## **Notifiable incident**

Incident ID <u>5551</u>

**Duty holder:** Shell Australia Pty Ltd

Facility/Activity: Prelude FLNG

Facility type: Floating liquefied natural gas facility

Incident details	
Division	Occupational Health and Safety
Notification type	Incident
Incident date	28/08/2018 11:30 AM (WST)
Notification date	28/08/2018 04:05 PM (WST)
NOPSEMA response date	28/08/2018 04:37 PM (WST)
Received by	
Nearest state	WA
Initial category type (based on notification)	Dangerous Occurrence
Initial category (based on notification)	Unplanned event - implement emergency response plan
3 Day report received	01/09/2018
Final report received	27/09/2018
All required data received	27/09/2018
Final category type (based on final report)	Dangerous Occurrence
Final category (based on final report)	Unplanned event - implement emergency response plan
Brief description	OHS-UPE-GA and Muster due to power outage
Location	Deck
Subtype/s	Alarm, Muster
Summary (at notification)	Operator advised that whilst preparing for a product transfer as part of commissioning activities a boiler which was powering a generator tripped due to lack of fuel. The loss of steam pressure tripped the generator resulting in a facility blackout. A GA and muster was initiated and power was eventually restored. The ERT was not deployed.
Details (from final report)	Operator advised that whilst preparing for a product transfer as part of commissioning activities a boiler which was powering a generator tripped due to lack of fuel. The loss of steam pressure tripped the generator resulting in a facility blackout. A GA and muster was initiated and power was eventually restored. The ERT was not deployed.  A General alarm was initiated on 28 August 2018, during preparation for LPG transfer. As per the LPG tank transfer commissioning procedure, four valves were to be opened to allow LPG tank transfer commissioning test, which involved the forcing of loading arms ready signal. The forcing of the loading arms ready signal requires the Operational Override Switch (OOS) on the Ship Emergency Shut Down (ESD) signal to be put on as per design control logic. A misunderstanding of the complex logic led to the override being applied incorrectly leading to a Ship ESD which, in turn,
	tripped the LNG tank stripping pump, which was running to pump LNG to the Vaporiser, feeding fuel gas to the online boiler. This caused a loss of vaporised gas tripping the online boiler and resulted in a loss of power distribution to the facility, and initiated the general alarm. The facility and Accommodation Support Vessel (ASV) initiated a full muster.  There was no risk to people or the environment during the incident. The system tripped to safe state as per control logic.

Immediate cause/s	During the action of undertaking LPG transfer and application of an approved override, the interlink in control logic between the override and permissive to keep the loading arm in ready signal was not recognised; the activation resulted in a trip of the vaporiser leading to loss of fuel gas to the only operating boiler. By design, the boiler should have switched from fuel gas to diesel, but this failed to happen in the required time.
Root cause/s	HPD - TRAINING - Understanding NI - instruction NI
Root cause description	A misunderstanding of the complex logic led to the override being applied incorrectly.

Duty inspector recommendation	
Date	29/08/2018
<b>Duty inspector</b>	
Recommendation	Do not conduct Major Investigation
Reasoning	Does not meet MI threshold based on information received
Supporting considerations	

Major investigation decision	
Date	29/08/2018
Decision	Do not conduct Major Investigation
Reasoning	Does not meet MI threshold based on information received
Supporting considerations	

Non-major investigation review and recommendation	
Date	29/08/2018
Inspector	
Risk gap	None
Type of standard	Established
Initial strategy	Inclusion in annual stats/data analysis

Recommended follow up strategy	
Recommended strategy	Inclusion in annual report stats / data analysis
Supporting considerations	Trip operated as per design - no risk gap.

Non-major investigation decision	
Date	29/08/2018
RoN	
RoN review result	Agree with recommendation
Strategy decision	Inclusion in annual report stats / data analysis
Supporting considerations	

Associated inspection	
Inspection ID	