
FALL OVERBOARD QUESTIONNAIRE

Please answer/check the appropriate items

COMPANY ID: _____

TIME OF DAY

- Morning Afternoon Evening Night

LIGHT QUALITY

- Dawn Light Dusk Dark

WEATHER CONDITION

- Clear Cloudy Fog Rain
 Snow High Winds Severe Storm

SURFACE CONDITIONS

- Clear/Dry Wet Icy Debris Covered

AREA OF WORK

- Fleet Underway Docking Undocking
 Skiff Locking Facing /Un-Facing Tow Work
 Vessel Barge Cargo Operations Boarding/Departing

POSITION HELD

- Captain Pilot Engineer Deckhand
 Cook Tankerman Shoreside Other _____

PERSONAL PROTECTIVE EQUIPMENT WORN

- PFD PFD w/Light Work Vest Footwear
 Flashlight Other _____

FALL OVERBOARD EVENT

- Slip Trip Fall Knocked off
 Loss of balance from push/pull action

RESULTING INJURY

- Non-recordable Recordable Lost Time Fatality
 Non-injury

INCIDENT DESCRIPTION:

How did the fall overboard occur?

Actual Date: _____ River: _____ Mile Marker: _____

Current Condition: _____

Description: _____

(Indicate Location From Where Fall Occurred on Reverse)