

GUIDELINES FOR NOTIFICATION OF ACCIDENTS AT WORK CONCERNING SEAFARERS AND FISHERMEN

Pursuant to the act on insurance against the consequences of industrial injuries, an accident at work means personal injury caused by an incident or an effect that occurs suddenly or within 5 days in connection with work.

Purpose

The purpose of the notification is two-fold: Compensation pursuant to the act on insurance against the consequences of industrial injuries and prevention and inspection pursuant to the act on safety at sea. Therefore, the employer's insurance company and the Danish Maritime Authority must normally be notified at the same time. Maritime accidents causing personal injury must also be reported.

See the reverse side of the form regarding provisions on notification and on the employer and the master's obligation to notify accidents.

Work-related diseases are reported by doctors or dentists on a special form.

Notifications can be made to the Danish Maritime Authority or to the Labour Market Insurance in Denmark by using this form.

If the accident occurred during loading and unloading operations in Danish ports or during yard work in Denmark, notification must be made to the Danish Working Environment Authority and not to the Danish Maritime Authority. This also applies to crewmembers.

Accidents occurring on offshore installations on the Danish continental shelf must be notified to the Danish Energy Agency. If the accident occurred on a Danish registered mobile offshore installation during navigation or towing, notification must, however, be made to the Danish Maritime Authority.

How to fill in the form

- A. For persons without a Danish personal identification (CPR) number, please insert the date, month and year of birth. Please give the time of the accident in numbers and the hour as 00-24 local time.
- B. Here, the name and CVR no./SE no. of the shipping company to which the ship belongs or the company where the injured person is employed must be given. The fields **employer's insurance company, policy no. and the injured person's annual income at the time of the accident** must only be filled in by the injured person's employer, and the notification must be considered with a view to compensation, if relevant.
- C. Under **type of job** the job title held by the injured person at the time of the accident must be given.

D. It is important to describe the **sequence of events** so that the following is clear.

1. What was the injured person doing at the time of the accident? And which tool or machine was used, if any?
For example: *"Mooring of hawser upon arrival."*
"Bringing in the fishing gear."
2. What went wrong at the time of the accident? And which tool, machinery or burden was involved, if any?
For example: *"The hawser broke."*
"Suddenly, the fishing vessel was rolling."
3. How was the injured person injured? And which tool, machine or burden caused the injury, if any?
For example: *"Legs were hit by the hawser."*
"Hand squeezed between the drum and the net."

You can give an overall description of the sequence of events, but remember that all three questions must be answered.

E. Give only one mark at the type of injury and the injured part of the body, respectively. In case of more injuries, please mark the most serious injury.

In connection with accidents that must be notified pursuant to the act on insurance against the consequences of industrial injuries (to be notified to the insurance company where mandatory insurance has been taken out), please fill in the fields yes/no.

F. **In connection with accidents that must be notified pursuant to the act on safety at sea**, the following fields must be filled in:

Accident that must be notified:

1. Whether the accident has led to incapacity to work for 1 day or more in excess of the date of injury ("Lost time accident" (LTA)), including the duration of the incapacity to work, i.e.

- whether the incapacity has lasted for 1-3 days, or
- whether the incapacity has lasted for more than 3 days, or
- whether the incapacity has lasted for more than 5 weeks,
- whether the injured person has deceased.

2. Whether the accident has led to the injured person not being able to carry out his normal work for 1 day or more in excess of the date of injury ("Restricted work accident" (FCA)),

or

an accident not requiring notification:

3. Any other accident that there is a wish to report, but which is not included in items 1 or 2.

Print 5 copies and forward them to the following:

- Copy 1** To be forwarded to the Danish Maritime Authority, Fjordvænget 30, DK-4220 Korsør.
- Copy 2** To be forwarded to the employer's insurance company if reporting is made with a view to being compensated pursuant to the act on insurance against the consequences of industrial injuries. In case insurance has not been taken out, the page should be forwarded to the National Board of Industrial Injuries in Denmark. If reporting is not made with a view to being compensated pursuant to the above-mentioned act, the page should not be forwarded. A medical report is available from www.ask.dk.
- Copy 3** Is the injured person's copy.
- Copy 4** Is for the ship's safety organisation or, for fishing vessels, for the port safety committee. Page two is to be used in connection with the safety group's/port safety committee's investigation of the accident.
- Copy 5** Is the shipping company's/employer's copy.

Notification of accident at work concerning seafarers and fishermen

A – Injured person

Name:	Maritime ☐ Fishing ☐	Personal identification (CPR) no./date of birth -
Address:	Postal code:	Municipality of residence:
Mail:	Telephone:	
Time of accident: Day Month Year Hour	Nationality:	

B – Injured person's employer at the time the accident occurred

Name of shipping company/shipping business:	CVR-number:	Phone number:
Address:	Postal code:	Injured person's date of employment:
Ship's name and signal letters/port registration number:	SE-no.:	Does the injured receive DIS income? Yes ☐ No ☐
Employer's insurance company (to be filled in where employer notifies the accident):	Policy no.:	The injured person's approx. annual income at the time of accident:
Regarding fishing vessels – state type of fishing at the time of the accident: Trawling ☐ Net fishing ☐ Seining ☐ Other ☐		

C – Type of job

Job title held at the time of the accident:

D – Sequence of events

Describe: The act the injured person was carrying out when the accident happened as well as the tool or machine used,							
The event that led to the injury and the tool, machine, or burden that was involved,							
The way in which the injury happened, and the tool, machine, or burden that caused the accident.							
Place where the injury happened:	Deck: ☐ Cargo hold: ☐	Accommodation: ☐ Engine room: ☐	Galley: ☐ Tank: ☐	Rig/mast/crane: ☐ Access routes: ☐	On shore: ☐ Out board: ☐	Other: ☐	Where was the ship? At sea: ☐ Anchored: ☐ In port: ☐

E – Information on the injury and its consequences

Type of injury (mark with only ONE x): 01 ☐ Soft tissue injury (blows, bruises) 09 ☐ Imminent asphyxiation, drowning 02 ☐ Cerebral concussion/ internal 10 ☐ Poisoning 03 ☐ Wound injury 11 ☐ Heat or cold injury 04 ☐ Lost part of body 12 ☐ Caustic burn 05 ☐ Compound fracture 13 ☐ Radiation 06 ☐ Closed fracture 14 ☐ Electric shock 07 ☐ Joint dislocation 15 ☐ Injury not established 08 ☐ Sprain, distortion, overstraining 16 ☐ Other (describe below)		Type of injury (mark with only ONE x): 01 ☐ Head, except eyes 09 ☐ Hand, carpus 02 ☐ Eyes 10 ☐ Fingers, one or more 03 ☐ Neck 11 ☐ Hip joint, thigh, knee cap 04 ☐ Back, spine 12 ☐ Knee joint, lower leg, bunions 05 ☐ Chest, chest organs 13 ☐ Foot, ankle 06 ☐ Abdomen, abdominal organs 14 ☐ Toes, one or more 07 ☐ Shoulder, upp. arm, elbow joint 15 ☐ Extensive parts on body 08 ☐ Forearm, wrist 16 ☐ Other (describe below)	
Give a more detailed description of the injury and state injured part of body			
Accident requiring notification to the company's insurance company, according to the Act on Insurance Against the Consequences of Industrial Injuries , where the company has acquired the Insurance Against the Consequences of Industrial Injuries required by law.			Yes ☐ No ☐
Accident requiring notification to the company's insurance company, according to the Act of Safety at Sea: 1. ☐ The accident has led to incapacity to work for 1 day or more in excess of the date of injury Expected incapacity: ☐ 1 - 3 days ☐ over 3 days ☐ over 5 weeks ☐ Deceased 2. ☐ The accident has led to the injured person not being able to carry out his normal job for 1 day or more in excess of the date of injury Accident not requiring notification: 3. ☐ Wishing to report another accident, which is not covered in point 1 or 2.			

F – Information on the notifying person

The notifying person is: ☐ Employer/shipping co. ☐ Master ☐ Doctor/dentist ☐ Injured person ☐ Other	Stamp, phone number and contact person Remember to stamp all pages	Date Notifying person's signature
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Form to be used for the safety group's and port safety committee's investigation of the accident (or poisoning)

Specify the scene of the accident (make a sketch, for example). Talk to the injured person and all witnesses as soon as possible and get their immediate description of the accident and the circumstances that led to the accident.

Describe the course of events by means of statements made by the injured person and witnesses::

Was the accident influenced by any of the following factors:

- technical matters: Maintenance, operating difficulties, safety measures and machinery protection etc. If this is the case, which factors and how?

- work environment conditions: Light , noise, dust, smoke, gases and fumes, strong heat or cold, untidiness etc. If this is the case, which factors and how?

- the work situation: Work processes and methods, untidiness, machinery failure, maintenance and personal protective equipment etc. If this is the case, which factors and when?

The investigation furthermore showed the following factors that may be presumed to have contributed to the accident (for instance human acts, influence by other working processes or deficient instructions):

The safety group's suggestions for preventive measures:

The safety committee's/port safety committee's suggestions for preventive measures:

The following measures have been taken:

Date: The safety group:

Date: The safety committee:

Date: The port safety committee:

Information on obligation to notify and the possibility of receiving benefits, etc.

Injured person's right to notify

The injured person always has a right to report an accident at work to the Labour Market Insurance in Denmark. The notification deadline is 1 year from the date of the accident. Exemptions can be granted from the deadline in case of excusable circumstances.

Master's obligations under the act on safety at sea

Pursuant to the act on safety at sea and Notice A from the Danish Maritime Authority, chapter X, part A, the master of the ship must report accidents at work and poisonings to the Danish Maritime Authority:

1. In case of death.
2. When the accident has led to incapacity to work for 1 day or more in excess of the date of the injury (Lost time accident – LTA).
3. When the accident has led to the injured person not being able to carry out his normal work for 1 day or more in excess of the date of the injury (Restricted work accident – RWA) (partly incapacitated).

The incapacity for work need not necessarily be in immediate association with the date of the accident. In connection with some types of accident, the injury will occur with delay (such as poisonings, lifting injuries, etc.).

The injured person's inability to carry out his normal work (RWA) can include that the injured person:

- can carry out his normal tasks, but for a shorter period of time than planned,
- can carry out a limited part of his normal tasks, but for the entire duration of the watch, or
- is transferred to other work tasks.

The accident at work must be reported to the Danish Maritime Authority as soon as possible, however, not later than 9 days after the first day of incapacity or partial incapacity for work.

All deaths on board Danish ships at sea or in foreign ports must be reported immediately to the Commissioner of the Copenhagen Police by phone: +45 33 14 14 48 (Section A).

All maritime accidents as well as deaths and serious personal accidents on board Danish ships at sea or in foreign ports must be reported immediately to the Danish Maritime Authority by phone: +45 72 19 60 00.

Employer's obligations under the act on insurance against the consequences of industrial injuries

The employer must report accidents at work to the insurance company where mandatory insurance against the consequences of industrial injuries has been taken out no later than 9 days after the accident if it is to be expected that the accident may entitle the injured person to be compensated pursuant to the act on insurance against the consequences of industrial injuries.

In addition, all accidents at work involving absence due to illness for more than 5 weeks must be reported no later than 9 days after the 5-week date.

In case of death, the employer or the master must also inform the Labour Market Insurance in Denmark within 48 hours by phone: +45 20 42 63 97.

Should you have any questions, please contact:

the Labour Market Insurance in Denmark, phone: +45 72 20 60 00 or the Danish Maritime Authority, phone: +45 72 19 60 00

Special provisions on dental injury and damage to spectacles without personal injury

Damage to spectacles and dental injury that have not led to incapacity to work in excess of the date of the injury are **not** to be reported to the Danish Maritime Authority.

The employer must report dental injury to his insurance company using this form. The dentist uses a special form available from the Labour Market Insurance in Denmark, the insurance companies and the Danish Association of Dentists (Dansk Tandlægeforening).

Damage to spectacles/contact lenses that have not, at the same time, led to personal injury must be reported by the employer to his insurance company on a special form available from the insurance company or the Labour Market Insurance in Denmark.

Which benefits are available (compensation, etc.)

If the industrial injury has been recognised under the act on insurance against the consequences of industrial injuries, there is a possibility of the following:

- payment of treatment expenses, damage to spectacles, etc.,
- compensation for lost earning capability,
- compensation for permanent injury,
- temporary amount in case of death, or
- compensation for dependents in case of industrial injury causing death.

Consent for notification with a view to compensation

Notifications do not require the consent of the injured person. However, the injured person can always subsequently ask the Labour Market Insurance in Denmark to not consider the case. If notification (copy 2) is forwarded to the employer's insurance company or to the Labour Market Insurance in Denmark, the injured person has declared that the incident is reported with a view to being compensated, if relevant, under the act on insurance against the consequences of industrial injuries.

For what is the information used?

Enhanced health and safety:

The Danish Maritime Authority records all notifications with a number of details about the reason for the accidents, its consequences and background. The Danish Maritime Authority uses the notifications in its preventive work to enhance health and safety on board ships.

Compensation for industrial injuries:

Firstly, the employer's insurance company assesses the case with a view to ascertaining whether there are any treatment expenses. If the injured person complains about the insurance company's assessment, the case is forwarded to the Labour Market Insurance in Denmark. In case of permanent injury, the company forwards the case to the Labour Market Insurance in Denmark, which will make a decision pursuant to the act on insurance against the consequences of industrial injuries.

The employer's insurance company will pay any benefits (compensation, etc.) pursuant to the act on insurance against the consequences of industrial injuries.