

## Economic Commission for Europe

### Inland Transport Committee

#### Working Party on the Transport of Dangerous Goods

Joint Meeting of the RID Committee of Experts and the  
Working Party on the Transport of Dangerous Goods

27 August 2020

Bern, 10-11 September and Geneva, 14-18 September 2020

Item 7 of the provisional agenda

Accidents and risk management

### **Information concerning the informal working group on the improvement of the Report on occurrences - Additional information to document ECE/TRANS/WP.15/AC.1/2020/55**

#### **Submitted by the Government of France on behalf of the working group**

1. As mentioned in paragraph 7 of document ECE/TRANS/WP.15/AC.1/2020/55, the Working Group (WG) has looked at three drafts reports to be included in RID/ADR/ADN 1.8.5. as decided in previous meetings there are three drafts on for each mode.

2. The draft reports contain all information necessary to understand the way the accident happens and to describe its consequences. It leads to require more information than the current report does. It was agreed that it is more realistic not to require all the information in a short time (such as the current one-month delay).

3. The WG identified the information that could be sent in the short time and information that could be sent at a later time. In the draft reports attached in the annexes, short term information appear in red italic.

4. This would lead to a different management of accident reporting. Some information would be sent immediately to declare the accident, and complementary most substantial data would be gathered through an inquiry process that would take longer, until the report will be considered as complete.

5. The WG noted that it would be necessary to redefine the data collection process. Some experts thought that some parts of this procedure would be better drafted as a guidance material than in a regulatory text. In February, the WG decided to meet again in June in order to work on this matter. Because of the Covid crisis, this meeting could not take place and the Guidance material could not be produced on time for the Joint meeting. However, we believe it is useful to produce the material produced by the WG so far such as the drafts attached in the annexes

6. Concerning the report and its goal, it was generally agreed that the report should be kept simple. The stepped approach making a distinction between the data needed initially and those needed later in the process would make the reporting easier.

However, the WG discussed that the main goal should be gathering as much information as necessary for possible investigations in order to learn from accidents, so that safety of transport of dangerous goods can be further improved.

Therefore, not only (serious) accidents should be reported but also near accidents should be reported as they could deliver equal important information.

7. As the work could not be completed in June, some additional work is necessary:

- Consider drafting of relevant guidance material.

- Consider a revised scope for the accident reporting and declaration criteria as relevant.

8. The Joint Meeting is invited to comment as appropriate.

**Annex**

**Draft for RID**

**Report on occurrences during the carriage of dangerous goods in accordance with RID section 1.8.5**

*Company reference number:*

*Reporter reference number:*

*Date of the report:*

Company: .....
Address: .....
Contact name: ..... Telephone: ..... Fax: .....
Email address: .....

*(The competent authority shall remove this cover sheet before forwarding the report)*

*Operation of the interested party:*

- Consignor*
- Packer*
- Carrier*
- Consignee*
- Loader*
- Filler*
- Tank-container/portable tank operator*
- Tank-wagon operator*
- Railway infrastructure manager*
- Unloader*

<b>Identification number</b>		
<b>Date and location of occurrence</b>		
<b>Year :</b>	<b>month :</b>	<b>day :</b>
<b>Local Time :</b>		
<input type="checkbox"/> <b>Country:</b> <input type="checkbox"/> <b>region:</b> <input type="checkbox"/> <b>Town:</b> <input type="checkbox"/> <b>Department</b>  <b>Geographical coordinates:</b> <input type="checkbox"/> <b>Latitude:</b> <input type="checkbox"/> <b>Longitude:</b>		
<b>Context</b>		
<b><u>Nature of operation:</u></b> <input type="checkbox"/> Carrying <input type="checkbox"/> Moving <input type="checkbox"/> Stationary <input type="checkbox"/> Shunting <input type="checkbox"/> Loading/Filling <input type="checkbox"/> Unloading/emptying <input type="checkbox"/> Other (explain):  <b><u>Weather conditions:</u></b> Temperature: °C <input type="checkbox"/> Dry, clear <input type="checkbox"/> rain <input type="checkbox"/> snow <input type="checkbox"/> fog, mist, smoke <input type="checkbox"/> sleet, hail <input type="checkbox"/> Thunder storm <input type="checkbox"/> High winds <input type="checkbox"/> unknown <input type="checkbox"/> other	<b><u>Surface conditions:</u></b> <input type="checkbox"/> Dry <input type="checkbox"/> snow, frost, ice, slush <input type="checkbox"/> slippery <input type="checkbox"/> wet, damp <input type="checkbox"/> flood <input type="checkbox"/> unknown <input type="checkbox"/> other	<b><u>Light conditions:</u></b> <input type="checkbox"/> Daylight <input type="checkbox"/> Twilight <input type="checkbox"/> darkness street light lit <input type="checkbox"/> darkness street light unlit
<b><u>Infrastructure:</u></b>  <b>Line category:</b> <input type="checkbox"/> Open line <input type="checkbox"/> Station/Terminal <input type="checkbox"/> Station or siding <input type="checkbox"/> Marshalling yard [shunting] <input type="checkbox"/> Single track <input type="checkbox"/> Multiple Track (more than 1)  <b>Railway segments/Environment:</b> <input type="checkbox"/> Country Side/Rural <input type="checkbox"/> Urban area <input type="checkbox"/> Industrial area	<b>Specific structures:</b> <input type="checkbox"/> Tunnel <input type="checkbox"/> entry area <input type="checkbox"/> on/inside <input type="checkbox"/> exit area <input type="checkbox"/> Level crossing  Gradient (if known the estimate value) :	

<b>Vehicle and dangerous good contained</b> <b>Total number of wagons involved</b> (For each wagon/container involved, indicate information about the DG contained and the vehicle)							
<input type="checkbox"/> Register Number/ Unique vehicle number: <input type="checkbox"/> Train number:  Position of involved wagon(s) in the train : <input type="checkbox"/> Of those, total number of DG transport unit(s) : <input type="checkbox"/> Locomotive Register Number:							
<i>UN Number <sup>(1)</sup></i>	<i>Class</i>	Label(s) (Col. 5)	<i>Packing group if known (if relevant)</i>	Estimated quantity of loss of products (kg or l) <sup>(2)</sup>	<i>Means of containment <sup>(3)</sup></i>	Means of containment material <sup>(4)</sup>	Type of failure of means of containment <sup>(5)</sup>
(1) For dangerous goods assigned to collective entries to which special provision 274 applies, also the technical name shall be indicated.				(2) For class 7, indicate values according to the criteria in 1.8.5.3.			
(3) Indicate the appropriate number:  1 Packaging 2 Large packaging 3 Intermediate packaging container (IBC) 4 Pressure receptacle 5 BK 1 6 BK 2 7 BK3 8 VC1 9 VC2 10 VC3 11 vacuum-operated waste tanks 12 MGEC 13 Fixed Tank 14 Portable tank 15 Demountable tank 16 Tank container 17 Tank swap bodies 18 Wagon 19 Tank wagon 20 Battery wagon 21 Closed wagon 22 Open Wagon 23 Sheeted wagon				(4) Indicate the appropriate number:  <input type="checkbox"/> Steel <input type="checkbox"/> Aluminum <input type="checkbox"/> wood <input type="checkbox"/> <i>Fiberboard</i> <input type="checkbox"/> Plywood <input type="checkbox"/> Plastic film <input type="checkbox"/> Metal <input type="checkbox"/> Paper <input type="checkbox"/> Plastic <input type="checkbox"/> Textile <input type="checkbox"/> glass  (5) Indicate the appropriate number:  1 Loss 2 Fire 3 Explosion 4 Structural failure			

Description of the occurrence	
<p> <input type="checkbox"/> Rolling over  <input type="checkbox"/> on the track  <input type="checkbox"/> outside the track </p> <p> <input type="checkbox"/> Drop from a height </p> <p> <input type="checkbox"/> Derailment </p> <p> <input type="checkbox"/> Collision                      Speed (estimated):  <i>Crash type:</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> head on collision</li> <li><input type="checkbox"/> left front</li> <li><input type="checkbox"/> center front</li> <li><input type="checkbox"/> right front</li> <li><input type="checkbox"/> right side</li> <li><input type="checkbox"/> left side</li> <li><input type="checkbox"/> rear end collision</li> <li><input type="checkbox"/> right rear</li> <li><input type="checkbox"/> center rear</li> <li><input type="checkbox"/> left rear</li> </ul> </p> <p> <i>Collision with vehicle:</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Train/railway vehicle</li> <li><input type="checkbox"/> Track maintenance equipment</li> <li><input type="checkbox"/> Road vehicle <ul style="list-style-type: none"> <li><input type="checkbox"/> Moving</li> <li><input type="checkbox"/> Stationary</li> </ul> </li> </ul> </p>	<p> <i>Collision against fixed obstacle:</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Bridge pillars</li> <li><input type="checkbox"/> Obstacles outside clearance gauge</li> <li><input type="checkbox"/> Other permanent object</li> <li><input type="checkbox"/> submerged in water</li> <li><input type="checkbox"/> Buffer-stop</li> <li><input type="checkbox"/> Overhead cont</li> </ul> </p> <p>act lines</p> <p> <i>Collision with objects temporarily present on and near track:</i> <ul style="list-style-type: none"> <li>- Rocks/landslides/trees</li> <li>- Lost parts of (railway) vehicles</li> <li>- Lost or displaced loads</li> <li>- Other</li> </ul> </p>
<p> <b><u>Damage type (imminent risk of loss of product):</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> bent</li> <li><input type="checkbox"/> gouged or cut</li> <li><input type="checkbox"/> ripped or torn</li> <li><input type="checkbox"/> torn off or damaged</li> <li><input type="checkbox"/> vented</li> </ul> </p> <p> <b><u>Leakage:</u></b>      <input type="checkbox"/> Yes      <input type="checkbox"/> No </p> <p> <input type="checkbox"/> <i>Small Release</i>  <input type="checkbox"/> <i>Limited Release</i>  <input type="checkbox"/> <i>Continuous Release</i>  <input type="checkbox"/> <i>Full Release</i> </p> <p> <b>Place of leakage:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> cylinder valve</li> <li><input type="checkbox"/> flange</li> <li><input type="checkbox"/> gauging device</li> <li><input type="checkbox"/> hose adaptor or coupling</li> <li><input type="checkbox"/> inlet (loading) valve</li> <li><input type="checkbox"/> inner packaging</li> <li><input type="checkbox"/> inner receptacle</li> </ul> </p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> loading/ unloading lines</li> <li><input type="checkbox"/> piping or fittings</li> <li><input type="checkbox"/> pressure relief valve</li> <li><input type="checkbox"/> sample line</li> <li><input type="checkbox"/> tank shell</li> <li><input type="checkbox"/> vacuum relief valve</li> <li><input type="checkbox"/> vent</li> <li><input type="checkbox"/> weld or seam</li> <li><input type="checkbox"/> bursting disk</li> </ul>

**Dangerous phenomena**

- absence of dangerous phenomena
  
- Fire
  - Vapour cloud explosion
  - Gascloud Fire
  - Jet Fire
  - Bleve
  
- Location of fire:
  - Locomotive
  - Axle
  - Tank – trailer
  - Trailer – semi trailer
  - Pressure receptacle
  - Transport unit
  
- Toxic vapour cloud
  
- explosion without fire
  - Over pressurized inside the tank / packaging
  - Other
  
- Pollution of soil
- Pollution of water

**Causes of occurrence****External causes:**

- Rock/stone fall
- Landslides
- Earthquake
- Vegetation
- Environmental relevant factors*
  - Fog*
  - Flooding*
  - Frost*
  - Ice*
  - High winds*
  - Storm*
  - Snow*
  - Heat*
- Other (explain):

**Technical fault on fixed installation:**

- Broken rail
- Track buckle and other track misalignment
- Wrong-side signaling (infrastructure) failure
- Switch and crossing failure
- Failure of the level crossing equipment
  - Disorder of earthworks/embankment failure
  - Power supply equipment failure
  - Train detection equipment failure
  - Overhead contact line failure
- Fire of fixed installation
- Other
- Structures failure
  - Tunnel failure
  - Viaduct failure
  - Culvert failures
  - Rail bridge structural failure Over line bridge
  - Station structure failure
  - Platform failure

**Technical failure vehicle:**

- Electrical system failure
- mechanical system failure
- broken component or device
- defective component or device
- missing component or device
- Wheel
- braking system failure
- abrasion
- exterior corrosion
- interior corrosion
- Damaged lining
- Coupling failure
- Engine failure
- Axle failure
- Other

**Related to DG carried:**

- incompatible products
- incompatible material of the containment with the product carried
- self-ignition
- polymerization

**Faulty load securing:**

- improper securing arrangement
- inadequate blocking and bracing

**Related to procedure:**

- improper preparation for transport
- inadequate maintenance
- inadequate procedures
- overfilled
- over pressurized
- valve open

**Human causes:**

- deliberate action
- effect of alcohol
- effect of narcotic drugs
- medical treatment
- medical emergency
- excessive speed
- lack of experience
- inattention
- sleepiness
- carelessness (driving, shunting)
- loss of control
- non compliance with procedures
- inadequate training
- other

Consequences	
<p><b><u>Death and injury in DG company personal:</u></b></p> <p><input type="checkbox"/> Injured (total number):</p> <p>Days of hospitalization:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Serious injury (Abbreviated Injury Scale &gt;3)</li> <li><input type="checkbox"/> Minor injury (Abbreviated Injury Scale &lt;3)</li> </ul> <p>Nature of injury:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Traumatic</li> <li><input type="checkbox"/> Intoxicated</li> <li><input type="checkbox"/> Burned</li> <li><input type="checkbox"/> Radiation</li> </ul> <p><input type="checkbox"/> Death (number):</p> <p><b><u>Death and injury caused by DG:</u></b></p> <p>Injured (total number):</p> <p>Days of hospitalization:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Serious injury (AIS&gt;3)</li> <li><input type="checkbox"/> Minor injury (AIS&lt;3)</li> </ul> <p>Nature of injury:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Traumatic</li> <li><input type="checkbox"/> Intoxicated</li> <li><input type="checkbox"/> Burned</li> <li><input type="checkbox"/> Radiation</li> </ul> <p>Death (number):</p> <p><b><u>Death and injury (third party and public):</u></b></p> <p>Injured (number):</p> <p>Death (number):</p>	<p><b><u>Material/environment damages :</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Air pollution</li> <li><input type="checkbox"/> Water pollution</li> <li><input type="checkbox"/> Soil pollution</li> <li><input type="checkbox"/> Estimated quantity of loss products (kg/l): ...</li> </ul> <p><b><u>Involvement of authorities:</u></b></p> <p><input type="checkbox"/> No                                      <input type="checkbox"/> Yes (which authority):</p> <p><input type="checkbox"/> Evacuation of persons for a duration of at least 3 hours</p> <p><input type="checkbox"/> Closure of public traffic routes for a duration of at least 3 hours</p>



**DRAFT FOR ADR**

Report on occurrences during the carriage of dangerous goods  
in accordance with ADR section 1.8.5

*Company reference number:*

*Reporter reference number:*

*Date of the report:*

Company: .....
Address: .....
Contact name: ..... Telephone: ..... Fax: .....
Email address: .....

*(The competent authority shall remove this cover sheet before forwarding the report)*

*Operation of the interested party:*

- Consignor*
- Packer*
- Carrier*
- Consignee*
- Loader*
- Filler*
- Tank-container/portable tank operator*
- Unloader*
- Other (precise):*

<b>Identification number</b>		
<b>Date and location of occurrence</b>		
<i>Year :</i>	<i>month :</i>	<i>day :</i>
<i>Local Time :</i>		
<input type="checkbox"/> <i>Country:</i> <input type="checkbox"/> <i>region:</i> <input type="checkbox"/> <i>Town:</i> <input type="checkbox"/> <i>Department:</i>  <i>Geographical coordinates:</i> <input type="checkbox"/> <i>Latitude:</i> <input type="checkbox"/> <i>Longitude:</i> <i>Alternatively road : number and kilometric point</i>		
<b>Context</b>		
<u><b>Nature of operation:</b></u> Carrying : <input type="checkbox"/> Moving <input type="checkbox"/> Stationary <input type="checkbox"/> Parked <input type="checkbox"/> transshipment <input type="checkbox"/> Loading/Filling <input type="checkbox"/> Unloading/emptying <input type="checkbox"/> Other (explain):  <u><b>Weather conditions</b></u> Temperature: °C <input type="checkbox"/> Dry, clear <input type="checkbox"/> Rain <input type="checkbox"/> Snow <input type="checkbox"/> Fog, mist, smoke <input type="checkbox"/> Sleet, hail <input type="checkbox"/> Thunder storm <input type="checkbox"/> High winds <input type="checkbox"/> Unknown <input type="checkbox"/> Other	<u><b>Surface conditions</b></u> <input type="checkbox"/> Dry <input type="checkbox"/> snow, frost, ice, slush <input type="checkbox"/> slippery <input type="checkbox"/> wet, damp <input type="checkbox"/> flood <input type="checkbox"/> unknown <input type="checkbox"/> other	<u><b>Light conditions</b></u> <input type="checkbox"/> Daylight <input type="checkbox"/> Twilight <input type="checkbox"/> darkness street light lit <input type="checkbox"/> darkness street light unlit
<u><b>Infrastructure:</b></u>  Description of the road: <input type="checkbox"/> Country Side/Rural <input type="checkbox"/> Urban area <input type="checkbox"/> Industrial area <input type="checkbox"/> Multimodal Logistical <input type="checkbox"/> Parking road infrastructure (precise number of places):  Type of road: <input type="checkbox"/> Highway <input type="checkbox"/> Unidirectional road <input type="checkbox"/> Bidirectional road  <input type="checkbox"/> Number of lanes (if known) :		

- Gradient (if known) :
- Speed limit (if known) :
- Width (if known) :

Topographical:

- Straight road
- Curve road
- S – curve road
- Level crossing
- Roundabout

Specific structures:

- Tunnel                      Category:
- entry area
- on/inside
- exit area

Bridge:

- bridge (on a)
- under the bridge

<b>Vehicle and dangerous good contained</b> <b>Total number of vehicles involved</b> (For each vehicle/container involved, indicate information about the DG contained and the vehicle)							
<input type="checkbox"/> Register Number:							
<b>UN Number</b> <small>(1)</small>	<b>Class</b>	Label(s) (Col. 5)	<b>Packing group (if relevant)</b>	Estimated quantity of loss of products (kg or l) <sup>(2)</sup>	<b>Means of containment</b> <small>(3)</small>	Means of containment material <sup>(4)</sup>	Type of failure of means of containment <sup>(5)</sup>
(1) For dangerous goods assigned to collective entries to which special provision 274 applies, also the technical name shall be indicated.  (3) Indicate the appropriate number: 1 Packaging 2 Large packaging 3 Intermediate packaging container (IBC) 4 Pressure receptacle 5 BK 1 6 BK 2 7 BK3 8 VC1 9 VC2 10 VC3 11 vacuum-operated waste tanks 12 MGEC 13 Fixed Tank 14 Portable tank 15 Demountable tank 16 Tank container 17 Tank swap bodies 18 Tank compartments				(2) For class 7, indicate values according to the criteria in 1.8.5.3.  (4) Indicate the appropriate number: 1 Steel 2 Aluminum 3 wood 4 <i>Fiberboard</i> 5 Plywood 6 Plastic film 7 Metal 8 Paper 9 Plastic 10 Textile 11 glass 12 combination 13 FRP 14 Other  (5) Indicate the appropriate number: 1 Loss 2 Fire 3 Explosion 4 Structural failure			



**Dangerous phenomena**

- Absence of dangerous phenomena
  
- Fire
  - Vapour cloud explosion
  - Gascloud Fire
  - Jet Fire
  - Bleve
  
- Location of fire:
  - Tractor Cab
  - Road tractor
  - Tyres
  - Tank – trailer
  - Trailer – semi trailer
  - Pressure receptacle
  - Transport unit
  
- Toxic vapour cloud
  
- Explosion without fire
  - Over pressurized inside the tank / packaging
  - Other
  
- Pollution of soil
  
- Pollution of water

Causes of occurrence	
<p><b><u>External causes:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Slippery/wet road</li> <li><input type="checkbox"/> Rock/stone fall</li> <li><input type="checkbox"/> Earthquake</li> <li><input type="checkbox"/> narrow road</li> <li><input type="checkbox"/> <i>Environmental relevant factors</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Fog</i></li> <li><input type="checkbox"/> <i>Flooding</i></li> <li><input type="checkbox"/> <i>Frost</i></li> <li><input type="checkbox"/> <i>Ice</i></li> <li><input type="checkbox"/> <i>High winds</i></li> <li><input type="checkbox"/> <i>Storm</i></li> <li><input type="checkbox"/> <i>Snow</i></li> <li><input type="checkbox"/> <i>Heat</i></li> </ul> </li> <li><input type="checkbox"/> Other(explain):</li> </ul> <p><b><u>Related to DG carried</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> incompatible products</li> <li><input type="checkbox"/> incompatible material of the containment with the product carried</li> <li><input type="checkbox"/> self-ignition</li> <li><input type="checkbox"/> polymerization</li> </ul> <p><b><u>Faulty load securing:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> improper securing arrangement</li> <li><input type="checkbox"/> inadequate blocking and bracing</li> </ul> <p><b><u>Related to procedure</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> improper preparation for transport</li> <li><input type="checkbox"/> inadequate maintenance</li> <li><input type="checkbox"/> inadequate procedures</li> <li><input type="checkbox"/> overfilled</li> <li><input type="checkbox"/> over pressurized</li> <li><input type="checkbox"/> valve open</li> </ul>	<p><b><u>Technical failure on vehicle:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Electrical system failure</li> <li><input type="checkbox"/> mechanical system failure</li> <li><input type="checkbox"/> broken component or device</li> <li><input type="checkbox"/> defective component or device</li> <li><input type="checkbox"/> missing component or device</li> <li><input type="checkbox"/> Tyre</li> <li><input type="checkbox"/> braking system failure</li> <li><input type="checkbox"/> abrasion</li> <li><input type="checkbox"/> exterior corrosion</li> <li><input type="checkbox"/> interior corrosion</li> <li><input type="checkbox"/> Damaged lining</li> <li><input type="checkbox"/> Coupling failure</li> <li><input type="checkbox"/> Engine failure</li> <li><input type="checkbox"/> Axle failure</li> <li><input type="checkbox"/> Other</li> </ul> <p><b><u>Human causes:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Driver      <input type="checkbox"/> Other participants      <input type="checkbox"/> Third party</li> <li><input type="checkbox"/> deliberate action</li> <li><input type="checkbox"/> effect of alcohol</li> <li><input type="checkbox"/> effect of narcotic drugs</li> <li><input type="checkbox"/> medical treatment</li> <li><input type="checkbox"/> medical emergency</li> <li><input type="checkbox"/> excessive speed</li> <li><input type="checkbox"/> inattention</li> <li><input type="checkbox"/> sleepiness</li> <li><input type="checkbox"/> carelessness (driving, shunting)</li> <li><input type="checkbox"/> loss of control</li> <li><input type="checkbox"/> non compliance with procedures</li> <li><input type="checkbox"/> lack of experience</li> <li><input type="checkbox"/> inadequate training</li> <li><input type="checkbox"/> other</li> </ul>

Consequences	
<p><b><u>Death and injury in DG company personal:</u></b></p> <p><input type="checkbox"/> Injured (total number):</p> <p>Days of hospitalization:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Serious injury (Abbreviated Injury Scale &gt; 3)</li> <li><input type="checkbox"/> Minor injury (Abbreviated Injury Scale &lt; 3)</li> </ul> <p>Nature of injury:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Traumatic</li> <li><input type="checkbox"/> Intoxicated</li> <li><input type="checkbox"/> Burned</li> <li><input type="checkbox"/> Radiation</li> </ul> <p><input type="checkbox"/> Death (number):</p> <p><b><u>Death and injury caused by DG:</u></b></p> <p>Injured (total number):</p> <p>Days of hospitalization:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Serious injury (AIS&gt;3)</li> <li><input type="checkbox"/> Minor injury (AIS&lt;3)</li> </ul> <p>Nature of injury:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Traumatic</li> <li><input type="checkbox"/> Intoxicated</li> <li><input type="checkbox"/> Burned</li> <li><input type="checkbox"/> Radiation</li> </ul> <p>Death (number):</p> <p><b><u>Death and injury third party and public:</u></b></p> <p>Injured (number):</p> <p>Death (number):</p>	<p><b><u>Material and environment damages:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Air pollution</li> <li><input type="checkbox"/> Water pollution</li> <li><input type="checkbox"/> Soil pollution</li> <li><input type="checkbox"/> Estimated quantity of loss products (kg/l): ...</li> </ul> <p><b><u>Involvement of authorities:</u></b></p> <p><input type="checkbox"/> No                      <input type="checkbox"/> Yes (<i>which authority</i>):</p> <p><input type="checkbox"/> Evacuation of persons for a duration of at least 3 hours</p> <p><input type="checkbox"/> Closure of public traffic routes for a duration of at least 3 hours</p>



**DRAFT FOR ADN**

Report on occurrences during the carriage of dangerous goods

Company reference number:

Reporter reference number:

Company: .....
Address: .....
Contact name: ..... Telephone: ..... Fax: .....
Email address: .....
Official number (ENI) of the vessel.....
Dry cargo vessel (single hull, double hull .....
Tank vessel (type).....

*(The competent authority shall remove this cover sheet before forwarding the report)*

Operation of the interested party:

[  *Consignor*]

*Packer*

*Carrier*

*Consignee*

*Loader*

*Filler*

*Tank-container/portable tank operator*

*Unloader*

*Waterway infrastructure manager*

*(comment : The IM has no official status in ADN however some part of the infrastructure may have an active part in the accident)*

*Reception facility operator*

<b>Date and location of occurrence:</b>		
<b>Year :</b>	<b>month :</b>	<b>day :</b>
		<b>Local Time :</b>
<input type="checkbox"/> <b>Country</b> <input type="checkbox"/> <b>Inland waterway (name):</b> ..... <input type="checkbox"/> <b>Free sector (name):</b> <input type="checkbox"/> <b>KM point:</b> <input type="checkbox"/> <b>Port:</b> .....		
<b>Geographical coordinates:</b>		
<input type="checkbox"/> <b>Latitude:</b> <input type="checkbox"/> <b>Longitude:</b>		
<b>Context :</b>		
<b><u>Nature of operation:</u></b> <input type="checkbox"/> underway <input type="checkbox"/> loading/filling <input type="checkbox"/> unloading <input type="checkbox"/> degassing <input type="checkbox"/> berthed <input type="checkbox"/> anchored <input type="checkbox"/> shifting <input type="checkbox"/> maintenance/repairs <input type="checkbox"/> other (explain):	<b><u>conditions of inland waterway</u></b> <input type="checkbox"/> water level (reference gauge) <input type="checkbox"/> estimated speed through water <input type="checkbox"/> high water <input type="checkbox"/> low water <input type="checkbox"/> ice condition	<b><u>light conditions</u></b> <input type="checkbox"/> daylight <input type="checkbox"/> twilight <input type="checkbox"/> darkness <input type="checkbox"/> artificial light <input type="checkbox"/> lit <input type="checkbox"/> unlit
<b><u>Weather conditions</u></b> Temperature: °C <input type="checkbox"/> Dry, clear <input type="checkbox"/> rain <input type="checkbox"/> snow <input type="checkbox"/> fog, mist, smoke <input type="checkbox"/> sleet, hail <input type="checkbox"/> Thunder storm <input type="checkbox"/> High winds <input type="checkbox"/> unknown <input type="checkbox"/> other		
<b><u>Infrastructure</u></b> <input type="checkbox"/> Lock <input type="checkbox"/> Bridge <input type="checkbox"/> Movable <input type="checkbox"/> fixed <input type="checkbox"/> Dam <input type="checkbox"/> Aquaduct <input type="checkbox"/> Lift <input type="checkbox"/> Tunnel <input type="checkbox"/> other.....		
<b><u>Waterway segment/Environment:</u></b> <input type="checkbox"/> CEMT class: ..... <input type="checkbox"/> urban [to be defined]: yes/no <input type="checkbox"/> industrial area: yes/no		



causes of occurrence	
<p><b><u>External causes:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> <i>Environmental relevant factors</i></li> <li><input type="checkbox"/> <i>Fog</i></li> <li><input type="checkbox"/> <i>High water</i></li> <li><input type="checkbox"/> <i>Low water</i></li> <li><input type="checkbox"/> <i>Frost</i></li> <li><input type="checkbox"/> <i>Ice</i></li> <li><input type="checkbox"/> <i>High winds</i></li> <li><input type="checkbox"/> <i>Storm</i></li> <li><input type="checkbox"/> <i>Snow</i></li> <li><input type="checkbox"/> <i>Heat</i></li> <li><input type="checkbox"/> Recreational traffic</li> <li><input type="checkbox"/> Other(explain):</li> </ul> <p><b><u>Related to DG carried</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> incompatible products</li> <li><input type="checkbox"/> incompatible material of the containment with the product carried</li> <li><input type="checkbox"/> self-ignition</li> <li><input type="checkbox"/> polymerization</li> </ul> <p><b><u>Faulty load securing:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> improper securing arrangement</li> <li><input type="checkbox"/> inadequate blocking and bracing</li> </ul> <p><b><u>Related to procedure</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> improper preparation for transport</li> <li><input type="checkbox"/> inadequate maintenance</li> <li><input type="checkbox"/> inadequate procedures</li> <li><input type="checkbox"/> overfilled</li> <li><input type="checkbox"/> over pressurized</li> <li><input type="checkbox"/> valve open</li> </ul>	<p><b><u>Technical failure vehicle:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Electrical system failure</li> <li><input type="checkbox"/> mechanical system failure</li> <li><input type="checkbox"/> broken component or device</li> <li><input type="checkbox"/> defective component or device</li> <li><input type="checkbox"/> missing component or device</li> <li><input type="checkbox"/> abrasion</li> <li><input type="checkbox"/> exterior corrosion</li> <li><input type="checkbox"/> interior corrosion</li> <li><input type="checkbox"/> Damaged lining</li> <li><input type="checkbox"/> Coupling failure</li> <li><input type="checkbox"/> Engine failure</li> <li><input type="checkbox"/> Steering installation failure</li> <li><input type="checkbox"/> Other</li> </ul> <p>[relative to: carriage, loading, unloading, degassing]</p> <p><b><u>Human causes:</u></b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> deliberate action</li> <li><input type="checkbox"/> effect of alcohol</li> <li><input type="checkbox"/> effect of narcotic drugs</li> <li><input type="checkbox"/> medical treatment</li> <li><input type="checkbox"/> medical emergency</li> <li><input type="checkbox"/> excessive speed</li> <li><input type="checkbox"/> lack of experience</li> <li><input type="checkbox"/> inattention</li> <li><input type="checkbox"/> fatigue</li> <li><input type="checkbox"/> carelessness</li> <li><input type="checkbox"/> loss of control</li> <li><input type="checkbox"/> non-compliance with procedures</li> <li><input type="checkbox"/> inadequate training</li> <li><input type="checkbox"/> language, communication</li> <li><input type="checkbox"/> other</li> </ul>

Consequences	
<p><b><u>Death and injury in DG company personal:</u></b></p> <p><input type="checkbox"/> Injured (total number):</p> <p><i>Days of hospitalization:</i></p> <p><input type="checkbox"/> Serious injury (Abbreviated Injury Scale &gt;3)</p> <p><input type="checkbox"/> Minor injury (Abbreviated Injury Scale &lt; 3)</p> <p>Nature of injury:</p> <p><input type="checkbox"/> Traumatic</p> <p><input type="checkbox"/> Intoxicated</p> <p><input type="checkbox"/> Burned</p> <p><input type="checkbox"/> Radiation</p> <p><input type="checkbox"/> Drowned</p> <p><input type="checkbox"/> Death (number):</p> <p><b><u>Death and injury caused by DG:</u></b></p> <p>Injured (total number):</p> <p>Days of hospitalization:</p> <p><input type="checkbox"/> Serious injury (AIS&gt;3)</p> <p><input type="checkbox"/> Minor injury (AIS&lt;3)</p> <p>Nature of injury:</p> <p><input type="checkbox"/> Traumatic</p> <p><input type="checkbox"/> Intoxicated</p> <p><input type="checkbox"/> Burned</p> <p><input type="checkbox"/> Radiation</p> <p>Death (number):</p> <p><b><u>Death and injury third party and public:</u></b></p> <p>Injured (number):</p> <p>Death (number):</p>	<p><b><u>Material/environment damages :</u></b></p> <p><input type="checkbox"/> Air pollution</p> <p><input type="checkbox"/> Water pollution</p> <p><input type="checkbox"/> Soil pollution</p> <p><input type="checkbox"/> Estimated total quantity of loss products (kg/l): ...</p> <p><input type="checkbox"/> Estimated total quantity of financial loss (euro): ...</p> <p><input type="checkbox"/> destruction of buildings, etc...</p> <p><b><u>Involvement of authorities:</u></b></p> <p><input type="checkbox"/> No                      <input type="checkbox"/> Yes (<i>explain which authority</i>):</p> <p><input type="checkbox"/> Evacuation of persons for a duration of at least 3 hours</p> <p><input type="checkbox"/> Estimated time of closure of waterway: .....</p> <p><b>Comment: to be refined, CEMT class of the waterway, tonnes blocked, ....</b></p>

