



Contractor's Logo

Boats DRACAS Monthly Report  
– *Month Year*

Author:

The Contractor shall update this report throughout the contract and provide an updated version to the Authority on the first business day of the month.

***Example prompts in italics, please delete on first issue. Please use format provided by Authority with minimal changes. Add detailed tables as required in same format.***

[illegible]

|                        |     |                      |                |     |
|------------------------|-----|----------------------|----------------|-----|
| DRACAS Number          |     | Incident Title       |                |     |
| Vessel                 |     | Status               |                |     |
| Incident Description   |     |                      | Safety         | Y/N |
| Corrective Action      |     |                      | OPDEF Category |     |
| Design Change Required | Y/N | DORCS Update Details |                |     |

|                        |     |                      |                |     |
|------------------------|-----|----------------------|----------------|-----|
| DRACAS Number          |     | Incident Title       |                |     |
| Vessel                 |     | Status               |                |     |
| Incident Description   |     |                      | Safety         | Y/N |
| Corrective Action      |     |                      | OPDEF Category |     |
| Design Change Required | Y/N | DORCS Update Details |                |     |

|                        |     |                      |                |     |
|------------------------|-----|----------------------|----------------|-----|
| DRACAS Number          |     | Incident Title       |                |     |
| Vessel                 |     | Status               |                |     |
| Incident Description   |     |                      | Safety         | Y/N |
| Corrective Action      |     |                      | OPDEF Category |     |
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|                        |     |                      |                |     |
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