

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	09/09/2012	Time	18:48 Hrs
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	09/09/2012	Time	18:48 Hrs

What type of incident is being reported?		Please tick appropriate incident type	
Accident or Dangerous Occurrence		<input 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)
Incident categories being reported		Please tick all applicable (one or more categories)	
Categories Please select one or more	Accidents	Death or Serious Injury <input type="checkbox"/> Lost Time Injury ≥3 days <input type="checkbox"/>	
	Dangerous Occurrences	Hydrocarbon release >1 kg or ≥80 L (gas or liquid) <input type="checkbox"/> Fire or Explosion <input type="checkbox"/> Collision marine vessel and facility <input type="checkbox"/> Could have caused death, serious injury or LTI <input type="checkbox"/> Damage to safety-critical equipment <input type="checkbox"/> Unplanned event - implement ERP <input type="checkbox"/> Pipeline Incident <input type="checkbox"/> Well kick >50 barrels <input type="checkbox"/> Other <u>Unplanned Muster</u> <input checked="" type="checkbox"/>	
	Environmental Incidents	Hydrocarbon release <input type="checkbox"/> Chemical release <input type="checkbox"/> Drilling fluid/mud release <input type="checkbox"/> Fauna Incident <input type="checkbox"/> Other _____ <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	Modec Venture 11	
		Site Name and Location <i>Latitude/longitude</i>	Mutineer-Exeter	
2.	Who is the registered operator/titleholder or other person that controls the works site or activity?	Name	MODEC Venture 11 BV	
		Business address	1064 Hay Street, West Perth WA 6005	
		Business Phone Number	08 9278 8400	
3.	When did the incident occur?	Time and Time Zone	08:30 hrs	
		Date	07/09/2012	
4.	Did anyone witness the incident?	Yes or No <i>If Yes, provide details below</i>	Yes	
	Witness Details	Witness No 1	Witness No 2	Witness No 3
	Full Name			
	Phone No (Business hours)			
	Phone No (Home) (Mobile)			
	Email (business) (private)	@modec.com	@mod ec.com	
	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		
		Position	MODEC Venture 11	
		Email	@modec.com	
		Telephone number		

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

A General Information – all incidents				
6.	Brief description of incident	<p>At 0830 an unplanned muster was initiated via Zone 31(Engine Room floor Starboard) fire detector in the Engine Room. All personnel muster and were accounted for.</p> <p>On investigation, the Lead Maintenance Technician informed the Central Control Room that the Boiler water feed pump gland seal has failed, causing the save-all to rapidly flood and overflow on to a Fire Detector located on the underside of the lower deck.</p>		
7.	Work or activity being undertaken at time of incident	Routine Boiler Operations		
8.	What were the immediate causes of the incident?	Failure of a Boiler Water Feed Pump mechanical seal		
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>
Water damaged Fire Sensor was isolated and the defect rectified		Maintenance Supervisor	07/09/2012	
Boiler feed water pump mechanical seal replaced		Maintenance Supervisor	07/09/2012	
<i>NB: If more actions, please add extra rows as required</i>				
10.	What are the internal investigation arrangements?	Notification and Investigation of Incident in accordance with Company Procedure.		
11.	Was there any loss of	Yes or No <i>If Yes, provide details below</i>	No	

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

A General Information – all incidents										
	containment of any fluid (liquid or gas)?	Type of fluid (liquid or gas) <i>If hydrocarbon release please complete item no.15 as well</i>	<div>Hydrocarbon <input type="checkbox"/></div> <div>Please specify _____</div> <div>Non-hydrocarbon <input checked="" type="checkbox"/></div> <div>Please specify <u>Boiler Feed Water leaked to bilge</u></div>							
		Estimated Quantity <i>Liquid (L), Gas (kg)</i>	Unknown. Boiler feed water pump isolated immediately							
		Estimation details	Calculation	<input type="checkbox"/>	Measurement	<input type="checkbox"/>				
			Please specify _____							
		Composition <i>Percentage and description</i>	Distilled Water							
		Known toxicity to people and/or environment	Toxicity to people							
			Toxicity to environment							
		How was the leak/spill detected?	F&G detection	<input checked="" type="checkbox"/>	Visual	<input checked="" type="checkbox"/>	CCTV	<input type="checkbox"/>	Other	<input type="checkbox"/>
		Did ignition occur?	No	<input checked="" type="checkbox"/>	Immediate	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Delayed	<input type="checkbox"/>
			If yes, What was the likely ignition source	<input type="checkbox"/>	Hotwork		<input type="checkbox"/>			
Spark electrical source	<input type="checkbox"/>				Spark metallic contact	<input type="checkbox"/>	Hot surface	<input type="checkbox"/>	Other	<input type="checkbox"/>
12.	Has the release been stopped and/or contained?	Yes or No	Yes							
		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?	Engine Room							
		What equipment was involved in the release?	Boiler Feed Water Pump							
		Is this functional location listed as safety-critical equipment?	No							
14.	Weather Conditions <i>Please complete as appropriate</i>	Ambient Temperature °C								
		Relative Humidity %								

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

A		General Information – all incidents			
		Wind speed m/s <i>NB: for enclosed areas use</i> Air change per hour			
		Wind Direction e.g. from SW			
		Significant wave height m			
		Swell m			
		Current speed m/s			
		Current Direction e.g. from SW			
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 <input type="checkbox"/> Drilling <input type="checkbox"/> Subsea / Pipeline <input type="checkbox"/>	Utilities <input type="checkbox"/> Well related <input type="checkbox"/> Marine <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)</i> <i>length (l in m)</i> <i>or volume (V in L)</i>		Pressure MPag			
		Size Piping (d) and Piping (l) or Vessel (V)			
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 type="checkbox"/>	No	<input checked="" 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				
	Details of any disturbance of the work site					
18.	Was an emergency response initiated?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	

Part 1 B - Complete for Accidents or Dangerous Occurrences

B Accidents and Dangerous Occurrences information									
		Type of response	Manual Automatic alarm	<input type="checkbox"/> <input checked="" type="checkbox"/>	Muster Evacuation	<input checked="" type="checkbox"/> <input type="checkbox"/>			
		How effective was the emergency response?	All personnel immediately mustered and accounted for.						
19.	Was anyone killed or injured? <i>Provide details below</i>		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>			
	Injured Persons (IP)	Casualty No 1							
	<i>If different from item 2.</i>								
	Employer Name	Employer Address							
	Employer Phone	Employer Email							
	IP full name								
	IP Date of birth			Sex	M	<input type="checkbox"/>	F	<input type="checkbox"/>	
	IP Residential address								
	IP Phone No. (Work)			IP Phone No. (Home) (Mobile)					
	IP Occupation/job title			Contractor or Core Crew					
	Details of Injury								
	<i>Based on TOOCS (refer last page)</i>	a. Intracranial injury		<input type="checkbox"/>	a. Burn		<input type="checkbox"/>		
	Nature of Injury	b. Fractures		<input type="checkbox"/>	b. Nerve or spinal cord injury		<input type="checkbox"/>		
		c. Wounds, lacerations, amputations, internal organ damage		<input type="checkbox"/>	c. Joint, ligament, muscle or tendon injury		<input type="checkbox"/>		
					d. Other <u>Eye irritation</u>		<input type="checkbox"/>		
	Part of Body	G1. Head or face	<input type="checkbox"/>	G5. Hip or leg	<input type="checkbox"/>				
		G2. Neck	<input type="checkbox"/>	G6. Multiple locations	<input type="checkbox"/>				
		G3. Trunk	<input type="checkbox"/>	G7. Internal systems	<input type="checkbox"/>				
		G4. Shoulder or arm	<input type="checkbox"/>	G8. Other <u>Eye</u>	<input type="checkbox"/>				
	Mechanism of Injury	G0. Falls, stepping, kneeling, sitting on object	<input type="checkbox"/>	G3. Exposure to sound or pressure	<input type="checkbox"/>				
		G1. Hitting object	<input type="checkbox"/>	G4. Muscular stress	<input type="checkbox"/>				
		G2. Being hit or trapped	<input type="checkbox"/>	G5. Heat, cold or radiation	<input type="checkbox"/>				
				G6/7. Chemical, biological substance	<input type="checkbox"/>				
				G8. Other <u>Suspected Viral Eye Infection</u>	<input type="checkbox"/>				
	Agency of Injury	1. Machinery or fixed plant	<input type="checkbox"/>	5/6. Chemicals, materials, substances	<input type="checkbox"/>				
		2. Mobile plant or transport	<input type="checkbox"/>	7. Environmental agencies	<input type="checkbox"/>				
		3. Powered equipment	<input type="checkbox"/>	8. Human or animal agencies	<input type="checkbox"/>				
		4. Non-power equipment	<input type="checkbox"/>	9. Other <u>Unknown</u>	<input type="checkbox"/>				
	Details of job being undertaken								
	Day and hour of shift	Day e.g. 5 th day of 7 (5 / 7)	10	Hour e.g. 3 rd hour of 12 (3 / 12)					

Part 1 B - Complete for Accidents or Dangerous Occurrences

B Accidents and Dangerous Occurrences information						
<i>NB: If more casualties, please copy/paste this section (19) for each additional casualty and insert here</i>						
20.	Was there any serious damage? <i>Provide details below</i>			Yes <input type="checkbox"/>	No <input type="checkbox"/>	X <input type="checkbox"/>
	Details	Item 1	Item 2	Item 3		
	Equipment damaged					
	Extent of damage					
21.	Will the equipment be shutdown? <i>Yes or No</i>					
	If Yes, for how long?					
<i>NB: If more equipment seriously damaged, please copy/paste this section as required</i>						
22.	Will the facility be shutdown?		Yes or No <i>If yes provide details below</i>	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						
<i>NB: If more environments were damaged, please copy/paste this section (Item E3) and add extra data</i>						
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						
<i>NB: If more environments at risk of damage, please copy/paste this section (Item E2) and add extra data</i>						
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?				

Part 1 C – Complete for Environmental incidents

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:
	<i>NB: If more species were injured or killed, please copy/paste this section (Item E4) and add extra data</i>			

Attachments

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

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	Yes	
	Root cause analysis <i>What were the root causes?</i>	Root Cause 1	Failed mechanical seal	
		Root Cause 2	Partial mechanical failure of pump impeller causing imbalance of pump rotating assembly, suspected to be a contributing factor to seal failure	
		Root Cause 3	Slight deformation of the pump shaft, suspected to be the result of imbalance of the rotating assembly following partial failure of the pump impeller	
		Other Root Causes		
	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>	<p>The Incident investigation was undertaken by the Maintenance Supervisor [REDACTED] in accordance with the Facility SMS Document W1440-O-S-1901 Incident Investigation and Reporting Requirements.</p> <p>The feed water pump rotating assembly was stripped to component level and checked for physical condition and alignment. Inspection of the pump impeller revealed small fragments of the impeller missing. Impeller fragments were later found trapped in a non-return valve, down stream of the feed water pump. Failure of the impeller would have resulted in imbalance and potential vibration of the rotating assembly, which is considered to be a potential cause of seal failure.</p> <p>Pump alignment to the drive motor was also found to be such that there was insufficient clearance between the drive couplings, which would have potentially prevented longitudinal thermal expansion.</p> <p>On inspection of the failed mechanical, it could not be determined that it was of OEM origin.</p>		
29.	Actions to prevent recurrence of same or similar incident	Action	Responsible Party	Completion date <i>Actual or intended</i>
Order and install protective shield to fire detector head to prevent future potential for water damage		Maintenance Supervisor	1/12/2012	
Re-build and align pump to drive motor within OEM tolerances.		Maintenance Supervisor	1/12/2012	
Interview Technician who last re-built the feed pump, to determine why the pump had been assembled incorrectly		OIM	1/12/2012	
Inspect second boiler feed pump to ensure correct assembly.		Maintenance Supervisor	1/12/2012	
Check all pump spares to ensure all are of OEM origin		Maintenance Supervisor	1/12/2012	

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.

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