

Report of an accident, dangerous occurrence or environmental incident

Document No: N-03000-FM0831 A159980

Date: 26/11/2021

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	17 th May 2023	Time	12:10 hrs WST
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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	19 th May 2023	Time	14:00 hrs WST
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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"/> <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	CPF Ichthys Explorer, Ichthys Field		
		Site name and location <i>Latitude/longitude</i>	CPF Ichthys Explorer Lat 13° 56.339 S, long 123° 17.9 E		
2.	Who is the registered operator/titleholder or other person that controls the works site or activity?	Name	INPEX Operations Australia Pty Ltd as delegated operator and agent for the titleholders		
		Business address	100 St Georges Terrace, Perth WA 6000		
		Business phone no.	08 6213 6000		
3.	When did the incident occur?	Time and time zone	10:07 hrs WST		
		Date	17 th May 2023		
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)	N/A			
	Email (Business) (Private)	██████████@inpex.com.au			
	Postal address	100 St Georges Terrace, Perth WA 6000			
	<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	██████████		
		Position	██████████		
		Email	██████████@inpex.com.au		
		Telephone no.	██████████		
6.	Brief description of incident	Whilst unbolting the Sea Water Coarse Filter A (SWCF) gearbox there was a release of pressurised sea water. The sea water forced the shaft, gearbox & motor off the top of the SWCF. The gearbox landed on the adjacent deck shearing off the motor which fell approx. 3m to the landing below. The gearbox & motor combined weight is approximately 150kg.			
7.	Work or activity being undertaken at time of incident	The scope of work underway was to remove the Sea Water Coarse Filter A backwash gearbox.			
8.	What are the internal investigation arrangements?	Internal INPEX Incident Investigation has commenced in accordance with the INPEX Event Reporting & Investigation Procedure.			

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

9.	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>		Please specify Hydrocarbon			<input type="checkbox"/>	
		Please specify Non-hydrocarbon			<input checked="" type="checkbox"/>	
Estimated quantity <i>Liquid (L), Gas (kg)</i>		TBC				
Estimation details		Calculation <input type="checkbox"/>		Measurement <input type="checkbox"/>		
		Please specify _____				
Composition <i>Percentage and description</i>		Sea Water				
Known toxicity to people and/or environment		Toxicity to people		No		
		Toxicity to environment		No		
How was the leak/spill detected?		F&G detection <input type="checkbox"/> CCTV <input type="checkbox"/>	Visual <input checked="" type="checkbox"/> Other <input type="checkbox"/>			
Did ignition occur?	No <input checked="" 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.	Has the release been stopped and/or contained?	Yes or no	Yes			
		Duration of the release <i>hh:mm:ss</i>	00:14:00			
		Estimated rate of release <i>Litres or kg per hour</i>				
11.	Location of release	What or where is the location of the release?	Sea Water Coarse Filter A			
		What equipment was involved in the release?	Sea Water Coarse Filter A, gearbox and drive motor.			
		Is this functional location listed as safety-critical equipment?	No			
12.	Weather conditions	Ambient temperature °C	N/A			

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

	<i>Please complete as appropriate</i>	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.	<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>	N/A			
		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>	N/A			

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. 1300 674 472</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 checked="" type="checkbox"/>	No <input type="checkbox"/>
		Action taken	<ul style="list-style-type: none"> Area barricaded SWCF A isolated SWLP C is taken offline to reduce DP across SWCF's
	Details of any disturbance of the work site	Area / sea water system made safe	

Part 1B - Complete for accidents or dangerous occurrences
Accidents and dangerous occurrences information

16.	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?	N/A				
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 <input type="checkbox"/>	d. Burn <input type="checkbox"/>			
		b. Fractures <input type="checkbox"/>	e. Nerve or spinal cord injury <input type="checkbox"/>			
		c. Wounds, lacerations, amputations, internal organ damage <input type="checkbox"/>	f. Joint, ligament, muscle or tendon injury <input type="checkbox"/>			
		g. Other <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 <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 <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 <input type="checkbox"/>				
Details of job being undertaken						
Day and hour of shift						

Part 1B - Complete for accidents or dangerous occurrences
Accidents and dangerous occurrences information

<i>NB: If more casualties, please copy/paste this section (19) for each additional casualty and insert here</i>				
18.	Was there any serious damage? <i>Provide details below</i>		Yes	<input checked="" type="checkbox"/>
			No	<input type="checkbox"/>
	Details	Item 1	Item 2	Item 3
	Equipment damaged	SWCF A		
	Extent of damage	Drive motor sheared from gearbox		
19.	Will the equipment be shut down? <i>Yes or No</i>	Yes		
	If Yes, for how long?	TBC		
	<i>NB: If more equipment seriously damaged, please copy/paste this section as required</i>			
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	Completion date <i>Actual or intended</i>
		SWCF A isolated SWLP C is taken offline to reduce DP across SWCF's	OTL	17 th May 2023
22.	What were the immediate causes of the incident?	TBC – investigation ongoing		

Attachments

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

Attachments

Are you attaching any documents?			Yes or no <i>If yes provide details below</i>	No

Insert or delete rows as required

Part 1C – Complete for environmental incidents
Environmental Impacts

23.	What is the current environment plan for this incident?	Environment plan	N/A			
24.	Has the incident resulted in an impact to the environment?	Yes or no <i>If yes provide details below</i>	No			
		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						
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.	Are any environments at risk? <i>Including as a result of spill response measures</i>	Yes or no <i>If yes, provide details</i>	No			
		Details <i>e.g. zone of potential impact</i>				
		AT RISK ENVIRONMENTS				

Part 1C – Complete for environmental incidents
Environmental Impacts

		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	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	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)	No		
	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

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

Attachments

Are you attaching any documents?			Yes or no <i>If yes provide details below</i>	No
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 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.	Has the investigation been completed?	Yes or no		
	Root cause analysis <i>What were the root causes?</i>	Root cause 1		
		Root cause 2		
		Root cause 3		
		Other root causes		
33.	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>			
33.	Actions to prevent recurrence of same or similar incident	Action	Responsible party	Completion date <i>Actual or intended</i>
<i>NB: Add or delete rows as appropriate</i>				

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 [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.