ANNEX 20B

FIRE RESCUE SERVICE INCIDENT BRIEFING FORM

Ships Name:	Nationality: .....
Berth:	Phone No of Ship: .....
Point of Contact:	Name of Duty Officer: .....
Size of Duty Watch:	Number of personnel onboard: ..... (at the outbreak of the fire)

Are all personnel accounted for: Yes / No Number of missing personnel: .....

Last known location of missing personnel.....

The Number of casualties is: ..... Location of casualties: .....

Number of casualties requiring hospitalisation: .....

Location of the fire: .....
(Type/Size)

What is burning: .....

Suspected Ignition Source.....

How long the fire has been burning (time since outbreak):

Present Equipment Situation (HPSW/HP Air/Ventilation/Fixed Systems)

Hazards within the fire zone (Ammunition/Fuel/Electrical/Gas Cylinders):

a. .....
b. .....
c. .....
d. .....

Hazards within adjacent compartments (Ammunition/Fuel/Electrical/Gas Cylinders):

Actions taken by ships staff (Attack party/Support party/Fixed Systems/Containment/Isolations):

Location of smoke boundaries:

State of ships stability (including the amount of water estimated to have been pumped in):