

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	13/02/2017	Time	15:09
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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	14/02/2017	Time	15:00
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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 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 1A – Information required within 3 days of an accident, dangerous occurrence or environmental incident

General information – all incidents

1.	Where did the incident occur?	Facility / field / title name	Northern Endeavour		
		Site name and location <i>Latitude/longitude</i>	Timor Sea / 10° 37' S x 125° 59' E		
2.	Who is the registered operator/titleholder or other person that controls the works site or activity?	Name	Upstream Production Solutions		
		Business address	Level 5, 1101 Hay Street, West Perth, 6005		
		Business phone no.	(08) 6109 4000		
3.	When did the incident occur?	Time and time zone	16:16 CST		
		Date	12/02/2017		
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	s 22 irrelevant material			
	Phone no. (Business hours)				
	Phone no. (Home) (Mobile)				
	Email (Business) (Private)				
	Postal address	Level 5, 1101 Hay Street, West Perth, 6005			
	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	s 22 irrelevant i l		
		Position	Operations Manager		
		Email	s 22 irrelevant material		
		Telephone no.			
6.	Brief description of incident	<p>Cold water was being introduced into the waste heat recovery units to restart the system after conducting a repair to a heat medium pipework leak. The cold water introduced into a hot system caused flash off of steam and subsequent vibration of the pipework. This caused the corroded heat medium bypass valve shroud to dislodge and fall approximately 8m to the deck below. The involved person was walking past the area to investigate the noise coming from the waste heat recovery unit when the shroud landed approx. 1.5m from his position.</p> <p>The valve shroud weighs 2.75kg.</p>			

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

General information – all incidents

7.	Work or activity being undertaken at time of incident	Waste heat recovery unit restart after pipework repair.			
8.	What are the internal investigation arrangements?	Onsite investigation team.			
9.	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>		Please specify _____		Hydrocarbon	<input type="checkbox"/>
		Please specify _____		Non-hydrocarbon	<input type="checkbox"/>
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"/>	
	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.	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>			
11.	Location of release	What or where is the location of the release?	N/A		

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

General information – all incidents

		What equipment was involved in the release?				
		Is this functional location listed as safety-critical equipment?				
12.	Weather conditions <i>Please complete as appropriate</i>	Ambient temperature °C	30.1			
		Relative humidity %	60.8%			
		Wind speed m/s <i>NB: for enclosed areas use</i> Air change per hour	24.4kn			
		Wind direction e.g. from SW	258.4 - WSW			
		Significant wave height m	0.4m heave, 0.1 degree roll, 1.0 degree pitch			
		Swell m				
		Current speed m/s				
		Current direction e.g. from SW				
13.	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) length (l in m) or volume (V in L)</i>	Pressure MPa			
			Size Piping (d) and Piping (l) or Vessel (V)			
		Estimated equivalent hole diameter <i>d in mm</i>				

Part 1B - Complete for accidents or dangerous occurrences

Accidents and dangerous occurrences information

	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"/>
15.	Action taken to make the work-site safe	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"/>

Part 1B - Complete for accidents or dangerous occurrences

Accidents and dangerous occurrences information

		Action taken	Restricted access to area. Visual inspection of area above.			
		Details of any disturbance of the work site	N/A			
16.	Was an emergency response initiated?		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
		Type of response	Manual Automatic alarm	<input type="checkbox"/> <input type="checkbox"/>	Muster Evacuation	<input type="checkbox"/> <input type="checkbox"/>
		How effective was the emergency response?				
17.	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 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"/>	

Part 1B - Complete for accidents or dangerous occurrences

Accidents and dangerous occurrences information

	Agency of injury	1. Machinery or fixed plant <input type="checkbox"/> 2. Mobile plant or transport <input type="checkbox"/> 3. Powered equipment <input type="checkbox"/> 4. Non-power equipment <input type="checkbox"/>	5/6. Chemicals, materials, substances <input type="checkbox"/> 7. Environmental agencies <input type="checkbox"/> 8. Human or animal agencies <input type="checkbox"/> 9. Other _____ <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		
18.	Was there any serious damage? <i>Provide details below</i>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	Details	Item 1	Item 2
	Equipment damaged		
	Extent of damage		
19.	Will the equipment be shut down? <i>Yes or No</i>	No	
	If Yes, for how long?		
	NB: If more equipment seriously damaged, please copy/paste this section as required		
20.	Will the facility be shut down?	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
21.	Immediate action taken/intended, if any, to prevent recurrence of incident.	Action	Responsible party
		Personnel cleared from area.	HSEC
		Restricted access to area.	PS/MS
		Completion date <i>Actual or intended</i>	12/02/2017
		Carry out visual review of other potential dropped objects.	PS/MS
		14/02/2017	
Slow refill of heating medium to minimise water hammer.	PS/MS		
14/02/2017			
Mobilise Operations Manager to lead further investigation.	OM		
15/02/2017			
22.	What were the immediate causes of the incident?	Corrosion through the base of the shroud – excessive pipework vibration most likely related to flash off of steam had led to the shroud dislodging from its position.	

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.	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			
		<div>Open ocean <input type="checkbox"/></div> <div>Shoreline <input type="checkbox"/></div> <div>Population centre <input type="checkbox"/></div> <div>Stakeholders <input type="checkbox"/></div> <div>Other sensitivity <input type="checkbox"/></div> <div><i>e.g. conservation area, nesting beach</i></div>	<div>Macroalgae <input type="checkbox"/></div> <div>Coral Reef <input type="checkbox"/></div> <div>Benthic invertebrates <input type="checkbox"/></div> <div>Seagrass <input type="checkbox"/></div> <div>Mangrove <input type="checkbox"/></div>		
		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			
		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.		Yes or no <i>If yes, provide details</i>			

Part 1C – Complete for environmental incidents

Environmental Impacts

	Are any environments at risk? <i>Including as a result of spill response measures</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>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Macroalgae <input type="checkbox"/> Coral Reef <input type="checkbox"/> Benthic Invertebrates <input type="checkbox"/> Seagrass <input type="checkbox"/> Mangrove <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Details	Environment 1	Environment 2	Environment 3	
	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.	Was an oil pollution emergency 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 program 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 (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>				
29.	Actions taken to avoid or mitigate any adverse environmental impacts of the incident.	Action	Responsible party	Completion date <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.	Corrective actions taken, or proposed, to stop, control or remedy the incident.	Action	Responsible party	Completion date <i>Actual or intended</i>
	<i>NB: If more actions, please add extra rows as required</i>			
31.	Actions taken, or proposed, to prevent a similar incident occurring in the future.	Action	Responsible party	Completion date <i>Actual or intended</i>
	<i>NB: If more actions, please add extra rows as required</i>			

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 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.

	Has the investigation been completed?	Yes or no	Yes
	Root cause analysis <i>What were the root causes?</i>	Root cause 1	s 47G business had planned to abandon facility in 2016.
		Root cause 2	Lack of Corrective maintenance to address corrosion
		Root cause 3	TOP was not in place for deviation from start-up procedure; no risk review completed for deviating from procedure
		Other root causes	
32.	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>	Refer to Attachment 01 – 00/HSEQ/GEN/PC03 – Incident Investigation <ul style="list-style-type: none"> - The dropped object incident occurred at 1616 Monday 12 February 2017. - An immediate action was taken to make the area safe, collect evidence and restrict access. - A site investigation was instigated by the NE HSEQ Medic and the NE Production Engineer. - Photographs and witness statements were taken and the incident entered MyOSH am Tuesday 13 February 2017. - Upon receipt of the MyOSH report, the incident was upgraded to a Dangerous Occurrence Which Could Have Caused Death or Serious Injury and verbally reported to National Offshore Petroleum Safety and Environmental Management Authority (NOPSEMA) at 1509 Tuesday 13 February 2017. - A site based 5 Whys Investigation was instigated and documented Tuesday. The 5 Whys were investigated by the NE HSE-Medic and the NE Production Engineer, both who are experienced practitioners of 5 Whys investigations. - The NE Operations Manager was mobilised from Perth to head up the Tap Root investigation. - The NOPSEMA 3-Day Report was lodged with NOPSEMA pm Wednesday 14 February 2017. - Upon arrival at the NE Floating Production, Storage and Offtake (FPSO) Wednesday pm, the NE Operations Manager, NE HSEQ-Medic and Production Engineer revisited the site and interviewed the key witness. - Upon viewing the elevated platform, three other similar condition valves were located and made safe by removing two further valve shrouds and indicators. - On Thursday 15 February 2017, a formal Tap Root investigation was carried out by the NE Operations Manager, Senior Instrument Control Engineer, NE HSE Medic and NE Production Engineer. - Both the NE Operations Manager and the NE HSE Medic are certified trained in Tap Root Incident Investigation. - A Tap Root incident flow chart was developed and analysed by way of the detailed Tap Root methodology. - A final Tap Root flow chart was developed with high level recommendations. 	

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.

		<ul style="list-style-type: none">- The output of the Tap Root analyses was content/sense tested with the NE onshore management team.- The 5 Whys analysis was updated with some of the insights gathered from the Tap Root analyses.		
33.	Actions to prevent recurrence of same or similar incident	Action	Responsible party	Completion date <i>Actual or intended</i>
		Rope Access Inspection Team mobilised to inspect surrounding corrosion near failed valve shroud, valve shrouds in similar condition removed	Offshore Operations and Maintenance	14/02/17
		Potential for Dropped Objects to be incorporated into ongoing Rope Access inspection Campaigns	Engineering and Inspectors	12/05/17; ongoing
		Redundant Equipment Identification	Engineering	22/04/17
		Review of work pack and ECR process to ensure TOP or installation instructions included.	Engineering	22/04/2017
		Issue final Tap Root investigation report with agreed action plan and populate into MyOSH for action tracking.	NE OIM	31/03/2017
NB: Add or delete rows as appropriate				

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
01	00/HSEQ/G EN/PC03	7	02/08/13	Incident Investigation

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 [OPGGS(S)R]; and
 - b. Offshore Petroleum and Greenhouse Gas Storage (Environment) Regulations 2009 [OPGGS(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 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

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. 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.