

## 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?

|             |          |             |                 |
|-------------|----------|-------------|-----------------|
| <b>Date</b> | 04/07/19 | <b>Time</b> | 19:30 hrs (CST) |
|-------------|----------|-------------|-----------------|

*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?

|             |          |             |                 |
|-------------|----------|-------------|-----------------|
| <b>Date</b> | 13/08/19 | <b>Time</b> | 11:30 hrs (CST) |
|-------------|----------|-------------|-----------------|

### What type of incident is being reported?

*Please tick appropriate incident type*

|                                                                           |                                     |                                    |
|---------------------------------------------------------------------------|-------------------------------------|------------------------------------|
| <b>Accident or dangerous occurrence</b>                                   | <input checked="" 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) |

*Please tick all applicable (one or more categories)*

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

| Categories<br><i>Please select one or more</i> | Accidents               | Death or Serious injury<br>Lost time injury ≥3 days                                                                                                                                                                                                                                                                                                   | <input type="checkbox"/><br><input type="checkbox"/>                                                                                                                                                                                                                |
|------------------------------------------------|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                | Dangerous occurrences   | Hydrocarbon release >1 kg or ≥80 L (gas or liquid)<br>Fire or explosion<br>Collision marine vessel and facility<br>Could have caused death, serious injury or LTI<br>Damage to safety-critical equipment<br>Unplanned event - implement ERP<br>Pipeline incident<br>Well kick >50 barrels<br>Other: Unanticipated equipment failure during work scope | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input checked="" type="checkbox"/> |
|                                                | Environmental incidents | Hydrocarbon release<br>Chemical release<br>Drilling fluid/mud release<br>Fauna Incident<br>Other _____                                                                                                                                                                                                                                                | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><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<br><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 11, 99 St Georges Terrace, Perth, WA 6000 |              |  |
|    |                                                                                                                  | Business phone no.                                                                                                                                                                                                                                                                                                               | (08) 6109 4000                                  |              |  |
| 3. | When did the incident occur?                                                                                     | Time and time zone                                                                                                                                                                                                                                                                                                               | 13:30 hrs (CST)                                 |              |  |
|    |                                                                                                                  | Date                                                                                                                                                                                                                                                                                                                             | 04/07/2019                                      |              |  |
| 4. | Did anyone witness the incident?                                                                                 | Yes or No<br><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)<br>(Mobile)                                                                                     |                                                                                                                                                                                                                                                                                                                                  |                                                 |              |  |
|    | Email (Business)<br>(Private)                                                                                    |                                                                                                                                                                                                                                                                                                                                  |                                                 |              |  |
|    | 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                                                                                                                                                                                                                                                                                                                             |                                                 |              |  |
|    |                                                                                                                  | Position                                                                                                                                                                                                                                                                                                                         | Offshore Installation Manager                   |              |  |
|    |                                                                                                                  | Email                                                                                                                                                                                                                                                                                                                            |                                                 |              |  |
|    |                                                                                                                  | Telephone no.                                                                                                                                                                                                                                                                                                                    |                                                 |              |  |
| 6. | Brief description of incident                                                                                    | During blasting and painting of vertical structural supports, a pipe support bracket failed, causing the supported section of pipework to slump 450 mm. The pipework remained supported by upstream and downstream pipe supports. The section of pipework is offline and isolated. The pipework is 300 mm diameter Super Duplex. |                                                 |              |  |
| 7. | Work or activity being undertaken at time of incident                                                            | Ongoing corrosion remediation of structure – Blasting and Painting.                                                                                                                                                                                                                                                              |                                                 |              |  |
| 8. | What are the internal investigation arrangements?                                                                | As per Upstream PS Incident Investigation Procedure – in consultation with Onshore HSEQ Manager / Operations Manager.                                                                                                                                                                                                            |                                                 |              |  |
| 9. |                                                                                                                  | Yes or no<br><i>If Yes, provide details below</i>                                                                                                                                                                                                                                                                                | No                                              |              |  |

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

### General information – all incidents

|                     |                                                                 |                                                                                                                                                                                                                    |                                                                                                                                    |                          |                                                                   |                          |
|---------------------|-----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-------------------------------------------------------------------|--------------------------|
|                     | Was there any loss of containment of any fluid (liquid or gas)? | Type of fluid (liquid or gas)<br><i>If hydrocarbon release please complete item no.15 as well</i>                                                                                                                  | Please specify<br>Hydrocarbon <input type="checkbox"/><br>Gas <input type="checkbox"/><br>Non-hydrocarbon <input type="checkbox"/> |                          |                                                                   |                          |
|                     |                                                                 | Estimated quantity<br><i>Liquid (L), Gas (kg)</i>                                                                                                                                                                  |                                                                                                                                    |                          |                                                                   |                          |
|                     |                                                                 | Estimation details                                                                                                                                                                                                 | Calculation                                                                                                                        | <input type="checkbox"/> | Measurement                                                       | <input type="checkbox"/> |
|                     |                                                                 |                                                                                                                                                                                                                    |                                                                                                                                    |                          |                                                                   |                          |
|                     |                                                                 | Composition<br><i>Percentage and description</i>                                                                                                                                                                   |                                                                                                                                    |                          |                                                                   |                          |
|                     |                                                                 | Known toxicity to people and/or environment                                                                                                                                                                        | Toxicity to people                                                                                                                 |                          | N/A                                                               |                          |
|                     |                                                                 |                                                                                                                                                                                                                    | Toxicity to environment                                                                                                            |                          | N/A                                                               |                          |
|                     |                                                                 | How was the leak/spill detected?                                                                                                                                                                                   | F&G detection <input type="checkbox"/><br>CCTV <input type="checkbox"/>                                                            |                          | Visual <input type="checkbox"/><br>Other <input type="checkbox"/> |                          |
| Did ignition occur? | No <input type="checkbox"/><br>Yes <input type="checkbox"/>     |                                                                                                                                                                                                                    | Immediate <input type="checkbox"/><br>Delayed <input type="checkbox"/>                                                             |                          |                                                                   |                          |
|                     | If yes, what was the likely ignition source                     | Hot work <input type="checkbox"/><br>Spark electrical source <input type="checkbox"/><br>Spark metallic contact <input type="checkbox"/><br>Hot surface <input type="checkbox"/><br>Other <input type="checkbox"/> |                                                                                                                                    |                          |                                                                   |                          |
| 10.                 | Has the release been stopped and/or contained?                  | Yes or No                                                                                                                                                                                                          |                                                                                                                                    |                          |                                                                   |                          |
|                     |                                                                 | Duration of the release<br><i>hh:mm:ss</i>                                                                                                                                                                         |                                                                                                                                    |                          |                                                                   |                          |
|                     |                                                                 | Estimated rate of release<br><i>Litres or kg per hour</i>                                                                                                                                                          |                                                                                                                                    |                          |                                                                   |                          |
| 11.                 | Location of release                                             | 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?                                                                                                                                                   |                                                                                                                                    |                          |                                                                   |                          |
| 12.                 | Weather conditions<br><i>Please complete as appropriate</i>     | Ambient temperature<br>C°                                                                                                                                                                                          |                                                                                                                                    |                          |                                                                   |                          |



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

### General information – all incidents

|     |                                                                                         |                                                                                                                      |                                                                                                                     |                                                                                                                |  |  |  |
|-----|-----------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------|--|--|--|
|     |                                                                                         | Relative humidity %                                                                                                  |                                                                                                                     |                                                                                                                |  |  |  |
|     |                                                                                         | Wind speed m/s<br><i>NB: for enclosed areas use</i><br>Air change per hour                                           |                                                                                                                     |                                                                                                                |  |  |  |
|     |                                                                                         | Wind direction e.g. from<br>SW                                                                                       |                                                                                                                     |                                                                                                                |  |  |  |
|     |                                                                                         | Significant wave height<br>m                                                                                         |                                                                                                                     |                                                                                                                |  |  |  |
|     |                                                                                         | Swell m                                                                                                              |                                                                                                                     |                                                                                                                |  |  |  |
|     |                                                                                         | Current speed m/s                                                                                                    |                                                                                                                     |                                                                                                                |  |  |  |
|     |                                                                                         | Current direction e.g.<br>from SW                                                                                    |                                                                                                                     |                                                                                                                |  |  |  |
| 13. | If hydrocarbon fluid (liquid or gas) was released, please complete this section as well | System of hydrocarbon release                                                                                        | Process <input type="checkbox"/><br>Drilling <input type="checkbox"/><br>Subsea / Pipeline <input type="checkbox"/> | Utilities <input type="checkbox"/><br>Well related <input type="checkbox"/><br>Marine <input type="checkbox"/> |  |  |  |
|     |                                                                                         | Estimated inventory in the isolatable system<br><i>Litres or kg</i>                                                  |                                                                                                                     |                                                                                                                |  |  |  |
|     |                                                                                         | System pressure and size of piping or vessel<br><i>diameter (d in mm)<br/>length (l in m)<br/>or volume (V in L)</i> | Pressure MPa <input type="checkbox"/><br>Size Piping (d) and Piping (l) or Vessel (V) <input type="checkbox"/>      |                                                                                                                |  |  |  |
|     |                                                                                         | Estimated equivalent hole diameter<br><i>d in mm</i>                                                                 |                                                                                                                     |                                                                                                                |  |  |  |

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

### Accidents and dangerous occurrences information

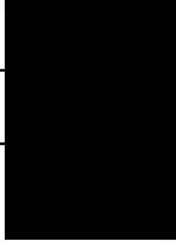
|     |                                                                                            |                                                                                            |                                                                                                                          |
|-----|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
|     | Was NOPSEMA notified through the dedicated notification phone line? Phone No. 08 6461 7090 | 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?<br>OPGGS(S)R 2.49. | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                      |
|     |                                                                                            | Action taken                                                                               | Pipework has been raised to correct alignment and supported. Area has been taped off. Crew has been briefed on incident. |

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

|     |                                                             |                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                   |                                                                                                                                          |                                                      |                          |
|-----|-------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------|
|     |                                                             | Details of any disturbance of the work site                                                          | Pipework has been raised to correct alignment and supported via scaffold below and slings/chain blocks above. Photos of site were taken immediately post-incident and during the period of installing supports. |                                                                                                                                                   |                                                                                                                                          |                                                      |                          |
| 16. | Was an emergency response initiated?                        |                                                                                                      | Yes                                                                                                                                                                                                             | <input type="checkbox"/>                                                                                                                          | No                                                                                                                                       | <input checked="" type="checkbox"/>                  |                          |
|     |                                                             | Type of response                                                                                     | Manual<br>Automatic alarm                                                                                                                                                                                       | <input type="checkbox"/><br><input type="checkbox"/>                                                                                              | Muster<br>Evacuation                                                                                                                     | <input type="checkbox"/><br><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)<br>(Mobile)                                                                                                                                                                                 |                                                                                                                                                   |                                                                                                                                          |                                                      |                          |
|     | IP occupation/job title                                     |                                                                                                      | Contractor or core crew                                                                                                                                                                                         |                                                                                                                                                   |                                                                                                                                          |                                                      |                          |
|     | Details of injury                                           |                                                                                                      |                                                                                                                                                                                                                 |                                                                                                                                                   |                                                                                                                                          |                                                      |                          |
|     | <i>Based on TOOCS (refer last page)</i><br>Nature of injury | a. Intracranial injury<br>b. Fractures<br>c. Wounds, lacerations, amputations, internal organ damage | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                                                                | d. Burn<br>e. Nerve or spinal cord injury<br>f. Joint, ligament, muscle or tendon injury<br>g. Other _____                                        | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |                                                      |                          |
|     | Part of body                                                | G1. Head or face<br>G2. Neck<br>G3. Trunk<br>G4. Shoulder or arm                                     | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                                    | G5. Hip or leg<br>G6. Multiple locations<br>G7. Internal systems<br>G8. Other _____                                                               | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                             |                                                      |                          |
|     | Mechanism of injury                                         | G0. Falls, stepping, kneeling, sitting on object<br>G1. Hitting object<br>G2. Being hit or trapped   | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>                                                                                                                                | G3. Exposure to sound or pressure<br>G4. Muscular stress<br>G5. Heat, cold or radiation<br>G6/7 Chemical, biological substance<br>G8. Other _____ | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><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"/><br>2. Mobile plant or transport <input type="checkbox"/><br>3. Powered equipment <input type="checkbox"/><br>4. Non-power equipment <input type="checkbox"/> | 5/6. Chemicals, materials, substances <input type="checkbox"/><br>7. Environmental agencies <input type="checkbox"/><br>8. Human or animal agencies <input type="checkbox"/><br>9. Other <input type="checkbox"/> |                                                  |          |
|                                                                                     | Details of job being undertaken                                                                          |                                                                                                                                                                                                                   |                                                                                                                                                                                                                   |                                                  |          |
|                                                                                     | Day and hour of shift                                                                                    | Day<br>e.g. 5 <sup>th</sup> day of 7 (5 / 7)                                                                                                                                                                      | 5/1<br>0                                                                                                                                                                                                          | Hour<br>e.g. 3 <sup>rd</sup> hour of 12 (3 / 12) | 1/1<br>2 |
|                                                                                     | NB: If more casualties, please copy/paste this section (19) for each additional casualty and insert here |                                                                                                                                                                                                                   |                                                                                                                                                                                                                   |                                                  |          |
| 18.                                                                                 | Was there any serious damage? Provide details below                                                      |                                                                                                                                                                                                                   | Yes <input type="checkbox"/>                                                                                                                                                                                      | No <input checked="" type="checkbox"/>           |          |
|                                                                                     | Details                                                                                                  | Item 1                                                                                                                                                                                                            | Item 2                                                                                                                                                                                                            | Item 3                                           |          |
|                                                                                     | Equipment damaged                                                                                        |                                                                                                                                                                                                                   |                                                                                                                                                                                                                   |                                                  |          |
|                                                                                     | Extent of damage                                                                                         |                                                                                                                                                                                                                   |                                                                                                                                                                                                                   |                                                  |          |
| 19.                                                                                 | Will the equipment be shut down? Yes or 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<br>If yes provide details below                                |                                                                                                                                                                                                                   | No                                                                                                                                                                                                                |                                                  |          |
|                                                                                     | Facility shutdown                                                                                        | Date                                                                                                                                                                                                              |                                                                                                                                                                                                                   |                                                  |          |
|                                                                                     |                                                                                                          | Time                                                                                                                                                                                                              |                                                                                                                                                                                                                   |                                                  |          |
|                                                                                     |                                                                                                          | Duration                                                                                                                                                                                                          |                                                                                                                                                                                                                   |                                                  |          |
| 21.                                                                                 | Immediate action taken/intended, if any, to prevent recurrence of incident.                              | Action                                                                                                                                                                                                            | Responsible party                                                                                                                                                                                                 | Completion date<br>Actual or intended            |          |
|                                                                                     |                                                                                                          | Install temporary supports under pipework                                                                                                                                                                         |                                                                                                                               | Actual: 04/07/19                                 |          |
|                                                                                     |                                                                                                          | Initiate incident investigation                                                                                                                                                                                   |                                                                                                                                                                                                                   | Actual: 04/07/19                                 |          |
|                                                                                     |                                                                                                          | Inspector to inspect pipework and adjacent pipe supports for damage                                                                                                                                               |                                                                                                                                                                                                                   | Actual: 06/07/19                                 |          |
|                                                                                     |                                                                                                          |                                                                                                                                                                                                                   |                                                                                                                                                                                                                   |                                                  |          |
| 22.                                                                                 | What were the immediate causes of the incident?                                                          |                                                                                                                                                                                                                   | (1) Corrosion being disturbed by HP Water Blasting.<br>(2) No temporary support utilised on pipe prior to HP Water Blasting.                                                                                      |                                                  |          |

### Attachments

| Are you attaching any documents? |    |          | Yes or no<br>If yes provide details below | No – Supporting documentation to be supplied with 30-day report. |
|----------------------------------|----|----------|-------------------------------------------|------------------------------------------------------------------|
| No.                              | ID | Revision | Date                                      | Title/description                                                |
|                                  |    |          |                                           |                                                                  |
|                                  |    |          |                                           |                                                                  |
|                                  |    |          |                                           |                                                                  |



## Attachments

| Are you attaching any documents? |  |  | Yes or no<br><i>If yes provide details below</i> | No – Supporting documentation to be supplied with 30-day report. |
|----------------------------------|--|--|--------------------------------------------------|------------------------------------------------------------------|
|                                  |  |  |                                                  |                                                                  |
|                                  |  |  |                                                  |                                                                  |
|                                  |  |  |                                                  |                                                                  |
|                                  |  |  |                                                  |                                                                  |

*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                                                                        |                          |                       |                          |  |
| 24.                                                                                                       | Has the incident resulted in an impact to the environment?                               | Yes or no<br><i>If yes provide details below</i>                                        |                          |                       |                          |  |
|                                                                                                           |                                                                                          | Incident details<br><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<br><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?<br><i>Including as a result of spill response measures</i> | Yes or no<br><i>If yes, provide details</i>                                             |                          |                       |                          |  |
|                                                                                                           |                                                                                          | Details<br><i>e.g. zone of potential impact</i>                                         |                          |                       |                          |  |
|                                                                                                           |                                                                                          | <b>AT RISK ENVIRONMENTS</b>                                                             |                          |                       |                          |  |

## Part 1C – Complete for environmental incidents

### Environmental Impacts

|     |                                                                                                                |                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                                        |                                                                                                                                          |
|-----|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
|     |                                                                                                                | Open ocean <input type="checkbox"/><br>Shoreline <input type="checkbox"/><br>Population Centre <input type="checkbox"/><br>Stakeholders <input type="checkbox"/><br>Other sensitivity <input type="checkbox"/><br><i>e.g. conservation area, nesting beach</i> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> | Macroalgae <input type="checkbox"/><br>Coral Reef <input type="checkbox"/><br>Benthic Invertebrates <input type="checkbox"/><br>Seagrass <input type="checkbox"/><br>Mangrove <input type="checkbox"/> | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/> |
|     | <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. | 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<br>(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:<br>Injured:                                                                                                                                                                                                                                            | Killed:<br>Injured:                                                                                                                      | Killed:<br>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<br><i>Actual or intended</i>                                                                                                                                                           |                                                                                                                                          |
|     |                                                                                                                |                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                                        |                                                                                                                                          |
|     |                                                                                                                |                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                                        |                                                                                                                                          |
|     |                                                                                                                |                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                                        |                                                                                                                                          |
|     |                                                                                                                |                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                                        |                                                                                                                                          |
|     | <i>NB: If more actions, please add extra rows as required</i>                                                  |                                                                                                                                                                                                                                                                |                                                                                                                                          |                                                                                                                                                                                                        |                                                                                                                                          |



## Part 1C – Complete for environmental incidents

### Environmental Impacts

|                                                               |                                                                                    | Action | Responsible party | Completion date<br><i>Actual or intended</i> |
|---------------------------------------------------------------|------------------------------------------------------------------------------------|--------|-------------------|----------------------------------------------|
| 30.                                                           | Corrective actions taken, or proposed, to stop, control or remedy the incident.    |        |                   |                                              |
|                                                               |                                                                                    |        |                   |                                              |
|                                                               |                                                                                    |        |                   |                                              |
|                                                               |                                                                                    |        |                   |                                              |
|                                                               |                                                                                    |        |                   |                                              |
| <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. |        |                   |                                              |
|                                                               |                                                                                    |        |                   |                                              |
|                                                               |                                                                                    |        |                   |                                              |
|                                                               |                                                                                    |        |                   |                                              |
|                                                               |                                                                                    |        |                   |                                              |
| <i>NB: If more actions, please add extra rows as required</i> |                                                                                    |        |                   |                                              |

### Attachments

| Are you attaching any documents?         |    |          | Yes or no<br><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.

|     |                                                                                                                                                                                                                                            |                                                                   |                                         |                   |                                              |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------|-------------------|----------------------------------------------|
| 32. | Has the investigation been completed?                                                                                                                                                                                                      | Yes / No                                                          | Yes – See attached investigation report |                   |                                              |
|     | Root cause analysis<br><i>What were the root causes?</i>                                                                                                                                                                                   | Root cause 1                                                      |                                         |                   |                                              |
|     |                                                                                                                                                                                                                                            | Root cause 2                                                      |                                         |                   |                                              |
|     |                                                                                                                                                                                                                                            | Root cause 3                                                      |                                         |                   |                                              |
|     |                                                                                                                                                                                                                                            | Other root causes                                                 |                                         |                   |                                              |
| 33. | Full report<br><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> | As per submitted investigation report including actions developed |                                         |                   |                                              |
|     |                                                                                                                                                                                                                                            | Actions to prevent recurrence of same or similar incident         | Action                                  | Responsible party | Completion date<br><i>Actual or intended</i> |
|     |                                                                                                                                                                                                                                            |                                                                   |                                         |                   |                                              |
|     |                                                                                                                                                                                                                                            |                                                                   |                                         |                   |                                              |
|     |                                                                                                                                                                                                                                            |                                                                   |                                         |                   |                                              |
|     |                                                                                                                                                                                                                                            |                                                                   |                                         |                   |                                              |
|     |                                                                                                                                                                                                                                            |                                                                   |                                         |                   |                                              |

NB: Add or delete rows as appropriate

## Attachments (Insert/delete rows as required)

| Are you attaching any documents? |                                                              |          | Yes / No<br><i>If yes provide details below</i> | Yes                                                                           |
|----------------------------------|--------------------------------------------------------------|----------|-------------------------------------------------|-------------------------------------------------------------------------------|
| No.                              | ID                                                           | Revision | Date                                            | Title/description                                                             |
| 1                                | 5 Whys Work Sheet - Failed Produced Water Pipe Support Rev 2 | 2        | 12/8/19                                         | LP Prod Water 5 Whys Investigation Report – UPS Investigation report findings |
| 2                                | LP Produced Water Pipe Support Failure                       | 2        | 12/8/19                                         | LP Produced Water Pipe Support Failure – incident summary pictures            |
|                                  |                                                              |          |                                                 |                                                                               |

## 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](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).