

16.5 Dangerous Cargo Event Report (Form F3220)

[Link](#) to fillable PDF



**Queensland
Government**

Dangerous Cargo Event Report

Section 93 of the *Transport Operations (Marine Safety) Regulation 2016*.

Please note

A dangerous cargo event report may also be provided in the following approved forms -

- by radio or electronic communication giving the information which is required on this form.

Ship's name

Ship's IMO/Lloyd's number

Particulars of person making report

Owner of ship Master of ship Person in charge of place

Name and address of person making report

Location of event

Name of berth (if any)

Date and time of event

 / / : hrs

Description of the dangerous cargo involved (if insufficient space, continue on separate sheet/s duly signed and attached to this form.)

Privacy Statement: The Department of Transport and Main Roads is collecting the information on this form as a record of any dangerous cargo event that has happened at the place or on the ship. This information is required under the *Transport Operations (Marine Safety) Regulation*. Authorised departmental officers will have access to this information and your personal information will not be disclosed to any third party without your consent, unless required to do so by law.

Description of the event (if insufficient space, continue on separate sheet/s duly signed and attached to this form.)

Description of damage (if insufficient space, continue on separate sheet/s duly signed and attached to this form.)

Nature of injuries and/or fatalities (if insufficient space, continue on separate sheet/s duly signed and attached to this form.)

I declare that the information provided, to the best of my knowledge, is true and correct.

Signature

Date

 / /

Send to the Regional Harbour Master nearest the location of the event.

TRB Forms Area
Form F3220 CFD
V01 Oct 2016

Section B

Location of local marine service

Ship's name

Ship's IMO/Lloyd's number

Operator's name and address

Contact person's name

Phone number

Fax number

Is this report for an initial voyage of a new local marine service?

No

Yes Expected date and time of commencement of voyage

 / / : hrs

Is this report for subsequent voyage/s as part of a local marine service?

No

Yes Expected date and time of voyage/s
(details may be provided on a separate sheet/s if necessary and attached to this form.)

 / / : hrs

 / / : hrs

Details of dangerous cargo to be carried: quantity, proper shipping name, IMDG classification, UN number and where applicable flashpoint or flashpoint range (details may be provided on a separate sheet/s if necessary and attached to this form.)

Are there any passengers intended to be carried during the transport of the dangerous cargo?

No

Yes How many?

I declare that the information provided, to the best of my knowledge, is true and correct.

Agent/Owner/Master's name

Agent/Owner/Master's signature

Date

 / /

Send to the local Regional Harbour Master

Privacy Statement: Maritime Safety Queensland (MSQ) is collecting the information on this form as record of any dangerous cargo being carried by a ship into the Port. The information is collected pursuant to the *Transport Operations (Marine Safety) Act 1994*. Authorised officers within MSQ and the Department of Transport and Main Roads may have access to this information. The information recorded will not be disclosed to a third party without your consent or unless required by law.