

Report of an Accident, Dangerous Occurrence or Environmental Incident

For instructions and general guidance in the use of this form, please see the last page.

Part 1 is required within 3 days of a notified incident.

Part 2 is required within 30 days of notified incident.

What was the date and time of the initial verbal incident notification to NOPSEMA?			
Date	27 th September 2012	Time	1730
NOTE: It is a requirement to request permission to interfere with the site of an accident or dangerous occurrence. Refer OPGGS(S)R, Reg. 2.49.			
What is the date and time of this written incident report?			
Date	27 September 2012	Time	1730

What type of incident is being reported?		Please tick appropriate incident type	
Accident or Dangerous Occurrence		<input checked="" type="checkbox"/>	Complete parts 1 A, 1B & part 2
Environmental Incident		<input type="checkbox"/>	Complete parts 1 A, 1C
BOTH (Accident or Dangerous Occurrence AND Environmental Incident)		<input type="checkbox"/>	Complete ALL parts (1 A, 1B, 1C, 2)
Please tick all applicable (one or more categories)		To use electronically: MS Word 2007-10 – click in check box	
Categories Please select one or more	Accidents	Death or Serious Injury Lost Time Injury ≥3 days	<input type="checkbox"/> <input type="checkbox"/>
	Dangerous Occurrences	Hydrocarbon release >1 kg or ≥80 L (gas or liquid) Fire or Explosion Collision marine vessel and facility Could have caused death, serious injury or LTI Damage to safety-critical equipment Unplanned event - implement ERP Pipeline Incident Well kick >50 barrels Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Environmental Incidents	Hydrocarbon release Chemical release Drilling fluid/mud release Fauna Incident Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Part 1 A – Information required within 3 days of an Accident, Dangerous Occurrence or Environmental incident

A General Information – all incidents				
1.	Where did the incident occur?	Facility / field / title Name	Jack Bates	
		Site Name and Location <i>Latitude/longitude</i>	Browse	
2.	Who is the registered operator/titleholder or other person that controls the works site or activity?	Name	Sedco Forex Int Inc	
		Business address	Transocean , Level 6, 220 St Georges Terrace	
		Business Phone Number	[REDACTED]	
3.	When did the incident occur?	Time and Time Zone	GMT +8	
		Date	26 th September 2012	
4.	Did anyone witness the incident?	Yes or No <i>If Yes, provide details below</i>		
	Witness Details	Witness No 1	Witness No 2	Witness No 3
	Full Name	TBA		
	Phone No (Business hours)			
	Phone No (Home) (Mobile)			
	Email (business) (private)			
	Postal Address			
	NB: If more witnesses, copy and insert this section (4) here , and add extra witness numbers appropriately			
5.	Details of person submitting this information	Name	[REDACTED]	
		Position	QHSE Manager	
		Email	[REDACTED]	
		Telephone number	[REDACTED]	
6.	Brief description of incident	<p>While running Drill Pipe from Derrick into the well with Pipe Handling System, a Floorman was inadvertently struck by a stand of Drill-Pipe during the connection process and was knocked backwards to the floor. Emergency Team called to the Drill Floor. Man assessed by the Medic and transported to the Hospital for further assessment.</p> <p>No visible injury except for some bruising. As recommended by Topside, IP will remain in observation overnight and likely to be disembarked on regular crew-change and sent to ashore for further assessment.</p>		
7.	Work or activity being undertaken at time of incident	Running Drill Pipe		

Part 1 A – Information required within 3 days of an Accident, Dangerous Occurrence or Environmental incident

A		General Information – all incidents				
8.	What were the immediate causes of the incident?					
9.	Immediate action taken or intended, if any, to prevent recurrence of the incident and/or further environmental impact, and/or to contain the source of the release.	Action	Responsible Party		Completion date <i>Actual or intended</i>	
		Safety Standdown	OIM		completed	
		Check Racker for faults	OIM		completed	
NB: If more actions, please add extra rows as required						
10.	What are the internal investigation arrangements?	Level One TOPSET. Investigation Team mobilising to Rig Friday 28th				
11.	Was there any loss of containment of any fluid (liquid or gas)?	Yes or No <i>If Yes, provide details below</i>	No			
		Type of fluid (liquid or gas) <i>If hydrocarbon release please complete item no.15 as well</i>	Hydrocarbon <input type="checkbox"/> Please specify _____ Non-hydrocarbon <input type="checkbox"/> Please specify _____			
		Estimated Quantity <i>Liquid (L), Gas (kg)</i>				
		Estimation details	Calculation	<input type="checkbox"/>	Measurement	<input type="checkbox"/>
			Please specify _____			
		Composition <i>Percentage and description</i>				
		Known toxicity to people and/or environment	Toxicity to people			
			Toxicity to environment			
		How was the leak/spill detected?	F&G detection	<input type="checkbox"/>	Visual	<input type="checkbox"/>
			CCTV	<input type="checkbox"/>	Other	<input type="checkbox"/>
Did ignition occur?	No	<input type="checkbox"/>	Immediate	<input type="checkbox"/>		
	Yes	<input type="checkbox"/>		Delayed	<input type="checkbox"/>	

Part 1 A – Information required within 3 days of an Accident, Dangerous Occurrence or Environmental incident

A General Information – all incidents						
			If yes, What was the likely ignition source	Hotwork Spark electrical source Spark metallic contact Hot surface Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
12.	Has the release been stopped and/or contained?	Yes or No	N/A			
Duration of the release <i>hh:mm:ss</i>						
Estimated rate of release <i>Litres or kg per hour</i>						
13.	Location of release	What or where is the location of the release?				
What equipment was involved in the release?						
Is this functional location listed as safety-critical equipment?						
14.	Weather Conditions <i>Please complete as appropriate</i>	Ambient Temperature °C	26 degrees celcius			
Relative Humidity %		1009kpa				
Wind speed m/s <i>NB: for enclosed areas use</i> Air change per hour		2kph				
Wind Direction e.g. from SW		160 °T				
Significant wave height m		0.1m				
Swell m		0.5				
Current speed m/s		N/A				
Current Direction e.g. from SW		N/A				
15.	Hydrocarbon release details <i>If hydrocarbon fluid (liquid or gas) was released, please complete this section as well</i>	System of hydrocarbon release	Process Drilling Subsea / Pipeline	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Utilities Well related Marine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Estimated inventory in the isolatable system <i>Litres or kg</i>						
System pressure and size of piping or vessel <i>diameter (d in mm) length (l in m) or volume (V in L)</i>		Pressure MPag				
		Size Piping (d) and Piping (l) or Vessel (V)				

Part 1 A – Information required within 3 days of an Accident, Dangerous Occurrence or Environmental incident

A General Information – all incidents			
		Estimated equivalent hole diameter <i>d in mm</i>	

Part 1 B - Complete for Accidents or Dangerous Occurrences

B Accidents and Dangerous Occurrences information									
16.	Was NOPSEMA notified through the dedicated notification phone line? <i>Phone No. 08 6461 7090</i>			Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>		
17.	Action taken to make the work-site safe	Was permission given by a NOPSEMA OHS Inspector to interfere with the site? OPGGS(S)R Reg 2.49.			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
Action taken		Inspector did not answer. Advised Inspector would call via a recording							
Details of any disturbance of the work site		N/A							
18.	Was an emergency response initiated?			Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>		
	Type of response		Manual	<input type="checkbox"/>	Muster		<input type="checkbox"/>		
			Automatic alarm	<input type="checkbox"/>	Evacuation		<input type="checkbox"/>		
	How effective was the emergency response?								
19.	Was anyone killed or injured? <i>Provide details below</i>			Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>		
	Injured Persons (IP) <i>If different from item 2.</i>		Casualty No 1						
	Employer Name	GRN	Employer Address		Level 3, 46 Ventnor Avenue West Perth Western Australia				
	Employer Phone	94360911	Employer Email						
	IP full name		[REDACTED]						
	IP Date of birth			Sex	M	<input checked="" type="checkbox"/>	F	<input type="checkbox"/>	
	IP Residential address		Perth						
	IP Phone No. (Work)		IP Phone No. (Home) (Mobile)						
	IP Occupation/job title		Roughneck	Contractor or Core Crew		Contractor			

Part 1 B - Complete for Accidents or Dangerous Occurrences

B Accidents and Dangerous Occurrences information					
Details of Injury		Bruising Upper Arm and Shoulder			
Based on TOOCS (refer last page) Nature of Injury		a. Intracranial injury b. Fractures c. Wounds, lacerations, amputations, internal organ damage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	a. Burn b. Nerve or spinal cord injury c. Joint, ligament, muscle or tendon injury d. Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Part of Body		G1. Head or face G2. Neck G3. Trunk G4. Shoulder or arm	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> x	G5. Hip or leg G6. Multiple locations G7. Internal systems G8. Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Mechanism of Injury		G0. Falls, stepping, kneeling, sitting on object G1. Hitting object G2. Being hit or trapped	<input type="checkbox"/> x <input type="checkbox"/>	G3. Exposure to sound or pressure G4. Muscular stress G5. Heat, cold or radiation G6/7 Chemical, biological substance G8. Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Agency of Injury		1. Machinery or fixed plant 2. Mobile plant or transport 3. Powered equipment 4. Non-power equipment	x <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5/6. Chemicals, materials, substances 7. Environmental agencies 8. Human or animal agencies 9. Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Details of job being undertaken		Connecting a stand using Pipe Handling system			
Day and hour of shift		Day 22 e.g. 5 th day of 7 (5 / 7)		4 th hour of 12 e.g. 3 rd hour of 12 (3 / 12)	
NB: If more casualties, please copy/paste this section (19) for each additional casualty and insert here					
20.	Was there any serious damage? Provide details below		Yes <input type="checkbox"/>	No <input type="checkbox"/>	x
	Details	Item 1	Item 2	Item 3	
	Equipment damaged				
	Extent of damage				
21.	Will the equipment be shutdown? Yes or No		No		
	If Yes, for how long?				
NB: If more equipment seriously damaged, please copy/paste this section as required					
22.	Will the facility be shutdown? Yes or No If yes provide details below		No		
	Facility shutdown	Date		dd/mm/yyyy	
Time			24 hour clock		
Duration			days / hours / minutes		

Attachments

Are you attaching any documents?			Yes or No <i>If yes provide details below</i>	No
No.	ID	Revision	Date	Title/Description
<i>Insert or delete rows as required</i>				

Part 1 C – Complete for Environmental incidents

C Environmental Impacts						
23.	Has the incident resulted in an impact to the environment?	Yes or No <i>If yes provide details below</i>				
		Incident details <i>e.g. estimated area of impact, nature/significance of impact</i>				
		ENVIRONMENTAL RECEPTORS				
		Open ocean	<input type="checkbox"/>	Macroalgae	<input type="checkbox"/>	
		Shoreline	<input type="checkbox"/>	Coral Reef	<input type="checkbox"/>	
		Population Centre	<input type="checkbox"/>	Benthic Invertebrates	<input type="checkbox"/>	
	Stakeholders	<input type="checkbox"/>	Seagrass	<input type="checkbox"/>		
	Other sensitivity <i>e.g. conservation area, nesting beach</i>	<input type="checkbox"/>	Mangrove	<input type="checkbox"/>		
	Further details					
	Details		Environment 1	Environment 2	Environment 3	
Location of receiving environments <i>Lat/Long</i>						
Date & time of impact						
Action taken to minimise exposure						
NB: If more environments were damaged, please copy/paste this section (Item E3) and add extra data						
24.	Are any environments at risk of further impact from the incident? <i>Including as a result of spill response measures</i>	Yes or No <i>If yes, provide details</i>				
		Details <i>e.g. zone of potential impact</i>				
		AT RISK ENVIRONMENTS				
		Open ocean	<input type="checkbox"/>	Macroalgae	<input type="checkbox"/>	
		Shoreline	<input type="checkbox"/>	Coral Reef	<input type="checkbox"/>	
		Population Centre	<input type="checkbox"/>	Benthic Invertebrates	<input type="checkbox"/>	
	Stakeholders	<input type="checkbox"/>	Seagrass	<input type="checkbox"/>		
	Other sensitivity <i>e.g. conservation area, nesting beach</i>	<input type="checkbox"/>	Mangrove	<input type="checkbox"/>		
	Details		Environment 1	Environment 2	Environment 3	
	Estimated location of 'at-risk' environments					
Estimated impact date and time						
Action required to minimise exposure						
NB: If more environments at risk of damage, please copy/paste this section (Item E2) and add extra data						
25.	Was an oil spill response plan activated?	Yes or No				
		If yes, what action has been implemented /planned?				
		If yes, how effective is/was the spill response?				

C	Environmental Impacts			
26.	Was an environmental monitoring programme initiated?	Yes or No		
		If yes, what actions have been implemented and/or planned?		
27.	Did the incident result in the death or injury of any fauna?	Yes or No (If yes provide details of species in the table below)		
	Injured fauna	Species 1	Species 2	Species 3
	Species name (common or scientific name)			
	Number of individuals killed or injured	Killed: Injured:	Killed: Injured:	Killed: Injured:
	NB: If more species were injured or killed, please copy/paste this section (Item E4) and add extra data			

[illegible]

Insert or delete rows as required

Part 2 – Information required within 30 days of accident or dangerous occurrence

NOPSEMA acknowledges that in many circumstances an operator may not have completed an investigation within 30 days of an accident or first detection of a dangerous occurrence and agrees that these items must be provided within 30 days unless otherwise agreed, in writing with NOPSEMA.

In circumstances where an investigation has been completed within 30 days, and these items are available (supplemented, as required by any attachments) this part should also be completed at that time.

28.	Has the investigation been completed?	Yes or No		
	Root cause analysis <i>What were the root causes?</i>	Root Cause 1		
		Root Cause 2		
		Root Cause 3		
		Other Root Causes		
29.	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 the 'attachments table' (following) as applicable</i>			
		Action	Responsible Party	Completion date <i>Actual or intended</i>
NB: Add or delete rows as appropriate				

Attachments (Insert/delete rows as required)

Are you attaching any documents?			Yes or No <i>If yes provide details below</i>	
No.	ID	Revision	Date	Title/Description

Instructions and general guidance for use:

1. The use of this form is voluntary and is provided to assist operators to comply with their obligations to give notice and provide reports of incidents to NOPSEMA under the applicable legislation.
2. An accident, dangerous occurrence or environmental incident can all be reported using this same form.
3. The applicable legislation for incident reporting is:
 - a. Offshore Petroleum and Greenhouse Gas Storage (Safety) Regulations 2009 [OPGGS(S)]
 - b. Offshore Petroleum and Greenhouse Gas Storage (Environment) Regulations 2009 [OPGGS(E) R] (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.)
4. In the context of this form an incident is a reportable incident as defined under
 - a. OPGGSA, Schedule 3, Clause 82.
 - b. OPGGS(E) R, Clause 4(1).
5. This form should be used in conjunction with NOPSEMA Guidance Notes available on the NOPSEMA website:
 - a. N-03000-GN0099 Notification and Reporting of Accidents and Dangerous Occurrences
 - b. N-03000-GL0926 Notification and Reporting of Environmental Incidents
6. Part 1 requires completion for all incidents; then ALSO complete part 2 if the incident is an accident or dangerous occurrence.
7. NOPSEMA considers that a full report will contain copies of documentary material referenced and/or relied on in the course of completing this form, which may include (but not be limited to) as appropriate: witness statements, management system documents, drawings, diagrams and photographs, third party reports (audit, inspection, material analysis etc.), internal records and correspondence.
8. 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 and the check boxes where relevant (NB: check boxes may appear shaded and have reduced functionality in MS Word versions prior to 2010).
9. 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 incident.

NB: Notification and reports of accidents and dangerous occurrences at or near facilities in Western Australian designated coastal waters should be made to the relevant State Minister through the WA Department of Mines and Petroleum (www.dmp.wa.gov.au).

References

NOPSEMA website: www.nopsema.gov.au.

TOOCS – Type of Occurrence Classification System.

The *Type of Occurrence Classifications System, Version 3.0* (TOOCS3.0) was developed to improve the quality and consistency of data. This system aligns with the International Classification of Diseases –Australian Modification (ICD10-AM).

[http://www.safeworkaustralia.gov.au/sites/SWA/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/207/TypeOfOccurrenceClassificationSystem\(TOOC3\)3rdEditionRevision1.pdf](http://www.safeworkaustralia.gov.au/sites/SWA/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/207/TypeOfOccurrenceClassificationSystem(TOOC3)3rdEditionRevision1.pdf)

OPGGS(S)R. Offshore Petroleum and Greenhouse Gas Storage (Safety) Regulations 2009. Select Legislative Instrument 2009 No. 382 as amended and made under the *Offshore Petroleum and Greenhouse Gas Storage Act 2006*. Commonwealth of Australia.