

FALL OVERBOARD QUESTIONNAIRE

Please answer / check the appropriate items

TIME OF DAY

- Morning Afternoon Night Evening

LIGHT QUALITY

- Dark Dawn Light Dusk

WEATHER CONDITION

- Clear Cloudy Fog Rain
 Snow High Winds SEVERE Storm

AREA OF WORK

- Fleet Underway Docking Undocking
 Skiff Locking Facing / Un-Facing Tow Work

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

INCIDENT DESCRIPTION:

How did your fall overboard happen?

Actual Date: _____ River: _____ Mile Marker: _____

Current/River Condition: _____
