



Report of an Accident, Dangerous Occurrence or Environmental Incident

For instructions and general guidance in the use of this form, please see the last page.

Part 1 is required within 3 days of a notified incident.

Part 2 is required within 30 days of notified incident.

What was the date and time of the initial verbal incident notification to NOPSEMA?			
Date	Wednesday 12 th February 2014	Time	07.02 hours
NOTE: It is a requirement to request permission to interfere with the site of an accident or dangerous occurrence. Refer OPGGS(S)R, Reg. 2.49.			
What is the date and time of this written incident report?			
Date	Wednesday 12 th February 2014	Time	1700hrs

What type of incident is being reported?		Please tick appropriate incident type	
Accident or Dangerous Occurrence		X	Complete parts 1A, 1B & part 2
Environmental Incident			Complete parts 1A, 1C
BOTH (Accident or Dangerous Occurrence AND Environmental Incident)			Complete ALL parts (1A, 1B, 1C, 2)
<i>Please tick all applicable (one or more categories)</i>		<i>To use electronically: MS Word 2007-10 – click in check box</i>	
Categories <i>Please select one or more</i>	Accidents	Death or Serious Injury Lost Time Injury ≥3 days	<input type="checkbox"/> <input type="checkbox"/>
	Dangerous Occurrences	Hydrocarbon release >1 kg or ≥80 L (gas or liquid) Fire or Explosion Collision marine vessel and facility Could have caused death, serious injury or LTI Damage to safety-critical equipment Unplanned event - implement ERP Pipeline Incident Well kick >50 barrels Other	X <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Environmental Incidents	Hydrocarbon release Chemical release Drilling fluid/mud release Fauna Incident Other _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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

A General Information – all incidents			
1.	Where did the incident occur?	Facility / field / title Name	Stybarrow Venture/Stybarrow/OIM
		Site Name and Location <i>Latitude/longitude</i>	Stybarrow Field/E:170856 N:76424804
2.	Who is the registered operator/titleholder or other person that controls the works site or activity?	Name	BHP Billiton Petroleum
		Business address	125 St Georges Tce
		Business Phone Number	[REDACTED]
3.	When did the incident occur?	Time and Time Zone	01:20 hours Australian WST
		Date	Wednesday 12 th February 2014
4.	Did anyone witness the incident?	Yes or No <i>If Yes, provide details below</i>	Yes
	Witness Details	Witness No 1	Witness No 2
	Full Name	[REDACTED]	
	Phone No (Business hours)	[REDACTED]	
	Phone No (Home) (Mobile)	N/A	
	Email (business) (private)	[REDACTED]@bhpbilliton.com	
	Postal Address	-	
<i>NB: If more witnesses, copy and insert this section (4) here , and add extra witness numbers appropriately</i>			
5.	Details of person submitting this information	Name	Des Franklin
		Position	OIM
		Email	[REDACTED]@bhpbilliton.com
		Telephone number	[REDACTED]
6.	Brief description of incident	Whilst conducting routine process checks and entering the top platform of MP Compressor "A" from the forward stairs; A slight smell of gas was noticed. Further investigation confirmed process gas leaking from the Swage-lock instrument tubing on the MP Compressor 4 th Stage PSV 0368 A-51. The tubing was covered in a sphere of ice approximately the size of a fist. The compressor was quickly shut down and then blown down.	
7.	Work or activity being undertaken at time of incident	Routine operations	

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

A		General Information – all incidents	
8.	What were the immediate causes of the incident?	To be confirmed by investigation on the instrument tube and fittings.	
9.	Immediate action taken or intended, if any, to prevent recurrence of the incident and/or further environmental impact, and/or to contain the source of the release.	Action	Responsible Party
			Completion date <i>Actual or intended</i>
		Remove leaking instrument tubing array from PSV0368A-51 and repair and test. Reinstate. AMOS WO MV16-14/01074	POTL 12/02/2014 Completed
		Conduct RCA on failed instrument tubing to determine mode of failure. RCA MV16-14/01060	██████████ 31/03/2014
		All PSV's on compressors and similar installations inspected and tested for leakage.	██████████ 15/02/2014
<i>NB: If more actions, please add extra rows as required</i>			
10.	What are the internal investigation arrangements?	The instrument array will be investigated by BHPBilliton's senior integrity engineer to determine the root cause of failure as detailed in action item above. Investigation will be undertaken by POT-OS, Safety Analyst and OIM on facility.	
11.	Was there any loss of containment of any fluid (liquid or gas)?	Yes or No <i>If Yes, provide details below</i>	Yes
		Type of fluid (liquid or gas) <i>If hydrocarbon release please complete item no.15 as well</i>	Hydrocarbon <input checked="" type="checkbox"/> <i>Please specify</i> _____ Gas _____ Non-hydrocarbon <i>Please specify</i> _____
		Estimated Quantity <i>Liquid (L), Gas (kg)</i>	12 kg
		Estimation details	Calculation <input checked="" type="checkbox"/> Measurement <input type="checkbox"/> <i>Please specify</i> — PHAST analysis using known composition and pressure with assumed orifice size _____

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

A		General Information – all incidents		
		Composition <i>Percentage and description</i>	>95% methane with approximatley 100ppm H ₂ S	
		Known toxicity to people and/or environment	Toxicity to people Moderate at release concentration	
			Toxicity to environment Low	
		How was the leak/spill detected?	F&G detection <input type="checkbox"/> CCTV <input type="checkbox"/>	Visual <input checked="" type="checkbox"/> Other <input type="checkbox"/>
		Did ignition occur?	No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	Immediate <input type="checkbox"/> Delayed <input type="checkbox"/>
			If yes, What was the likely ignition source	Hotwork <input type="checkbox"/> Spark electrical source <input type="checkbox"/> Spark metallic contact <input type="checkbox"/> Hot surface <input type="checkbox"/> Other <input type="checkbox"/>
12.	Has the release been stopped and/or contained?	Yes or No	Yes	
		Duration of the release <i>hh:mm:ss</i>	Approximately 10 mins from moment of discovery. Estimated maximum duration of 2 hours	
		Estimated rate of release <i>Litres or kg per hour</i>	6 kg/hour	
13.	Location of release	What or where is the location of the release?	MP A compressor upper platform port side of module A	
		What equipment was involved in the release?	MPA compressor 4 th stage PSV 0368A-51.	
		Is this functional location listed as safety-critical equipment?	Yes, PSV.	
14.	Weather Conditions <i>Please complete as appropriate</i>	Ambient Temperature °C	25	
		Relative Humidity %	-	
		Wind speed m/s <i>NB: for enclosed areas use Air change per hour</i>	10.8 m/s	
		Wind Direction e.g. from SW	200 degrees	
		Significant wave height m	2.5	
		Swell m	4.5	
		Current speed m/s	-	
		Current Direction e.g. from SW	-	

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

A		General Information – all incidents			
15.	Hydrocarbon release details <i>If hydrocarbon fluid (liquid or gas) was released, please complete this section as well</i>	System of hydrocarbon release	Process Drilling <input checked="" type="checkbox"/> Subsea / Pipeline <input type="checkbox"/>	Utilities Well related <input type="checkbox"/> Marine <input type="checkbox"/>	
		Estimated inventory in the isolatable system <i>Litres or kg</i>	Inventory between SDV0303A-01 (upstream of 3 rd stage suction scrubber) and SDV0335A-05 (downstream of 4 th stage discharge cooler) for MPA has been estimated at 285 kg based on 220 bar pressure and 74 degree C's.		
		System pressure and size of piping or vessel <i>diameter (d in mm) length (l in m) or volume (V in L)</i>	Pressure MPag 2.2MPa (operating) 74 degrees Celcius (operating)	Size Piping (d) and Piping (l) or Vessel (V) Instrument tubing ¼ inch, approximately 300 mm length.	
		Estimated equivalent hole diameter <i>d in mm</i>	0.25 mm. This is considered to be conservative as the suspected leak path is between the OD of the tubing and ID of a compressed ferrule.		

Part 1 B - Complete for Accidents or Dangerous Occurrences

B		Accidents and Dangerous Occurrences information				
16.	Was NOPSEMA notified through the dedicated notification phone line? <i>Phone No. 08 6461 7090</i>	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	
17.	Action taken to make the work-site safe	Was permission given by a NOPSEMA OHS Inspector to interfere with the site? OPGGS(S)R Reg 2.49.	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
		Action taken	MP A Compressor was shut down and blown down.			
		Details of any disturbance of the work site	Nil			
18.	Was an emergency response initiated?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
		Type of response	Manual <input type="checkbox"/> Automatic alarm <input type="checkbox"/>	Muster <input type="checkbox"/> Evacuation <input type="checkbox"/>		
		How effective was the emergency response?				
19.	Was anyone killed or injured? <i>Provide details below</i>	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
	Injured Persons (IP)	Casualty No 1				
	<i>If different from item 2.</i>					
	Employer Name	Employer Address				
Employer Phone	Employer Email					

Part 1 B - Complete for Accidents or Dangerous Occurrences

B Accidents and Dangerous Occurrences information							
IP full name							
IP Date of birth		Sex		M	<input type="checkbox"/>	F	<input type="checkbox"/>
IP Residential address							
IP Phone No. (Work)		IP Phone No. (Home) (Mobile)					
IP Occupation/job title		Contractor or Core Crew					
Details of Injury							
<i>Based on TOOCS (refer last page)</i> Nature of Injury	a. Intracranial injury	<input type="checkbox"/>	a. Burn	<input type="checkbox"/>			
	b. Fractures	<input type="checkbox"/>	b. Nerve or spinal cord injury	<input type="checkbox"/>			
	c. Wounds, lacerations, amputations, internal organ damage	<input type="checkbox"/>	c. Joint, ligament, muscle or tendon injury	<input type="checkbox"/>			
			d. Other _____	<input type="checkbox"/>			
Part of Body	G1. Head or face	<input type="checkbox"/>	G5. Hip or leg	<input type="checkbox"/>			
	G2. Neck	<input type="checkbox"/>	G6. Multiple locations	<input type="checkbox"/>			
	G3. Trunk	<input type="checkbox"/>	G7. Internal systems	<input type="checkbox"/>			
	G4. Shoulder or arm	<input type="checkbox"/>	G8. Other _____	<input type="checkbox"/>			
Mechanism of Injury	G0. Falls, stepping, kneeling, sitting on object	<input type="checkbox"/>	G3. Exposure to sound or pressure	<input type="checkbox"/>			
	G1. Hitting object	<input type="checkbox"/>	G4. Muscular stress	<input type="checkbox"/>			
	G2. Being hit or trapped	<input type="checkbox"/>	G5. Heat, cold or radiation	<input type="checkbox"/>			
			G6/7 Chemical, biological substance	<input type="checkbox"/>			
			G8. Other _____	<input type="checkbox"/>			
Agency of Injury	1. Machinery or fixed plant	<input type="checkbox"/>	5/6. Chemicals, materials, substances	<input type="checkbox"/>			
	2. Mobile plant or transport	<input type="checkbox"/>	7. Environmental agencies	<input type="checkbox"/>			
	3. Powered equipment	<input type="checkbox"/>	8. Human or animal agencies	<input type="checkbox"/>			
	4. Non-power equipment	<input type="checkbox"/>	9. Other _____	<input type="checkbox"/>			
Details of job being undertaken							
Day and hour of shift		Day e.g. 5 th day of 7 (5 / 7)	Hour e.g. 3 rd hour of 12 (3 / 12)				
<i>NB: If more casualties, please copy/paste this section (19) for each additional casualty and insert here</i>							
20.	Was there any serious damage? <i>Provide details below</i>		Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	
	Details	Item 1	Item 2	Item 3			
	Equipment damaged						
	Extent of damage						
21.	Will the equipment be shutdown? <i>Yes or No</i>		No				
	If Yes, for how long?						
<i>NB: If more equipment seriously damaged, please copy/paste this section as required</i>							

Part 1 C – Complete for Environmental incidents

C Environmental Impacts					
	Action taken to minimise exposure				
<i>NB: If more environments were damaged, please copy/paste this section (Item E3) and add extra data</i>					
25.	Are any environments at risk of further impact from the incident? <i>Including as a result of spill response measures</i>	Yes or No <i>If yes, provide details</i>			
		Details <i>e.g. zone of potential impact</i>			
		AT RISK ENVIRONMENTS			
		Open ocean <input type="checkbox"/> Shoreline <input type="checkbox"/> Population Centre <input type="checkbox"/> Stakeholders <input type="checkbox"/> Other sensitivity <input type="checkbox"/> <i>e.g. conservation area, nesting beach</i>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Macroalgae <input type="checkbox"/> Coral Reef <input type="checkbox"/> Benthic Invertebrates <input type="checkbox"/> Seagrass <input type="checkbox"/> Mangrove <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	Details	Environment 1	Environment 2	Environment 3	
	Estimated location of 'at-risk' environments				
	Estimated impact date and time				
Action required to minimise exposure					
<i>NB: If more environments at risk of damage, please copy/paste this section (Item E2) and add extra data</i>					
26.	Was an oil spill response plan activated?	Yes or No			
		If yes, what action has been implemented /planned?			
		If yes, how effective is/was the spill response?			
27.	Was an environmental monitoring programme initiated?	Yes or No			
		If yes, what actions have been implemented and/or planned?			
28.	Did the incident result in the death or injury of any fauna?	Yes or No (If yes provide details of species in the table below)			
	Injured fauna	Species 1	Species 2	Species 3	
	Species name (common or scientific name)				
	Number of individuals killed or injured	Killed: Injured:	Killed: Injured:	Killed: Injured:	
<i>NB: If more species were injured or killed, please copy/paste this section (Item E4) and add extra data</i>					

Attachments

Are you attaching any documents?	Yes or No <i>If yes provide details below</i>	
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Part 2 – Information required within 30 days of accident or dangerous occurrence

NOPSEMA acknowledges that in many circumstances an operator may not have completed an investigation within 30 days of an accident or first detection of a dangerous occurrence and agrees that these items must be provided within 30 days unless otherwise agreed, in writing with NOPSEMA.

In circumstances where an investigation has been completed within 30 days, and these items are available (supplemented, as required by any attachments) this part should also be completed at that time.

29.	Has the investigation been completed?	Yes or No		
	Root cause analysis <i>What were the root causes?</i>	Root Cause 1		
		Root Cause 2		
		Root Cause 3		
	Other Root Causes			
	Full report <i>Describe investigation in detail, including who conducted the investigation and in accordance with what standard/procedure with reference to attachments listed in the 'attachments table' (following) as applicable</i>			
30.	Actions to prevent recurrence of same or similar incident	Action	Responsible Party	Completion date <i>Actual or intended</i>

NB: Add or delete rows as appropriate

Attachments (Insert/delete rows as required)				
Are you attaching any documents?			Yes or No <i>If yes provide details below</i>	No
No.	ID	Revision	Date	Title/Description

Instructions and general guidance for use:

1. The use of this form is voluntary and is provided to assist operators to comply with their obligations to give notice and provide reports of incidents to NOPSEMA under the applicable legislation.
2. An accident, dangerous occurrence or environmental incident can all be reported using this same form.
3. The applicable legislation for incident reporting is:
 - a. Offshore Petroleum and Greenhouse Gas Storage (Safety) Regulations 2009 [OPGGS(S)]
 - b. Offshore Petroleum and Greenhouse Gas Storage (Environment) Regulations 2009 [OPGGS(E) R] (for facilities located in Commonwealth waters, or for facilities located in designated coastal waters, the State or Territory Petroleum (Submerged Lands) Act and associated regulations where there is a current conferral of powers to NOPSEMA.)
4. In the context of this form an incident is a reportable incident as defined under
 - a. OPGGSA, Schedule 3, Clause 82.
 - b. OPGGS(E) R, Clause 4(1).
5. This form should be used in conjunction with NOPSEMA Guidance Notes available on the NOPSEMA website:
 - a. N-03000-GN0099 Notification and Reporting of Accidents and Dangerous Occurrences
 - b. N-03000-GL0926 Notification and Reporting of Environmental Incidents
6. Part 1 requires completion for all incidents; then ALSO complete part 2 if the incident is an accident or dangerous occurrence.
7. NOPSEMA considers that a full report will contain copies of documentary material referenced and/or relied on in the course of completing this form, which may include (but not be limited to) as appropriate: witness statements, management system documents, drawings, diagrams and photographs, third party reports (audit, inspection, material analysis etc.), internal records and correspondence.
8. This form is intended to be completed electronically using Microsoft Word by completing the unshaded cells which will expand as required to accept the information required and the check boxes where relevant (NB: check boxes may appear shaded and have reduced functionality in MS Word versions prior to 2010).
9. The completed version of this form (and any attachments, where applicable) should be emailed to: submissions@nopsema.gov.au as soon as practicable, but in any case within three days of the incident.

NB: Notification and reports of accidents and dangerous occurrences at or near facilities in Western Australian designated coastal waters should be made to the relevant State Minister through the WA Department of Mines and Petroleum (www.dmp.wa.gov.au).

References

NOPSEMA website: www.nopsema.gov.au.

TOOCS – Type of Occurrence Classification System.

The *Type of Occurrence Classifications System, Version 3.0* (TOOCS3.0) was developed to improve the quality and consistency of data. This system aligns with the International Classification of Diseases –Australian Modification (ICD10-AM).

[http://www.safeworkaustralia.gov.au/sites/SWA/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/207/TypeOfOccurrenceClassificationSystem\(TOOC3\)3rdEditionRevision1.pdf](http://www.safeworkaustralia.gov.au/sites/SWA/AboutSafeWorkAustralia/WhatWeDo/Publications/Documents/207/TypeOfOccurrenceClassificationSystem(TOOC3)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.