

A345563

From: [REDACTED]@bhpbilliton.com>
Sent: Monday, 24 February 2014 12:05 PM
To: Submissions - Shared Mailbox
Cc: [REDACTED]
Subject: Stybarrow 30 day report for LOC from PSV-0368A-51
Attachments: 20140212 NOPSEMA notification - LOC (gas) from MPA 4th stage PSV-0368A-51 30 day report..pdf

Please find attached 30 day report for LOC from PSV-0368A-51 on the 12th Feb 2014.

Regards



[REDACTED]
BHP Billiton Petroleum
125 St Georges Terrace, Perth, WA, 6000 Australia
T: [REDACTED]
E: [REDACTED]@bhpbilliton.com W: www.bhpbilliton.com
Please consider the environment before printing this email.

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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	Wednesday 12 th February 2014	Time	07.02 hours
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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	Wednesday 12 th February 2014	Time	1700hrs
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What type of incident is being reported?

Please tick appropriate incident type

Accident or Dangerous Occurrence	<input checked="" type="checkbox"/>	Complete parts 1A, 1B & part 2
Environmental Incident	<input type="checkbox"/>	Complete parts 1A, 1C
BOTH (Accident or Dangerous Occurrence AND Environmental Incident)	<input type="checkbox"/>	Complete ALL parts (1A, 1B, 1C, 2)

Please tick all applicable (one or more categories)

To use electronically: MS Word 2007-10 – click in check box

Categories <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 checked="" 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 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	Stybarrow Venture/Stybarrow/OIM	
		Site Name and Location <i>Latitude/longitude</i>	Stybarrow Field/E:170856 N:76424804	
2.	Who is the registered operator/titleholder or other person that controls the works site or activity?	Name	BHP Billiton Petroleum	
		Business address	125 St Georges Tce	
		Business Phone Number	[REDACTED]	
3.	When did the incident occur?	Time and Time Zone	01:20 hours Australian WST	
		Date	Wednesday 12 th February 2014	
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	[REDACTED]		
	Phone No (Business hours)	[REDACTED]		
	Phone No (Home) (Mobile)	N/A		
	Email (business) (private)	[REDACTED]@bhpbilliton.com		
	Postal Address	-		
<i>NB: If more witnesses, copy and insert this section (4) here, and add extra witness numbers appropriately</i>				
5.	Details of person submitting this information	Name	[REDACTED]	
		Position	[REDACTED]	
		Email	[REDACTED]@bhpbilliton.com	
		Telephone number	[REDACTED]	
6.	Brief description of incident	<p>Whilst conducting routine process checks and entering the top platform of MP Compressor "A" from the forward stairs; A slight smell of gas was noticed. Further investigation confirmed process gas leaking from the Swage-lock instrument tubing on the MP Compressor 4th Stage PSV 0368 A-51. The tubing was covered in a sphere of ice approximately the size of a fist. The compressor was quickly shut down and then blown down.</p>		
7.	Work or activity being undertaken at time of incident	Routine operations		

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?	To be confirmed by investigation on the instrument tube and fittings.		
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>
		Remove leaking instrument tubing array from PSV0368A-51 and repair and test. Reinstate. AMOS WO MV16-14/01074	POTL	12/02/2014 Completed
		Conduct RCA on failed instrument tubing to determine mode of failure. RCA MV16-14/01060		31/03/2014
		All PSV's on compressors inspected and tested for leakage. MV16-14/01098 MPA and MV16-14/01099 MPB		15/02/2014 completed
<i>NB: If more actions, please add extra rows as required</i>				
10.	What are the internal investigation arrangements?	<p>The instrument array will be investigated by BHPBilliton's senior integrity engineer to determine the root cause of failure as detailed in action item above.</p> <p>Investigation will be undertaken by POT-OS, Safety Analyst and OIM on facility.</p>		
11.	Was there any loss of containment of any fluid (liquid or gas)?	Yes or No <i>If Yes, provide details below</i>	Yes	
		Type of fluid (liquid or gas) <i>If hydrocarbon release please complete item no.15 as well</i>	<div style="display: flex; justify-content: space-between;"> Hydrocarbon <i>Please specify</i> _____ Gas _____ <input checked="" type="checkbox"/> </div> <div style="display: flex; justify-content: space-between;"> Non-hydrocarbon <i>Please specify</i> _____ <input type="checkbox"/> </div>	
		Estimated Quantity <i>Liquid (L), Gas (kg)</i>	12 kg	
		Estimation details	<div style="display: flex; justify-content: space-between;"> Calculation <input checked="" type="checkbox"/> Measurement <input type="checkbox"/> </div> <p><i>Please specify</i> _ PHAST analysis using known composition and pressure with assumed orifice size _____</p>	

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

A	General Information – all incidents							
		Composition <i>Percentage and description</i>	>95% methane with approximatley 100ppm H ₂ S					
		Known toxicity to people and/or environment	Toxicity to people		Moderate at release concentration			
			Toxicity to environment		Low			
		How was the leak/spill detected?	F&G detection	<input 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	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>	Approximately 10 mins from moment of discovery. Estimated maximum duration of 2 hours					
		Estimated rate of release <i>Litres or kg per hour</i>	6 kg/hour					
13.	Location of release	What or where is the location of the release?	MP A compressor upper platform port side of module A					
		What equipment was involved in the release?	MPA compressor 4 th stage PSV 0368A-51.					
		Is this functional location listed as safety-critical equipment?	Yes, PSV.					
14.	Weather Conditions <i>Please complete as appropriate</i>	Ambient Temperature °C	25					
		Relative Humidity %	-					
		Wind speed m/s <i>NB: for enclosed areas use Air change per hour</i>	10.8 m/s					
		Wind Direction e.g. from SW	200 degrees					
		Significant wave height m	2.5					
		Swell m	4.5					
		Current speed m/s	-					
		Current Direction e.g. from SW	-					

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

A General Information – all incidents						
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 checked="" 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>	Inventory between SDV0303A-01 (upstream of 3 rd stage suction scrubber) and SDV0335A-05 (downstream of 4 th stage discharge cooler) for MPA has been estimated at 285 kg based on 220 bar pressure and 74 degree C's.			
		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	2.2MPa (operating) 74 degrees Celcius (operating)		
			Size Piping (d) and Piping (l) or Vessel (V)	Instrument tubing ¾ inch, approximately 300 mm length.		
		Estimated equivalent hole diameter <i>d in mm</i>	0.25 mm. This is considered to be conservative as the suspected leak path is between the OD of the tubing and ID of a compressed ferrule.			

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 checked="" type="checkbox"/>
		Action taken	MP A Compressor was shut down and blown down.				
	Details of any disturbance of the work site	Nil					
18.	Was an emergency response initiated?		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
		Type of response	Manual <input type="checkbox"/> Automatic alarm <input type="checkbox"/>	Muster <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 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						

Part 1 B - Complete for Accidents or Dangerous Occurrences

B Accidents and Dangerous Occurrences information									
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									
Based on TOOCS (refer last page)		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"/> <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"/>		
Details of job being undertaken									
Day and hour of shift		Day <i>e.g. 5th day of 7 (5 / 7)</i>			Hour <i>e.g. 3rd hour of 12 (3 / 12)</i>				
NB: If more casualties, please copy/paste this section (19) for each additional casualty and insert here									
20.	Was there any serious damage? <i>Provide details below</i>			Yes		<input type="checkbox"/>	No		<input checked="" 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>		No						
	If Yes, for how long?								
NB: If more equipment seriously damaged, please copy/paste this section as required									

Part 1 B - Complete for Accidents or Dangerous Occurrences

B Accidents and Dangerous Occurrences information			
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.	What is the current Environment Plan for this incident?	Environment Plan			
24.	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	<input type="checkbox"/>	Mangrove	<input type="checkbox"/>		
	<i>e.g. conservation area, nesting beach</i>				
	Further details				
Details		Environment 1	Environment 2	Environment 3	
Location of receiving environments <i>Lat/Long</i>					
Date & time of impact					

Part 1 C – Complete for Environmental incidents

Part 1 C – Complete for Environmental incidents					
C Environmental Impacts					
	Action taken to minimise exposure				
<i>NB: If more environments were damaged, please copy/paste this section (Item E3) and add extra data</i>					
25.	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"/> Shoreline <input type="checkbox"/> Population Centre <input type="checkbox"/> Stakeholders <input type="checkbox"/> Other sensitivity <input type="checkbox"/> <i>e.g. conservation area, nesting beach</i>		Macroalgae <input type="checkbox"/> Coral Reef <input type="checkbox"/> Benthic Invertebrates <input type="checkbox"/> Seagrass <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>				
26.	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?			
27.	Was an environmental monitoring programme initiated?	Yes or No			
		If yes, what actions have been implemented and/or planned?			
28.	Did the incident result in the death or injury of any fauna?	Yes or No <i>(If yes provide details of species in the table below)</i>			
	Injured fauna	Species 1	Species 2	Species 3	
	Species name <i>(common or scientific name)</i>				
	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>	
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Are you attaching any documents?



If yes provide details below

No.	ID	Revision	Date	Title/Description
<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 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.

29.	Has the investigation been completed?	Yes or No	Yes	
	Root cause analysis <i>What were the root causes?</i>	Root Cause 1	Excess vibration causing stress/fatigue focused at the rigid Swagelok fitting as a result of the supplementary dampening pad being missing from the pipework/ actuator arrangement.	
		Root Cause 2		
		Root Cause 3		
		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>At 01:20 on Wednesday 12th February 2014 A Technician was conducting routine process checks. Upon entering the top level platform of the MP Compressor A from the direction of the forward stairs; he noticed a slight smell of gas, which upon further investigation was confirmed as originating from a Swagelok instrument tubing pilot line on PSV 0368 A-51. The tubing was covered in ice, with an approximate diameter of 10cm accompanied by a small gas cloud surrounding the item up to 20 cm from the leak.</p> <p>A pressure test was undertaken and the leak was confirmed as originating from a Swagelok connection used for joining the pilot pipework sections. It was difficult to establish which side of the connection was faulty due to the small nature of the fitting. The fitting was thought to be a standard Port connection tube adapter with a compression olive fitted to one end.</p> <p>The connection fitting has been sent ashore for detailed examination.</p> <p>A similar connection was made up to replace the faulty fitting, this time by use of two compression olives one at either end. The new pipework connection was then retested and returned back into service. All Swagelok fittings were checked and confirmed satisfactory by the Swagelok assessor. (Who was currently performing familiarization training).</p> <p>Failure causation of the fitting is unclear at this time awaiting further RCA assessment from the engineering department ashore. However it was noted that this particular PSV pilot configuration was missing a supplementary anti-vibration pad from between the accumulator clamp arrangement and the PSV. This resulted in increased vibration to the connection fitting. A replacement pad was fitted as to comply with the status of all other similar PSV arrangements.</p>		
		30.	Actions to prevent recurrence of same or similar incident	Action
RCA to be completed on the Swagelok connector by the discipline engineer. To establish failure mechanism.		31/03/2014		
		Engineer to clarify requirement for the use of		28/02/2014

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

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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.

		supplementary vibration pads to the PSV Pilot pipework arrangements.		
		All similar PSV's to be checked for the presence of anti-vibration pads and also checked for leaks on the small bore pilot pipework arrangement using leak detection fluid.		COMPLETED: 15.02.2014
		Ensure that INS-169 Job Description includes ongoing survey of rubber dampening pads on all PSV's for the Gas Compressors.		COMPLETED: 17.02.2014

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
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\(TOOCs\)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.