

	PORT OF FUJAIRAH			
	Document Title:	ACCIDENT REPORT	Revision No.:	2
	Document No.:	ATTACHMENT 22 (d)-NTM 148V6	Revision Date:	01.11.2022

Accident Report

General Details

Diving Company Name	
Vessel / Job Name	
Incident Location	
Date / Time of Occurrence	
Diver (s) Injured Name (s)	
Name of Diving Supervisor	
To whom Incident Reported	
Date / Time Incident Reported	

Description of Event

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Nature and extent of Injury / Injuries

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Treatment Provided and Results

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Name of Authorized Person Submitting Report		Signature with Stamp:		Date:	
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