

## Operational Activities Monthly Report

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

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

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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.

<b>Operator:</b>		<b>Month/Year:</b>	
<b>Report Contact:</b>		<b>Email:</b>	
		<b>Phone:</b>	

Please complete all parts of this form:

### Part 1a: Injuries and Hours Worked

Note 1: Death or serious injury and lost time injury  $\geq 3$  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 <i>FPSO MODU Platform – manned Platform – not normally manned Vessel</i>	Number of workers (including contractors) at facility for month		Total hours worked at facility for month (employees, contractors & marine crew)	Number of injuries <i>Each injury must be assigned to one category only</i>			
			Min	Max		Lost Time Injuries 3 days plus LTI >3	Lost Time Injuries 1 or 2 days LTI <3	Medical Treatment Injury MTI	Alternative Duties Injury ADI

**Part 1b: Injury Details**

<b>Injury category</b> <i>LTI &gt;3 LTI &lt;3 MTI ADI</i>	<b>Injury date</b>	<b>NOPSEMA Notification Number</b> (only required for LTI >3)	<b>Has the injured person returned to normal duties?</b> <i>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.</i>	<b>All material facts and circumstances concerning the injury</b>	<b>Action taken to avoid or mitigate any adverse safety impacts of each injury</b>	<b>Corrective action taken, or is proposed to be taken, during the month to stop, control or remedy each injury</b>	<b>Action taken, or is proposed to be taken, during the month to prevent similar injuries occurring in the future</b>

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## Part 2: Suicides

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

### De-identified information about any suicides at the facility during the month.

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

## Part 3: Mental Ill-health

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

### 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 ☐ If yes, please highlight the changes.

Add additional rows where applicable for different facilities.

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

## Part 5: Emergency Contact Details

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

Add additional rows where applicable for different facilities.

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

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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.

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