

# Report of an accident, dangerous occurrence or environmental incident

Document No: N-03000-FM0831 A159980

Date: 30/04/2020

**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		Time	

*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		Time	

What type of incident is being reported?		Please tick appropriate incident type	
<b>Accident or dangerous occurrence</b>		<input type="checkbox"/>	Complete parts 1A, 1B & part 2
<b>Environmental Incident</b>		<input type="checkbox"/>	Complete parts 1A, 1C
<b>BOTH (Accident or dangerous occurrence AND environmental incident)</b>		<input type="checkbox"/>	Complete ALL parts (1A, 1B, 1C, 2)
<i>Please tick all applicable (one or more categories)</i>		<i>To use electronically: MS Word 2007-10 – click in check box</i>	
<b>Categories</b> <i>Please select one or more</i>	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 _____ <input 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 1A – Information required within 3 days of an accident, dangerous occurrence or environmental incident

### General information – all incidents

1.	<b>Where did the incident occur?</b>	Facility / field / title name		
		Site name and location <i>Latitude/longitude</i>		
2.	<b>Who is the registered operator/titleholder or other person that controls the works site or activity?</b>	Name		
		Business address		
		Business phone no.		
3.	<b>When did the incident occur?</b>	Time and time zone		
		Date		
4.	<b>Did anyone witness the incident?</b>	Yes or no <i>If yes, provide details below</i>		
	<b>Witness details</b>	Witness no 1	Witness no 2	Witness no 3
	Full name			
	Phone no. (Business hours)			
	Phone no. (Home) (Mobile)			
	Email (Business) (Private)			
	Postal address			
	<i>NB: If more witnesses, copy and insert this section (4) here , and add extra witness numbers appropriately</i>			
5.	<b>Details of person submitting this information</b>	Name		
		Position		
		Email		
		Telephone no.		
6.	<b>Brief description of incident</b>			
7.	<b>Work or activity being undertaken at time of incident</b>			

**Part 1A – Information required within 3 days of an accident, dangerous occurrence or environmental incident**
**General information – all incidents**

8.	<b>What are the internal investigation arrangements?</b>				
9.	<b>Was there any loss of containment of any fluid (liquid or gas)?</b>	Yes or no <i>If Yes, provide details below</i>			
Type of fluid (liquid or gas) <i>If hydrocarbon release please complete item no.15 as well</i>		Hydrocarbon <input type="checkbox"/> <i>Please specify</i> _____ Non-hydrocarbon <input type="checkbox"/> <i>Please specify</i> _____			
Estimated quantity <i>Liquid (L), Gas (kg)</i>					
Estimation details		Calculation <input type="checkbox"/>	Measurement <input type="checkbox"/>		
<i>Please specify</i> _____					
Composition <i>Percentage and description</i>					
Known toxicity to people and/or environment		Toxicity to people			
How was the leak/spill detected?		F&G detection <input type="checkbox"/> CCTV <input type="checkbox"/>	Visual <input type="checkbox"/> Other <input type="checkbox"/>		
Did ignition occur?		No <input type="checkbox"/> Yes <input type="checkbox"/>	Immediate <input type="checkbox"/> Delayed <input type="checkbox"/>		
If yes, what was the likely ignition source		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"/>			
10.	<b>Has the release been stopped and/or contained?</b>	Yes or no			
Duration of the release <i>hh:mm:ss</i>					
Estimated rate of release <i>Litres or kg per hour</i>					
11.	<b>Location of release</b>	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?					



**Part 1A – Information required within 3 days of an accident, dangerous occurrence or environmental incident**

**General information – all incidents**

12.	<b>Weather conditions</b> <i>Please complete as appropriate</i>	Ambient temperature °C						
		Relative humidity %						
		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						
13.	<b>Hydrocarbon release details</b> <i>If hydrocarbon fluid (liquid or gas) was released, please complete this section as well</i>	System of hydrocarbon release	Process <input type="checkbox"/>	Utilities <input type="checkbox"/>	Drilling <input type="checkbox"/>	Well related <input type="checkbox"/>	Subsea / Pipeline <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					
		Estimated equivalent hole diameter <i>d in mm</i>	Size Piping (d) and Piping (l) or Vessel (V)					

**Part 1B - Complete for accidents or dangerous occurrences**

**Accidents and dangerous occurrences information**

	<b>Was NOPSEMA notified through the dedicated notification phone line? Phone No. 08 6461 7090</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
15.	<b>Action taken to make the work-site safe</b>	Was permission given by a NOPSEMA inspector to interfere with the site? OPGGS(S)R 2.49.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Action taken		
		Details of any disturbance of the work site		



**Part 1B - Complete for accidents or dangerous occurrences**

**Accidents and dangerous occurrences information**

16.	<b>Was an emergency response initiated?</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	Type of response	Manual	<input type="checkbox"/>	Automatic alarm	<input type="checkbox"/>	Muster Evacuation	<input type="checkbox"/> <input type="checkbox"/>
	How effective was the emergency response?						
17.	<b>Was anyone killed or injured? Provide details below</b>		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
	<b>Injured persons (IP)</b> <i>If different from item 2.</i>	<b>Casualty No 1</b>					
	Employer name	Employer address					
	Employer phone no.	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> Nature of injury	a. Intracranial injury b. Fractures c. Wounds, lacerations, amputations, internal organ damage	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	d. Burn e. Nerve or spinal cord injury f. Joint, ligament, muscle or tendon injury g. 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"/> <input type="checkbox"/>	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"/> <input type="checkbox"/> <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	<input type="checkbox"/> <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"/>		



**Part 1B - Complete for accidents or dangerous occurrences**

**Accidents and dangerous occurrences information**

<b>Details of job being undertaken</b>							
<b>Day and hour of shift</b>		Day <i>e.g. 5<sup>th</sup> day of 7 (5 / 7)</i>		Hour <i>e.g. 3<sup>rd</sup> hour of 12 (3 / 12)</i>			
<i>NB: If more casualties, please copy/paste this section (19) for each additional casualty and insert here</i>							
18.	<b>Was there any serious damage?</b> <i>Provide details below</i>			Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
	<b>Details</b>	<b>Item 1</b>	<b>Item 2</b>	<b>Item 3</b>			
	Equipment damaged						
	Extent of damage						
19.	<b>Will the equipment be shut down?</b> <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>						
20.	<b>Will the facility be shut down?</b>		Yes or no <i>If yes provide details below</i>				
	Facility shutdown		Date		dd/mm/yyyy		
			Time		24 hour clock		
			Duration		days / hours / minutes		
21.	<b>Immediate action taken/intended, if any, to prevent recurrence of incident.</b>		<b>Action</b>	<b>Responsible party</b>	<b>Completion date</b> <i>Actual or intended</i>		
22.	<b>What were the immediate causes of the incident?</b>						

**Attachments**

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

**Part 1C – Complete for environmental incidents**
**Environmental Impacts**

23.	<b>What is the current environment plan for this incident?</b>	Environment plan			
24.	<b>Has the incident resulted in an impact to the environment?</b>	Yes or no <i>If yes provide details below</i>			
		Incident details <i>e.g. estimated area of impact, nature/significance of impact</i>			
		<b>ENVIRONMENTAL RECEPTORS</b>			
		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			
		<b>Details</b>	<b>Environment 1</b>	<b>Environment 2</b>	<b>Environment 3</b>
Location of receiving environments <i>Lat/Long</i>					
Date & time of impact					
Action taken to minimise exposure					
Specify each matter protected under Part 3 of the EPBC Act impacted					
<i>NB: If more environments were damaged, please copy/paste this section (Item E3) and add extra data</i>					
25.	<b>Are any environments at risk?</b> <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>			



**Part 1C – Complete for environmental incidents**

**Environmental Impacts**

Environmental Impacts				
	<b>AT RISK ENVIRONMENTS</b>			
		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 <input type="checkbox"/>		Mangrove <input type="checkbox"/>
	<i>e.g. conservation area, nesting beach</i>			
<b>Details</b>	<b>Environment 1</b>	<b>Environment 2</b>	<b>Environment 3</b>	
Estimated location of 'at-risk' environments				
Estimated impact date & time				
Action required to minimise exposure				
Specify each matter protected under Part 3 of the EPBC Act at risk				
<i>NB: If more environments at risk of damage, please copy/paste this section (Item E2) and add extra data</i>				
26.	<b>Was an oil pollution emergency plan activated?</b>	Yes or no		
		If yes, what action has been implemented /planned?		
		If yes, how effective is/was the spill response?		
27.	<b>Was an environmental monitoring program initiated?</b>	Yes or no		
		If yes, what actions have been implemented and/or planned?		
28.	<b>Did the incident result in the death or injury of any fauna?</b>	Yes or no (If yes provide details of species in the table below)		
	<b>Injured fauna</b>	<b>Species 1</b>	<b>Species 2</b>	<b>Species 3</b>
	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>				
29.	<b>Actions taken to avoid or mitigate any adverse environmental impacts of the incident.</b>	<b>Action</b>	<b>Responsible party</b>	<b>Completion date</b> <i>Actual or intended</i>





**Part 1C – Complete for environmental incidents**

**Environmental Impacts**

<i>NB: If more actions, please add extra rows as required</i>				
30.	<b>Corrective actions taken, or proposed, to stop, control or remedy the incident.</b>	<b>Action</b>	<b>Responsible party</b>	<b>Completion date</b> <i>Actual or intended</i>
<i>NB: If more actions, please add extra rows as required</i>				
31.	<b>Actions taken, or proposed, to prevent a similar incident occurring in the future.</b>	<b>Action</b>	<b>Responsible party</b>	<b>Completion date</b> <i>Actual or intended</i>
<i>NB: If more actions, please add extra rows as required</i>				

**Attachments**

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

**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 3 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 3 days, and these items are available (supplemented, as required by any attachments) this part should also be completed at that time.

32.	<b>Has the investigation been completed?</b>	Yes or no		
	<b>Root cause analysis</b> <i>What were the root causes?</i>	Root cause 1		
		Root cause 2		
		Root cause 3		
		Other root causes		
	<b>Full report</b> <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>			
33.	<b>Actions to prevent recurrence of same or similar incident</b>	<b>Action</b>	<b>Responsible party</b>	<b>Completion date</b> <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 and titleholders to comply with their obligations to give notice and provide reports of incidents to NOPSEMA under the applicable legislation.
2. Accidents, dangerous occurrences or environmental incidents 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 [OPGG(S)R]; and
  - b. Offshore Petroleum and Greenhouse Gas Storage (Environment) Regulations 2009 [OPGG(E)R], for facilities located in Commonwealth waters; or
  - c. for facilities located in designated coastal waters, the relevant State or Territory 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, regulation 4.
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-GN0926 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](mailto:submissions@nopsema.gov.au)  
or submitted via secure file transfer at: <https://securefile.nopsema.gov.au/filedrop/submissions> as soon as practicable, but in any case within three days of the incident.

## • References

NOPSEMA website: [www.nopsema.gov.au](http://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.

OPGGS(E)R. Offshore Petroleum and Greenhouse Gas Storage (Environment) Regulations 2009. Statutory Rules 1999 No. 228 as amended and made under the *Offshore Petroleum and Greenhouse Gas Storage Act 2006*. Commonwealth of Australia.

## • Privacy Notice

NOPSEMA collects your personal information for the purpose of investigating accidents, dangerous occurrences and environmental incidents under the Offshore Petroleum and Greenhouse Gas Storage Act 2006.

NOPSEMA will not use or disclose your personal information for any other purpose without your consent, unless it is required or authorised by law, or relates to NOPSEMA's enforcement activities. Your personal information may be disclosed to the following organisations, entities or individuals:

- individuals who make a request under the *Freedom of Information Act 1982*
- the Australian National Audit Office and other privately-appointed auditors
- other law enforcement bodies (for example, the police or the Coroner)
- NOPSEMA's legal advisors.

NOPSEMA may occasionally be required to disclose information to overseas recipients in order to discharge its functions or exercise its powers, or to perform its necessary business activities.

Information about how you can access, or seek correction to, your personal information is contained in NOPSEMA's APP Privacy Policy at [www.nopsema.gov.au/privacy](http://www.nopsema.gov.au/privacy). If you have an enquiry or a complaint about your privacy, please contact NOPSEMA's Privacy Contact Officer on (08) 6188 8700 or by email at: [privacy@nopsema.gov.au](mailto:privacy@nopsema.gov.au).