



## MARITIME SECURITY INCIDENT REPORT

This form should be forwarded to:

**Transport Security Coordination Team**  
**Tel: 1300 791 581 or from outside Australia: +61 2 6274 8187**  
**Fax: +61 2 6274 6089**  
**E-mail: [transport.security@infrastructure.gov.au](mailto:transport.security@infrastructure.gov.au)**

A completed report submitted to the Department using this form will fulfil incident reporting obligations under Part 9 of the *Maritime Transport and Offshore Facilities Security Act 2003* (MTOFSA).

This form may be used to assist in making reports to police and other maritime or offshore industry participants.

A maritime security incident under Part 9 of the MTOFSA should be reported in writing, or orally and followed up in writing, as soon as possible. The optimal time for receipt of an incident report by the Department is within 24 hours of the transport security incident occurring.

**Use Tab Key** to move from cell to cell or **double click "Type Here"** fields. **Click boxes** to check them

### PART 1 - Type of Incident

- Maritime Transport or Offshore Facility Security Incident (s.170 of the MTOFSA)       Other Maritime Security Event

### PART 2 - Incident Details

Name of MIP/OIP: Type Here  
 Location of Incident: Type Here

Date: dd/ mm/ yy      Time: hr : min       am  pm

MIP type (please specify):

- Port Operator       Offshore facility operator  
 Port facility operator       Other, please specify below:  
 Ship operator      Type Here

Nature of incident:

- Damage/technical failure of a security system       Procedural failure  
 Disruptive person       Suspicious activity and items  
 Interference with maritime operations       Threats  
 Maritime security emergency       Unauthorised access  
 MSIC event       Weapon/prohibited item detected  
 Other, please specify: Type Here

Is a security zone established under the MTOFSA where the incident occurred?       Yes       No

If applicable, provide name of person/organisation who notified you of this incident:

Type Here

### PART 3 - Ship Details (if applicable and known)

Ship's name: Type Here  
 IMO: Type Here      Issc No.: Type Here  
 Type: Type Here      Size: Type Here  
 Type of Cargo: Type Here

**Purpose of submitting Form?**       Notification       Report

### PART 4 - Building/Structure Identifier where incident occurred (if applicable and known)

Type Here (insert building number or other identifier)

### PART 5 - Incident Narrative and response taken

Type Here (insert building number or other identifier)

### PART 6 - Other MIPs/OIPs involved

Type Here

### PART 7 - Has the Incident been previously reported to the Department's Transport Security Coordination Team?

Yes      If Yes, please fill in appropriate time TSSC was notified:  
 No      Hr : Min       am      Date: dd/ mm/ yy  
 pm

### PART 8 - If applicable, has the incident been reported to:

State/Territory Police?       Yes       No

Affected MIPs/OIPs identified in Part 6 above?       Yes       No

If No, Please report the incident to those parties in accordance with Part 9, Division 4 of the MTOFSA.

### PART 9 - Details of person completing report

Name: Type Here  
 Position: Type Here  
 Employer: Type Here

### PART 10 - Other Relevant Information

Type Here (attach additional pages if necessary)

**TimeSaver** (Time taken to complete form):      00      hrs      00      mi      ns

**Date of Report:**      dd/ mm/ yyyy