

FORM FM0831

Report of an Accident or Dangerous Occurrence

Instructions and general guidance for use are contained on the last page of this form.

Part A – Information required within 3 days of accident or first detection of dangerous occurrence

Item	General Information		
1.	Where did the incident occur?	The facility name:	Modec Venture 11
		Site name or location (<i>at or near the facility</i>):	Mutineer-Exeter
2.	Who is the registered operator or other person that controls the work site?	Name:	MODEC
		Business address:	1064 Hay Street, West Perth WA 6005
3.	When did the incident occur?	Time (& Time Zone):	18:00 Hrs
		Date:	11/01/2012

General Information - Witnesses

Did anyone witness the incident?	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/> N	If Yes provide details in the following table. If No delete the following table.

Item	General Information				
5.	Details of person submitting these details.	Name:	<input type="text"/>		
		Position:	<input type="text"/> MODEC Venture 11		
		Telephone number:	<input type="text"/>		
6.	Brief description of incident: MV11 - Unscheduled Muster and Emergency Response Procedure activated, due to Fuel Leak above the boiler whilst the boiler was operating.				
7.	Work / activity being undertaken at time of incident: Facility Preparations for Cyclone disconnect.				
8.	Action taken to make work-site safe: Boiler shut down, fuel supply isolated and Fire fighting foam applied to top of Boiler to cover area of fuel spill.				
	Details of any disturbance of the work site:				
	N/A				
9.	Was an emergency response initiated?	Yes:	<input checked="" type="checkbox"/> Y	No:	<input type="checkbox"/>

Part A – Information required within 3 days of accident or first detection of dangerous occurrence

Injuries

Was anyone killed or injured?	Yes:	<input type="checkbox"/>	No:	<input checked="" type="checkbox"/> N	If Yes provide details in the following table. If No delete the following table.

A. If any and if different from answer in item 2

Part A – Information required within 3 days of accident or first detection of dangerous occurrence					
Fluid Escape					
Did any fluid escape or burn?	Yes:	<input type="checkbox"/>	No:	N	If Yes provide details in the following table. If No delete the following table

Part A – Information required within 3 days of accident or first detection of dangerous occurrence					
Serious Damage					
Was there any serious damage?	Yes:	<input type="checkbox"/>	No:	N	If Yes provide details in the following table. If No delete the following table

Item	Serious Damage						
17.	Will the facility be shutdown?	Yes		No	N	If Yes for how long?	

Part A – Information required within 3 days of accident or first detection of dangerous occurrence		
Item	Immediate Actions / Causes	
18.	Immediate action taken/intended, if any, to prevent recurrence of incident.	Fuel oil supplies to and adjacent to the boiler are to be pressurised and inspected for leakage and any defects rectified.
19	Immediate cause analysis. <i>(What were the immediate causes?)</i>	From initial investigation, it appears that fuel has leaked from an adjacent fuel supply line. All line to be pressure tested to determine leakage source.

Part B – Information required within 30 days of accident or first detection of dangerous occurrence

NOPSEMA acknowledges that in many circumstances an operator may not have completed an investigation within 3 days of an accident or first detection of a dangerous occurrence and agrees that items 20 and 21 must be provided within 30 days unless otherwise agreed, in writing with NOPSEMA. In circumstances where an investigation has been completed and items 20 and 21 are available (supplemented, as required by any attachments as detailed in Part C) this Part should be completed.

Part B – Information required within 30 days of accident or first detection of dangerous occurrence
Serious Damage

Has the investigation been completed?	Yes:		No:		If Yes provide details in the following table. If No delete the following table
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Item	Analysis and Remedial Actions		
20.	Root cause analysis: <i>(What were the root causes?)</i>		
	Full report: <i>(Describe investigation in detail, including who conducted the investigation and in accordance with what standard/procedure with reference to attachments listed in Part C as applicable)</i>		
21.	Actions to prevent recurrence of same or similar incident <small>(Insert/delete rows as required)</small>		
	Action	Responsible Party	Completion Date <small>(Actual or intended)</small>



Are you attaching any documents?

Yes:

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No:

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If Yes provide details in the following table.

If No delete the following table

[illegible]

Instructions and general guidance for use:

1. The use of this form is entirely voluntary and is provided to assist operators of facilities comply with their obligations to give notice and provide reports of accidents and dangerous occurrences at or near facilities to NOPSEMA under the applicable legislation.
2. The applicable legislation is the *Offshore Petroleum and Greenhouse Gas Storage Act 2006* [OPGGSA] and *Offshore Petroleum and Greenhouse Gas Storage (Safety) Regulations 2009* [OPGGS(S) Regs] for facilities located in Commonwealth waters, or for facilities located in designated coastal waters, the State or Territory *Petroleum (Submerged Lands) Act* and associated *Regulations* where there is a current conferral of powers to NOPSEMA.
3. In the context of this form an incident is an accident or dangerous occurrence as defined in the OPGGS(S) Regs.
4. This form should be used in conjunction with NOPSEMA Guidance Note N-0300-GN0099 Notification and Reporting of accidents and dangerous occurrences available from the NOPSEMA website: www.nopsema.gov.au.
5. Part A should be completed in full in all cases, noting the provisions made to indicate and delete sections that may not be applicable.
6. Part B should be completed only where an investigation has been completed within three days of an accident or first detection of a dangerous occurrence.
7. Part C should be completed in any case where attachments are being provided in support of Parts A and/or B.
8. NOPSEMA considers that a full report will contain copies of all documentary material referenced and/or relied on in the course of satisfying items 1-21 which may include (but not be limited to) as appropriate: witness statements, SMS documents, drawings, diagrams and photographs, third party reports (audit, inspection, material analysis etc), internal records and correspondence.
9. This form is intended to be completed electronically using Microsoft Word by completing the unshaded cells which will expand as required to accept the information required.
10. The completed version of this form (and any attachments, where applicable) should be emailed to: submissions@nopsema.gov.au as soon as practicable, but in any case within three days of the accident or first detection of the dangerous occurrence.