	$\overline{}$		B 4
-		ĸ	IV/I
	u	IN	IVI

Operational Activities Monthly Report

Document No: N-03300-FM2300 Date: 28/04/2025 **Due Date:** By Day 15 of the following month.

Send completed form to: submissions@nopsema.gov.au

NOPSEMA Guidance Note N-03300-GN2303 – Notification Reporting and Recording Requirements for Incidents Notification, Reporting and Recording Requirements for Incidents provides information on the requirements for completing this form.

Operator:		Month/Year:	
Report Contact:	-	Email:	
		Phone:	

Please complete all parts of this form:

Part 1a: Injuries and Hours Worked

Note 1: Death or serious injury and lost time injury ≥3 days are to be reported to NOPSEMA in accordance with the reportable incident reporting requirements.

Part 1b: Injury Details

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

Note 2. The number of work-days lost, should continue to be reported each month, until the worker has returned to full operational duties.

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

Part 2: Suicides

Part 3: Mental ill-health

Part 4: Facility contact details

Part 5: Emergency contact details



Part 1: Injuries

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

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

Number of days facility operated in NOPSEMA jurisdiction	Facility name	Facility type FPSO MODU Platform – manned Platform – not normally manned Vessel	workers	mber of s (including actors) at for month Max	marine crew) 3 days plus 1 or 2 days Treatment Injury Duties		ory only Alternative Duties Injury ADI		
					<i>V</i> 3.	LTI >3	LTI <3		
			3						



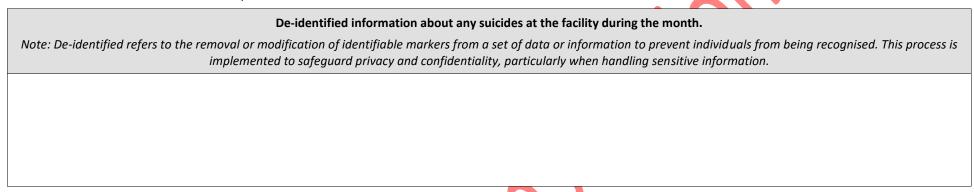
Part 1b: Injury Details

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



Part 2: Suicides

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



Part 3: Mental III-health

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

Deidentified information about incidents of mental ill-health at the facility during the month that have required treatment (other than first aid), including the affected person being repatriated from the facility.

Note: De-identified refers to the removal or modification of identifiable markers from a set of data or information to prevent individuals from being recognised. This process is implemented to safeguard privacy and confidentiality, particularly when handling sensitive information.



Part 4: Facility Contact Details

Have the facility contact details changed from the previous monthly report?	Yes □	No \Box If yes, please highlight the changes.
Add additional rows where applicable for different facilities.		

Relevant Facilities	Person's Name	Business Address:	Email:	Phone:	Business hours			
Names	Person's Name	busilless Address.	Eman.		Email	Phone		
	Chief Executive Officer of the facility operator or the person who has executive oversight of the facility's operations in Austral							
		Person within the operator's orga	nisation who has overal	l responsibility for th	e facility.			
		Person in charge of the	he day-to-day managem	ent at the facility.				
		Titleholder's representative	, if the operator is not th	e titleholder or licen	see.			



Part 5: Emergency Contact Details

Have the emergency contact details changed from the previous monthly report?	Yes □	No \square If yes, please highlight the changes.
Add additional rows where applicable for different facilities.		

	Listing of emergency contact details for the next month							
Relevant Facilities Name	Emergency Contact Name	Times available	Email	Phone				



Privacy Notice

NOPSEMA collects your personal information for the purpose of investigating accidents, environmental incidents and dangerous occurrences under the *Offshore Petroleum and Greenhouse Gas Storage Act 2006*.

NOPSEMA will not use or disclose your personal information for any other purpose without your consent, unless it is required or authorised by law, or relates to NOPSEMA's enforcement activities. Your personal information may be disclosed to the following organisations, entities or individuals:

- individuals who make a request under the Freedom of Information Act 1982
- the Australian National Audit Office and other privately appointed auditors
- other law enforcement bodies (for example, the police or the coroner)
- NOPSEMA's legal advisors.

NOPSEMA may occasionally be required to disclose information to overseas recipients in order to discharge its functions or exercise its powers, or to perform its necessary business activities.

Information about how you can access, or seek correction to, your personal information is contained in NOPSEMA's APP Privacy Policy at www.nopsema.gov.au/privacy. If you have an enquiry or a complaint about your privacy, please contact NOPSEMA's Privacy Contact Officer on 08 6188 8700 or by email at privacy@nopsema.gov.au.

