



सत्यमेव जयते

भारत सरकार

GOVERNMENT OF INDIA

पोत परिवहन मंत्रालय

MINISTRY OF SHIPPING

नौवहन महानिदेशालय

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Casualty Circular No. 01/2015

Sub: Head injury to a seaman while entering the cargo hold of a merchant vessel

Preamble: The fundamental purpose of Marine Accident Investigation is to determine the circumstances and the causes of the accidents that have been reported, with the aim to improve the safety of life at sea and the avoidance of accidents in future. Towards this objective, shipping casualties, occurring on Indian ships are investigated, in pursuance with the mandated requirement of Part XII of the MS Act. Similar reports are received from foreign flag administrations for accidents occurring on ships where Indians have been involved. These reports are collated and disseminated to all concerned for information and learning.

01. What happened ?

An Indian seaman received head injury, while going down the ladder of a cargo hold of a container vessel.

02. How it happened ?

The vessel was en-route to Chittagong from the port of Kolkata, where the vessel had experienced rain, while the pontoons of the cargo hold No.1 were still in open position. Chief Officer had instructed the Deck Cadet and a Seaman, to inspect the cargo hold bilge well and pump out the water using pneumatic wilden pump. Seaman entered the cargo hold alone, after establishing radio contact with the Cadet. While going down the ladder, the

seaman's hand slipped from the side rails of the ladder, resulting in slipping and hitting his head against the container, before falling down in the hold. 10 minutes later, the Cadet entered the cargo hold and found the Seaman, sitting on the tank top, holding his bleeding head. An alarm was raised by the Cadet and seaman was evacuated from the cargo hold and taken to the ship's hospital, where he was administered first-aid. Thereafter, the Seaman was shifted to local hospital, on arrival at Chittagong, for further treatment. The Seaman was declared fit after 10 days of hospitalization and repatriated to his home town.

03. Why it happened ?

03.1 Most proximate causes

Failure to follow safe working procedure, especially the use of personal protective equipment.

03.2 Contributory factors


Senior Officer's failure to comply with the cargo hold entry procedure, and instructing the Deck Cadet and Seaman to enter the hold, without any risk assessment.

04. Lessons learnt:

4.1 Carry out Risk assessment as per sec.1, ch.1 of "code of safe working practices", before undertaking such tasks.

4.2 Proper Supervision is essential to reduce / eliminate accidents.

4.3 Effective use of lifeline and safety harness can avert or minimize the risk of injuries of this nature.


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To,
Ship-owners/Ship operators/Ship Managers / Ship Masters