7.2 ACCIDENT REPORTING

**Association of Diving Contractors International Requirements:**

ADCI requires ALL Member Companies and Associate Member Schools to report industry-related fatalities/catastrophic injuries.

**Procedures:**

ADCI Member Companies can submit the reports on either their own company document or the ADCI Accident Report Form

**FOR U.S. BASED COMPANIES:**

**Federal Regulatory Requirements**

46 CFR – Department of Transportation – Coast Guard

Subchapter V-Marine Occupational Safety and Health Standards, Part §197.484, requires the Person in Charge to notify the Officer in Charge, Marine Inspection, as soon as possible after a diving casualty occurs, if the casualty involves any of the following:

- Loss of life.
- Diving-related injury to any person causing incapacitation for more than 72 hours.
- Diving-related injury to any person requiring hospitalization for more than 24 hours.

Part §197.486 defines the form of the written report of casualty and requires:

- That a report be furnished on Form CG-2692 when the diving installation is on a vessel or,
- That a written report, in narrative form, be used when the diving installation is on a facility.

In either instance, the report must furnish the following information:

- Name and official number (if applicable) of the vessel or facility,
- Name of the owner or agent of the vessel or facility,
- Name of the Person in Charge,
- Name of the Diving Supervisor,
- Description of the casualty including presumed cause
- Nature and extent of the injury to persons.
29 CFR – Department of Labor – Occupational Safety and Health Administration

Subpart T – Commercial Diving Operations, §1910.440, requires that an employer record the occurrence of any diving-related injury or illness which requires any dive team member to be hospitalized for 24 hours or more, specifying the circumstances of the incident and the extent of any injuries or illnesses.

In May 1994, OSHA further clarified and defined the reporting requirement to state.

Employers are required to orally report any occupational fatality or catastrophe involving in-patient hospitalization of three or more workers within eight hours per 29 CFR §1910.8. The report must include the following information:

- Company name
- Location and time of incident
- Number of fatalities or hospitalized employees
- Contact person for the company
- Phone number(s) for the company contact person
- Brief description of the incident.

EXEMPTIONS FROM FATALITY AND CATASTROPHIC ACCIDENT REPORTING DO NOT EXIST!

Even though most commercial diving companies are exempt from recordkeeping requirements (SIC7389), all are required to:

- Orally report as defined above
- Maintain a log of occupational injuries and illnesses.

ADCI member companies are urged to furnish ADCI with a copy of any report required by either 29 CFR or 46 CFR. In those instances, where the report is initially submitted in an oral format (29CFR), furnish to ADCI information derived from log entries required by that regulation. Reports should be furnished to ADCI at the same time as submitted to regulatory authorities to ensure that ADCI is able to properly respond to enquiries regarding the actual circumstances rather than having to rely upon media releases that often are inaccurate or embellished.

It is NOT the intent of ADCI to disclose identities of companies, individuals, or circumstances contained in reports received, unless these are commonly known as perhaps having been disclosed through a press release or safety notice by the company involved. The PURPOSE of the “system” is to gather information that can then be used in developing accurate statistical data, or where information received may warrant development of a safety notice or other guidance document intended to promote improved safety. The contents of reports may also be used to defend our industry from the actions of unscrupulous parties whose goals are clearly only those of defamation.
ACCIDENT REPORT FORM

ACCIDENT REPORT

To: Association of Diving Contractors International

info@adc-int.org 281-893-5118

From: (Company Name)

Subject: Casualty/Accident Report

Date of incident: _______ / _______ / _______

Location of incident: ___________________________________________________

Description of event: ___________________________________________________

Nature and extent of injury/injuries: _______________________________________