

# REPCON – Marine Confidential Reporting Scheme

If you wish to obtain advice or further information, please call REPCON on 1800 020 505.

REPCON Marine is established under the *Navigation (Confidential Marine Reporting Scheme) Regulations 2008* and allows any person who has a marine safety concern to report it to the ATSB confidentially. Unless permission is provided by the person that the personal information is about, the information will not be disclosed. Only de-identified information will be used for safety action. However, the following matters are not reportable and there is no guarantee of confidentiality for them:

- (a) matters showing a serious and imminent threat to a person's health or life;
- (b) terrorist acts;
- (c) industrial relations matters;
- (d) conduct that may constitute an offence against a law of the Commonwealth, a State or a Territory and that is punishable by imprisonment for 2 years or more.

**Note 1:** REPCON is not an alternative to complying with mandatory reporting obligations under the *Transport Safety Investigation Regulations 2003* (see <www.atsb.gov.au>) the *Navigation Act 1912*, Marine Order Part 32 or the *Occupational Health and Safety (Maritime Industry) Act 1993* (see <www.amsa.gov.au>).

**Note 2:** Submission of a report known by the reporter to be false or misleading is an offence under section 137.1 of the Criminal Code.

**To be completed by all reporters:** ▶ Mandatory fields

Your name  Contact phone (eg 09 9999 9999)  Contact instructions (eg best times to call or preferred method)

Postal address  State  Code

Today's date  Facsimile  Email

Your occupation (e.g. ship's officer, crew, passenger, contractor, etc)

**Your experience or qualifications:**

Years at sea  Years on ship  Years on ship type  Relevant qualifications (if applicable)

**Particulars of event or safety issue:**

Date of event/issue  Time of event/issue  Position (latitude & longitude if at sea, or name of port and berth)

Discussed with safety officer  Yes  No If you discussed this event with anyone else please provide details

If your report concerns one or more ships, complete Section A and B. If your report is a concern about a procedure, published information, service, rule i.e. does not concern a specific ship, complete Section B only.

SECTION A

Ship's name  Type e.g. tanker / fishing  Number of persons on board (estimate if unknown)  Crew  Passengers

Name of other ship involved (if applicable)  Type e.g. tanker / fishing  Number of persons on board (estimate if unknown)  Crew  Passengers

**Type of incident:**  
 Navigational  Deck  Engineering  Hotel services  Stevedoring  Other

**Voyage phase:**  
 Anchor handling/tug work  Berthed  Entering port (no pilot)  Ocean passage  Fishing  
 At anchor  Coastal passage  Leaving port (no pilot)  Pilotage  Other (specify in section B)

**Weather conditions:**  
 Fine  Rain  Fog  Cloud  Rough sea  Strong wind

**Ship owner's contact details:**  
Owner, operator or charterer  Telephone  Facsimile

Name of company contact or designated person ashore  Email

*Complete section B on the reverse side.*

**When complete, post to: Reply Paid 600, PO Box 600, Civic Square, ACT 2608**  
**No postage stamp required, if posted in Australia**  
**Or fax to 02 6274 6461**

