



Australian Sailing - Vessel Action Request Form

1. (Required) Action Request Type (Tick all that apply)

- ☐ Safety Issue
- ☐ Hazardous Occurrence
- ☐ Non conformance
- ☐ Improvement opportunity
- ☐ Unscheduled Maintenance
- ☐ Safety Management System (SMS) Review
- ☐ Other

Action Request Details

2. (Required) Priority (Please tick ONE option)

- ☐ High
- ☐ Medium
- ☐ Low

3. (Required) Date

____/____/____

4. (Required) Raised By

Vessel Details

5. (Required) Location (Please tick ONE option)

☐ NSW

☐ ACT

☐ VIC

☐ QLD

☐ TAS

☐ SA

☐ WA

☐ NT

6. (Required) Vessel Registration Number

7. (Required) Vessel Name

8. (Required) Action Request Details

9. (Required) Vessel Tagged Out of Service (Please tick ONE option)

☐ Yes

☐ No

10. (Required) Regional Manager Advised (Please tick ONE option)

☐ Yes

☐ No