Monthly Operational Activities Report

**Due Date:** By Day 15 of the following month.

**Send completed form to:** [submissions@nopsema.gov.au](mailto:submissions@nopsema.gov.au)

Form

Document No:

Date: 24/06/2025

The Operator of a Facility is required to submit this form to NOPSEMA - Guidance Note N-03300-GN2303 – Notification Reporting and Recording Requirements for Incidents Notification, Reporting and Recording Requirements for Incidents provides information on the requirements for completing this form.

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| **Operator:** |  | **Month/Year:** |  | | |
| **Contact Person:** |  | **Email:** |  | **Phone:** |  |

**Part 1a: Injuries and Hours Worked**

Note 1: Death, Serious Injury (SI) and lost time injury >3 days are to be reported to NOPSEMA in accordance with the reportable incident reporting requirements.

2: Worker numbers and hours worked include all personnel who have worked on the facility at any time and for any length of time during the reporting period.

**Part 1b: Injury Details**

Note 1: A Notification Number should be obtained, for all SI and LTI >3, at the time of the initial notification to NOPSEMA.

2: A Serious Injury may incur LTI days and should be reported as a single injury with the LTI being tracked until the worker is cleared for work.

3: The number of workdays lost due to the injury should continue to be reported each month until the worker has returned to full operational duties.

4: If an initial injury is reported and continues to be reported month to month, if there are no further material changes, columns 5-8 can be noted with ‘no   
change’.

5: If injury category changes from an LTI <3, MTI or ADI to a LTI >3, the injury is to be reported to NOPSEMA, as per the reportable incident reporting  
 requirements.

**Part 2: Suicides & Attempted Suicides**

Note 1: All suicides and attempted suicides are to be reported

**Part 3: Mental ill-health**

Note 1: All incidents of mental ill-health that require treatment (other than first aid) are to be reported

Part 1: Injuries

**Part 1a: Number and Types of Injuries and Hours Worked**

Detail the number of each type of injury for the month. Use **Nil** where there were no injuries. For each injury complete the details in Part 1b.

| **Number of days facility operated in NOPSEMA jurisdiction** | **Facility name** | **Facility type**  *FPSO*  *MODU*  *Platform – staffed*  *Platform – not normally staffed*  *Vessel* | **Number of workers (including contractors) at facility for month** | | **Total hours worked at facility for month (employees, contractors & marine crew)** | **Number of injuries**  *Each injury must be assigned to one category only* | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Min** | **Max** | Serious Injury &/or Lost Time Injuries 3 days plus  **LTI >3** | Lost Time Injuries 1 or 2 days  **LTI <3** | Medical Treatment Injury  **MTI** | Alternative Duties Injury  **ADI** |
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**Part 1b: Injury Details**

| **Injury category**  SI  *LTI >3*  *LTI <3*  *MTI*  *ADI* | **Injury date** | **NOPSEMA**  **Notification Number** (only required for LTI >3) | **Has the injured person returned to normal duties?**  *If yes provide total number of workdays lost or on alternative duties.*  *If no, continue to report monthly till injured person returned to normal duties.* | **All material facts and circumstances concerning the injury** | **Immediate action taken to avoid or mitigate any adverse safety impacts of the injury** | **Corrective action taken, or is proposed to be taken, during the monthly reporting period to stop, control or remedy the injury** | **Action taken, or is proposed to be taken, during the monthly reporting period to prevent similar injuries occurring in the future** |
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Part 2: Suicides & Attempted Suicides

Provide de-identified information about any suicides or attempted suicides for the month. Use Nil where there were no suicides.

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| **De‑identified information about any suicides at the facility during the month.**  *Note: De-identified refers to the removal or modification of identifiable markers from a set of data or information to prevent individuals from being recognised. This process is implemented to safeguard privacy and confidentiality, particularly when handling sensitive information.* |
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Part 3: Mental Ill-health

Provide de-identified information about any mental ill-health for the month. Use Nil where there were no mental ill-health cases.

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| **Deidentified information about incidents of mental ill-health at the facility during the month that have required treatment (other than first aid), including the affected person being repatriated from the facility.**  *Note: De-identified refers to the removal or modification of identifiable markers from a set of data or information to prevent individuals from being recognised. This process is implemented to safeguard privacy and confidentiality, particularly when handling sensitive information.* |
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Part 4: Facility Contact Details

Have the facility contact details changed from the previous monthly report? Yes  No  If yes, please highlight the changes.

Add additional rows where applicable for different facilities.

| **Relevant Facilities Names** | | **Person’s Name** | **Business Address:** | **Email:** | **Phone:** | **Business hours details**. | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Email** | **Phone** |
|  | | **Chief Executive Officer of the facility operator or the person who has executive oversight of the facility’s operations in Australia.** | | | | | | |
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|  | **Person within the operator’s organisation who has overall responsibility for the facility.** | | | | | | | |
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|  | **Person in charge of the day‑to‑day management at the facility.** | | | | | | | |
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|  | **Titleholder’s representative, if the operator is not the titleholder or licensee.** | | | | | | | |
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Part 5: Emergency Contact Details

Have the emergency contact details changed from the previous monthly report? Yes  No  If yes, please highlight the changes.

Add additional rows where applicable for different facilities.

| **Listing of emergency contact details for the next month** | | | | | |
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| **Relevant Facilities Name** | **Emergency Contact Name** | **Times available** | **Email** | **Phone** |
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* other law enforcement bodies (for example, the police or the coroner)
* NOPSEMA’s legal advisors.

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