



香港商船資訊

HONG KONG MERCHANT SHIPPING INFORMATION NOTE

A fatal accident happened on board during cargo hold painting

To : Shipowners, Ship Managers, Ship Operators, Masters, Officers and Crew

Summary

A fatal accident happened on board a Hong Kong registered bulk carrier during the painting of the inside of cargo hold hatch coaming when she was en route from Imbituba, Brazil to Barra dos Coqueiros. At the time of the incident, when the crew members intended to paint the starboard side coaming of No.3 cargo hold after completing the paintwork of its fore coaming, one crew member accidentally fell from the fore coaming into the cargo hold, resulting in his death. This Note draws the attention of shipowners, ship managers, ship operators, masters, officers, and crew to the lessons learnt from this accident.

The Incident

1. A Hong Kong registered bulk carrier (*the vessel*) was en route from Imbituba, Brazil to Barra dos Coqueiros to load bulk maize cargoes. Four crew members, including bosun, carpenter, purser and steward (*the deck team*), were assigned to conduct the paintwork for the inside of the hatch coaming of No.3 cargo hold (*the hold*). The bosun led the paintwork with the purser and the steward assisting the work on-site. After completing the paintwork of the fore hatch coaming, *the deck team* planned to proceed to paint the starboard side coaming of *the hold*. Afterwards, the bosun heard a scream and the sound of a falling object hitting the tank top of *the hold*. The bosun immediately rushed to *the hold* and found the purser lying on the tank top near the side of the fore hatch coaming. The crew of *the vessel* organised themselves immediately and applied first aid to the purser. The purser was found to have no pulse, pupils appeared dilated, both legs were broken without apparent wounds and bleeding in other parts of his body. He was eventually declared dead by the doctor on board on the same day of the incident.

2. The investigation identified that the contributory factors leading to the accident were that the shipboard risk assessment for the paintwork was not carried out properly according to the requirements of the “Code of Safe Working Practices for Merchant Seafarers” (*the Code*); the crew failed to follow the requirements of *the Code* and the shipboard safety management system (SMS) to take necessary preventive measures when working aloft; the paintwork was not supervised properly on site according to the requirements of *the Code* and the shipboard SMS ; the shipboard training plan was not planned properly to follow the shipboard SMS requirements; and the shipboard training on working aloft was ineffective.

Lessons Learnt

3. In order to avoid recurrence of similar accidents in the future, the ship management company, all masters, officers, and crew members should note items (a) to (d) while ship management company should also note item (e):

- (a) follow strictly the requirements of *the Code* to carry out a shipboard risk assessment for painting work;
- (b) follow strictly the requirements of *the Code* and the shipboard SMS to take preventive measures when working aloft and supervise the painting work on site;
- (c) follow strictly the requirements of the shipboard SMS to formulate shipboard training plans;
- (d) enhance shipboard training for the crew on working aloft; and
- (e) ensure the crew follow strictly the requirements of the shipboard SMS when working aloft.

4. The attention of shipowners, ship managers, ship operators, masters, officers, and crew is drawn to the lessons learnt above.

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