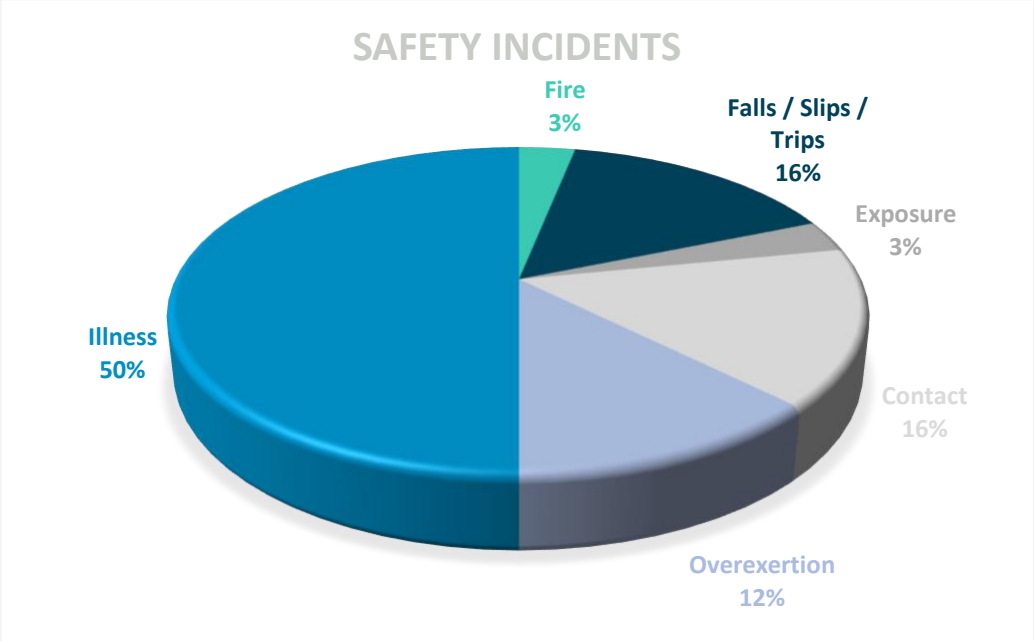
UNOLS Fleet Safety Statistics Report

Year: 2025 Quarter: 3 No of Ships Reporting: 14/17



Incidents (at Sea and In Port)	
Violence and Other Injuries by Persons or Animals	0
Transportation Incidents	0
Fires / Explosions	1
Falls / Slips/ Trips	5
Exposure to Harmful Substances or Environments	1
Contact with Object / Equipment	5
Overexertion / Bodily Reactions	4
Illness (Including Heart Conditions, Diseases, etc.)	16
Total Number of Incidents	**32**
Total Crew Days Reported (At Sea and In Port)	16442
Number of Accidents Resulting in Lost Time for Crew Members	1
Total Crew Days Lost	11
Number of Medical Evacuations	1
Number of Days Lost Due to Medical Evacuations	1

UNOLS Fleet Safety Statistics Report

Year: 2025 Quarter: 3 No of Ships Reporting: 14/17

Crew member was lightheaded and fell in cabin.	
Crew member had a case of diarrhea.	
Crew member was feeling nauseous and had stomach pain.	
Crew member developed tooth ache, abscessed tooth.	For abscessed tooth, be sure to have on board Orajel or numbing cream to help alleviate symptoms until getting back to port so crew member can go see dentist.
Shore side support was moving a plastic bucket with lead weights, and the plastic bucket broke apart, cutting the finger of shore personnel. Just needed antibiotic and band-aid.	For shore personnel moving items, use work gloves for heavy items.
Crew got metal sliver in eye while wearing safety goggles, small boat evacuation for medical attention.	
Fire in the elevator, a burning basket of recently dried rags and aprons from the Galley.	Stewards Dept instructed on proper room clearing procedures and to use a Metal Bin for Galley Linens and not to dry laundry until it is too hot.
Crew member tripped on deck while attempting to turn around and speak to a crew member that was walking by. The tech cut their left hand on the CTD rosette causing a laceration that needed stitches.	Stressing situational awareness is key to preventing slips and falls.
Ear infection possibly from swimming, treated onboard.	
Crew member had pain in the right lower quadrant of torso, treated onboard	
QMED experienced swelling of the wrist. He could not say why it happened. Might have been from an old injury that was exacerbated from working.	
Assistant Engineer reported a black spot on his ear. He was taken to a dermatologist who took a biopsy and said it was pre-cancerous.	
Engineer smashed right pinky finger while working in the engine room. Applied ice.	
Engineer complaining of tooth pain. Provided Advil and used Ambisol to numb the area. GW guidance was to take Antibiotics and Advil. The tooth was later pulled by a	

UNOLS Fleet Safety Statistics Report

Year: 2025 Quarter: 3 No of Ships Reporting: 14/17

dentist shoreside	
Chief Sci treated for cut on his shin that occurred on campus prior to cruise departure. Applied topical antibiotic and covered with band-aid.	
Crew member fell on the stairs and bruised knee. Ice applied while elevated.	
One science crew felt poorly 2 weeks into the cruise. Tested positive for COVID. Masks were handed out to science and crew. The patient was quarantined in room alone.	
A crew member bit into an olive pit, resulting in a chipped tooth. The crew member was seen by a shoreside dentist for treatment.	Exercise caution when consuming fruits with hard seeds or pits.
One crewmember hurt their ankle on the way down the stairs when the ship rolled.	One hand for the ship, one for yourself. Be careful on stairs with a rolling ship and try to move slowly, anticipating rolls as much as possible.
One crewmember had a pulmonary infection.	
Four cases of COVID.	COVID is still a threat just like Influenza and other illnesses. Follow best practices as per GWMMA guidance, provide plenty of hand sanitation around the ship, and encourage masking when symptoms arise.
Crew member incurred laceration on the left index finger while using a knife to cut wire. The cut was deemed minor and only required cleaning and bandaging.	Crew member was counseled to be careful while using dangerous tools and to adhere to proper procedure involving use of tools. Injury had no impact on ship operations.
Crew member reported upper, left, back pain. No specific event associated with the onset of pain. Crew member given an over-the-counter (OTC) pain reliever while aboard ship until the vessel's return to port. Crew member then sent to a shore-based medical facility for further evaluation. Crew member diagnosed with muscle spasms and prescribed medication to alleviate pain and spasms along with being assigned a few days rest and light duty. Illness had no impact on ship operations.	
Scientist reported discomfort in the left, inner, ear while at sea. Vessel contacted shore-based medical support facility for guidance. On duty medical practitioner diagnosed scientist with likely ear infection and prescribed antibiotics and pain relievers (which ship carried on board	

in ship's infirmary). Upon return to port, scientist visited a shore-based medical facility for follow-up. Illness had no impact on ship operations.	
Crew member reported acute, middle, back pain while vessel in port. No specific event associated with onset of pain. Crew member sent to shore-based medical facility for further evaluation including an X-ray examination. Though no diagnosis was made at the time of the examination, crew member deemed unfit for duty until results could be evaluated by a medical practitioner. Results received three days later whereupon crew member deemed fit for duty. Illness had no impact on ship operations.	
Crew member experienced pain in chest after sneezing hard. Was taken to hospital to make sure it was not a heart issue or hernia.	Stress to the crew to ask for help and report injuries or illnesses ASAP.
Engineer slipped while cleaning the ER bilge and injured leg. Two cuts were cleaned and bandaged with AB ointment. Ice was applied.	
EXPOSURE TO HARMFUL ENVIRONMENT - Crew member reported infection related to "bug" bite believed to have occurred while they were ashore (off the vessel in port). However, the vessel was offshore when this matter was reported. Consequently, the ship contacted the shore-based medical support facility for guidance. On duty medical practitioner directed ship to treat infected site by providing wound care. Upon return to port, crew member visited a shore-based medical facility for follow-up. Crew member given antibiotics to treat infection and directed to clean the infection site twice daily until the wound showed clear signs of healing. Crew member remained on duty throughout the treatment protocol. Illness had no impact on ship operations.	