Time of Day <input type="checkbox"/> Day <input type="checkbox"/> Night <input type="checkbox"/> Twilight	
13. Geographical Location of Casualty and Name of Body of Water (See Note 3.)		14. Country of Casualty		
15.(a) Port of Departure	(b) Date of Departure	(c) Port to Which Bound		
16. (a) Nature of Cargo		(b) Amount Dry Cargo	(c) Amount Bulk Liquid	(d) Amount Deck Cargo
17. Speed in Knots Prior to Casualty		18. True Course Prior to Casualty		
19. Atmospheric Conditions at Time of Casualty (Check one or more of the following) <input type="checkbox"/> Clear <input type="checkbox"/> Partly Cloudy <input type="checkbox"/> Overcast <input type="checkbox"/> Fog <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Other (Specify)				
20. Distance of visibility <input type="checkbox"/> Under 2 Miles <input type="checkbox"/> 2-5 Miles <input type="checkbox"/> Over 5 Miles	21. Wind <input type="checkbox"/> Light <input type="checkbox"/> Moderate to Fresh <input type="checkbox"/> Storm to Hurricane	22. Sea <input type="checkbox"/> Smooth to Slight <input type="checkbox"/> Moderate to Rough <input type="checkbox"/> High	23. Wind Direction	
25. Navigation Equipment (Check one or more of the following) <input type="checkbox"/> Radar (<input type="checkbox"/> S Band, or <input type="checkbox"/> X Band) <input type="checkbox"/> ARPA <input type="checkbox"/> Inoperative <input type="checkbox"/> Used		26. Communications Equipment (check one or more of the following) <input type="checkbox"/> Radiotelephone <input type="checkbox"/> In use with Other Vessels <input type="checkbox"/> In use with Shore Station <input type="checkbox"/> Not Used		
27. Auto Alarm Transmitted by your Vessel? <input type="checkbox"/> Yes <input type="checkbox"/> No		24. Direction of Sea		

Note 1. Type of Vessel - General Cargo, Oil Tanker, Ore/Oil Carrier, Passenger, Bulk Carrier, Ore Carrier, Tug, etc.

Note 2. Propulsion - Steam Turbine, Turbo-Electric, Diesel, Diesel-Electric, etc.

Note 3. Location - If open sea, Latitude and Longitude; give distance to and name of nearest shore; if near coast give distance and true bearing to charted object; if in port, straits, river, channel, etc., give name.





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28. Nature of the Casualty (Check one or more of the following).							
COLLISION WITH ANOTHER VESSEL(S) (Give Name and Flag of Other Vessels)			EXPLOSION/FIRE (Other)				
COLLISION WITH FLOATING OR SUBMERGED OBJECT			GROUNDING				
COLLISION WITH FIXED OBJECT (Piers, bridges, etc.)			FOUNDING (Sinking)				
COLLISION WITH ICE			CAPSIZING WITHOUT SINKING				
COLLISION WITH AIDS TO NAVIGATION			FLOODINGS, SWAMPING, ETC., WITHOUT SINKING				
COLLISION (Other)			HEAVY WEATHER DAMAGE				
EXPLOSION/FIRE (Involving cargo)			CARGO DAMAGE (No Vessel Damage)				
EXPLOSION/FIRE (Involving vessel's fuel)			MATERIAL FAILURE (Vessel Structure)				
FIRE (Vessel's structure or equipment)			MATERIAL FAILURE (Engineering machinery, including main propulsion, auxiliaries, boilers, evaporators, deck machinery, electrical, etc.)				
EXPLOSION (Boiler and associated parts)			EQUIPMENT FAILURE				
EXPLOSION (Pressure vessels and compressed gas cylinders)			CASUALTY NOT NAMED ABOVE				
29. Personnel		Crew	Passengers	Other	Totals	30. Property Losses	Dollars (USA)
(a) Number on Board						(a) Estimated loss/damage to vessel	\$
(b) Number known dead						(b) Estimated loss/damage to cargo	\$
(c) Number Missing						(c) Estimated loss/damage to other property	\$
(d) Number Injured						31. Is Vessel a Total Loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	
32. DESCRIPTION OF CASUALTY IF NOT DEATH							
33. Deck Officer on Duty at Time of Casualty				34. Engineer on Duty at Time of Casualty			
Name				Name			
Capacity		License No.		Capacity		License No.	



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III. PARTICULARS OF PERSON INJURED, DECEASED OR MISSING (Believed dead)

35. (a) Name of Person		(b) Home Address	(c) Date of Birth
			(d) Citizenship
36. Seaman's Book or Passport No		37. Status or Capacity on Vessel	
38. Activity Engaged in at Time of Casualty		39. If Crew Member or Shore Worker <input type="checkbox"/> On Watch <input type="checkbox"/> Working <input type="checkbox"/> Other	
40. (a) Name of Immediate Supervisor at Time of Casualty		(b) Supervisor's capacity or Status on Vessel	
41. DESCRIPTION OF CASUALTY (Give events leading up to casualty and how it occurred. Attach diagram and additional sheets, if necessary.)			
42. (a) DOCTOR (Medical) MESSAGE SENT	(b) IF YES, GIVE DATE OF FIRST MESSAGE	(c) IF YES, GIVE TIME OF FIRST MESSAGE (Local or zone and description)	
43. (a) TREATMENT ADMINISTERED <input type="checkbox"/> Yes <input type="checkbox"/> No	(b) IF YES, BY WHOM <input type="checkbox"/> Ship's Doctor <input type="checkbox"/> Other Ship's Personnel <input type="checkbox"/> Other (Specify)		
44. BRIEFLY DESCRIBE TREATMENT (If administered by other than M.D.)			
45. (a) Name of Hospital, If Person was Hospitalized		(b) Address of Hospital	





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IV. ASSISTANCE AND RECOMMENDATIONS

46. Recommendations for Corrective Safety Measures Pertinent to this Casualty

47. Date of Report

48. Submitted by (Print Name)

49. Signature

50. Title

**Master or person in charge, or,
if neither is available,
by the owner or his duty authorized agent sign**

Stamp of the Ship or Company