

Report of Reportable Accident Dangerous Occurrence or Environmental Incident

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Accidents, dangerous occurrences, well and environmental reportable incidents can all be reported using this same form.

Where an incident occurs, and the titleholder and operator are not the same organisation and have different reporting requirements under the OPGGS Act and regulations, each organisation must submit a separate report.

This form should be used in conjunction with NOPSEMA Guidance Note N-03300-GN2303- Notification Reporting and Reporting Requirements for Incidents available on the NOPSEMA website.

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

Part 2 is required within 30 days of a notified accident or dangerous occurrence incident.

This form and any attachments are to be submitted by either:

Email: submissions@nopsema.gov.au for documents less than 10 Mb; or

Secure file transfer: <https://securefile.nopsema.gov.au/filedrop/submissions>.

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.

Date and time of the initial verbal incident notification to NOPSEMA.

Date		Time	

Was NOPSEMA notified through the dedicated notification phone line?

Yes/No		If no, who was contacted at NOPSEMA	

Notification Number provided by NOPSEMA for this incident.

Reference	

Date and time of this written incident report.

Date		Time	



Is this the initial incident report?		
Yes/No		
What type of incident is being reported?		Tick all appropriate incident types
Accident or dangerous occurrence		Complete parts 1A, 1B, 1E, 1F & 2
Well incident		Complete parts 1A, 1C, 1E, 1F
Environmental incident		Complete parts 1A, 1D, 1E, 1F
What category of incident is being reported?		Tick all appropriate category types
To use electronically: MS Word 2007-10 – click in check box		
Accidents	Death or serious injury <input type="checkbox"/> Lost time injury ≥3 days <input type="checkbox"/>	
Dangerous occurrences	Could have caused death, serious injury or Lost time injury ≥3 days <input type="checkbox"/> Fire or explosion <input type="checkbox"/> Collision marine vessel and facility <input type="checkbox"/> Uncontrolled hydrocarbon release >1 kg or ≥80 L (gas or liquid) <input type="checkbox"/> Well kick >8 m ³ or 50 barrels <input type="checkbox"/> Damage to safety-critical equipment <input type="checkbox"/> Pipeline incident <input type="checkbox"/> Unplanned event – implement ERP <input type="checkbox"/> Other _____ <input type="checkbox"/>	
Wells	Loss of integrity release >1 kg (gas) <input type="checkbox"/> Loss of integrity >80 L (liquid) <input type="checkbox"/> A build-up of pressure or a positive flow check and operation of the BOP <input type="checkbox"/> Flow from a well has been diverted <input type="checkbox"/> Failure of well-related equipment <input type="checkbox"/> Damage to well-related equipment <input type="checkbox"/> Other unplanned occurrence requiring measures to regain control of the well <input type="checkbox"/>	
Environmental	Hydrocarbon release <input type="checkbox"/> Chemical release <input type="checkbox"/> Drilling fluid/mud release <input type="checkbox"/> Other substance release <input type="checkbox"/> Loss of waste/materials/equipment <input type="checkbox"/> EPBC list species death or injury/near miss <input type="checkbox"/> Detection of marine pest/invasive marine species <input type="checkbox"/> Displacement of other marine user <input type="checkbox"/> Underwater cultural heritage, including First Nations underwater cultural heritage <input type="checkbox"/> Other _____ <input type="checkbox"/>	

Part 1A – Information Required within 3 Days of a Reportable Incident

1. Where did the incident occur? <i>Fill in all information applicable to the incident location. Multiple facilities/wells may be included if appropriate.</i>	
Did the incident occur on a facility?	
If yes what type of facility?	Facility name
FPSO <input type="checkbox"/>	
MODU <input type="checkbox"/>	
Platform – manned <input type="checkbox"/>	
Platform – not normally manned <input type="checkbox"/>	
Vessel <input type="checkbox"/>	
Did the incident occur on a pipeline?	If yes pipeline name:
Did the incident involve a well or wells?	If yes well(s) name and title(s):
Incident location (Provide datum used i.e. GDA2020)	Latitude: Longitude:
Name of petroleum activity being undertaken?	
2. Who is the registered operator/titleholder or person that controls the works site or activity?	
Name	
Position	
Business address	
Business phone no.	
3. When did the incident occur?	
Date	
Time and time zone	
4. Details of person submitting this form.	
Name	
Position	
Email	
Telephone no.	

5. Details of any witnesses. <i>If more witnesses, copy and insert this section.</i>	
Full name	
Phone no. (Business hours)	
Phone no. (Home) (Mobile)	
Email (Business) (Private)	
Postal address	
6. Brief description of incident.	
7. Work or activity being undertaken at time of incident.	
8. What are the internal investigation arrangements?	
9. Was there any loss of containment of any fluid (liquid or gas)?	
<p>Yes or No <i>If Yes, provide details below</i></p>	
<p>Type of fluid Liquid or gas</p>	<p>Petroleum fluid <input type="checkbox"/></p> <p>Hydrocarbon gas <input type="checkbox"/></p> <p>Hydrocarbon gas and petroleum fluid <input type="checkbox"/></p> <p>Non-hydrocarbon gas <input type="checkbox"/></p> <p>Chemical <input type="checkbox"/></p> <p>Drilling fluid/mud <input type="checkbox"/></p> <p>Formation/Produced formation water <input type="checkbox"/></p> <p>Hydraulic oil <input type="checkbox"/></p> <p>Diesel/Fuel oil <input type="checkbox"/></p> <p>Waste <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>
<p>Estimated quantity <i>Liquid (L), Gas (kg)</i></p>	
<p>Estimation Type <i>Calculation or measurement</i></p>	



Composition <i>Percentage and description</i>				
Known toxicity to people and/or environment	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes provide Safety Data Sheet and ecotox, bioaccumulation and persistence data (if available).			
What equipment was involved in the release?				
Is the equipment critical to safety?				
How was the leak/spill detected?	Fire & gas detection CCTV Visual	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other	<input type="checkbox"/>
Did ignition occur?	No Yes	<input type="checkbox"/> <input type="checkbox"/>	Immediate Delayed	<input type="checkbox"/> <input type="checkbox"/>
If yes, what was the likely ignition source	Hotwork Spark electrical source Spark metallic contact Hot surface	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Other	<input type="checkbox"/>
10. Hydrocarbon release details.				
System of hydrocarbon release	Process Drilling Subsea / Pipeline	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Utilities Well related Marine	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Estimated inventory in the isolatable system <i>Liquid (L), Gas (kg)</i>				
System pressure and size of piping or vessel	Pressure (MPag)			
	Size Piping diameter (mm) Piping length (mm) or Vessel volume (L)			
Estimated equivalent hole diameter (mm)				
11. Has the release been stopped and/or contained?				
Yes or No				
Duration of the release hh:mm:ss				
Estimated rate of release <i>Liquid (L), Gas (kg) per hour</i>				



Part 1B - Complete for accidents or dangerous occurrences

12. Action taken to make the work-site safe.					
Was permission given by a NOPSEMA inspector to interfere with the site? OPGGS(S)R 2.49. Yes <input type="checkbox"/> No <input type="checkbox"/>					
Action taken					
Details of any disturbance of the work site					
13. Was an emergency response initiated? Yes <input type="checkbox"/> No <input 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?					
14. Was anyone killed or injured? <i>Provide details below</i> Yes <input type="checkbox"/> No <input type="checkbox"/>					
Injured person (IP)					
<i>If different from Part 1A.</i> Employer name		Employer address			
Employer phone no.		Employer email			
IP full name					
IP date of birth		Gender		Male <input type="checkbox"/> Female <input type="checkbox"/> Indeterminate/Intersex/Unspecified <input type="checkbox"/>	
IP residential address					
IP phone no. (Work)		IP phone no. (Home) (Mobile)			
IP occupation/job title		Core employee or contractor			
Circumstances of injury					



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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: Copy/paste this section for each additional injured person and insert here</i>			
15. Was anyone incapacitated from performing work for three or more days (>3 day Loss Time Injury) Yes <input type="checkbox"/> No <input type="checkbox"/>			
Has the worker returned back to full duties?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If not yet returned to work when is the worker expected to return to full time duties?			
Total number of workdays lost at time of this report being submitted?			
At the time of this report being submitted is the injury still classified as a LTI >3Days, and if not, what is the new injury classification?			
Has the injury and workdays lost been included in the Monthly Operational Activities Report?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
16. Was there any serious damage? <i>Provide details below.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Item 1			
Equipment damaged			
Extent of damage			
Will the equipment be shut down?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, for how long?			
<i>NB: Copy/paste this section for each additional item and insert here</i>			
17. Will the facility be shut down? <i>Provide details below.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>			
Facility shutdown	Date		dd/mm/yyyy
	Time		24-hour clock
	Duration		days / hours / minutes
18. What were the immediate causes of the incident?			



Part 1C – Complete for Well Incidents

19. What is the WOMP relating to the well?	
WOMP Name Document number Version	
20. Well Phase or Activity	
Drilling Completions Interventions Production Other (please describe)	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
21.	
22. Brief description of current well status and condition (e.g. Shut-in, Producing, Barrier status etc, Stabilised pressures etc)	
23. Details of all material facts and circumstances concerning the reportable incident that the titleholder knows or is able, by reasonable search or enquiry, to find out.	



24. What were the causes of the incident?

This section should include a detailed analysis of the failure mode, including demonstration that an appropriate internal investigation has been completed in line with the titleholder's management systems, and provide evidence of the internal assurance of the outcomes of the investigation.

This section should also cover the risk of the same incident occurring in other wells operated by the titleholder (e.g. rule out a systemic issue)

If this information is not available within the 3 days requirement contact NOPSEMA.

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Part 1D – Complete for environmental incidents

25. What is the accepted environment plan for this incident?		
Environment plan name		
Document number		
Version		
26. Has the incident resulted in an impact to the environment? Provide details below. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Incident details <i>e.g. estimated area of impact, nature/significance of impact</i>		
Environmental Receptors	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>	Macroalgae <input type="checkbox"/> Coral Reef <input type="checkbox"/> Benthic invertebrates <input type="checkbox"/> Seagrass <input type="checkbox"/> Mangrove <input type="checkbox"/>
Environment Receptor		
Environmental receptor		
Location of environment receptor		
Latitude (Provide datum used i.e. GDA2020)		
Longitude (Provide datum used i.e. GDA2020)		
Date and time of impact		
Action taken to minimise exposure		
Specify each matter protected under Part 3 of the EPBC Act impacted		
<i>NB: Copy/paste this section for each additional environmental receptor and insert here</i>		
27. Are any environments at risk of impact, including as a result of spill response measures? Provide details below. Yes <input type="checkbox"/> No <input type="checkbox"/>		
Details <i>e.g. zone of potential impact</i>		
Environmental Receptors	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>	Macroalgae <input type="checkbox"/> Coral Reef <input type="checkbox"/> Benthic invertebrates <input type="checkbox"/> Seagrass <input type="checkbox"/> Mangrove <input type="checkbox"/>
Environment Receptor		
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: Copy/paste this section for each additional environmental receptor and insert here</i>			
28. Was an oil pollution emergency plan activated? <i>Provide details below.</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what action has been implemented /planned?			
If yes, how effective is/was the spill response?			
29. Was an environmental monitoring program initiated? <i>Provide details below.</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, what actions have been implemented and/or planned?			
30. Did the incident result in the death or injury of any fauna? <i>Provide details below.</i>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
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: Copy/paste this section for each additional species and insert here</i>			

Part 1E – Complete for actions

31. Actions taken to avoid or mitigate any adverse environmental impacts of the incident.		
Action	Responsible party	Completion date <i>Actual or intended</i>
<i>NB: Copy/paste this section for each additional actions and insert here</i>		
32. Corrective actions taken, or proposed, to stop, control or remedy the incident.		
Action	Responsible party	Completion date <i>Actual or intended</i>
<i>NB: Copy/paste this section for each additional actions and insert here</i>		
33. Actions taken, or proposed, to prevent a similar incident occurring in the future.		
Action	Responsible party	Completion date <i>Actual or intended</i>
<i>NB: Copy/paste this section for each additional actions and insert here</i>		



Part 1F – Complete for attachments

34. Are you attaching any documents? <i>Provide details below.</i> Yes <input type="checkbox"/> No <input type="checkbox"/>				
No.	ID	Revision	Date	Title/description
<i>NB: Copy/paste this section for each document and insert here</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 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.

35. Has the investigation been completed? <i>Provide details below.</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
Root cause 1			
Root cause 2			
Root cause 3			
Other root causes			
36. 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' as applicable</i>			
37. Actions to prevent recurrence of same or similar incident.			
Action	Responsible party	Completion date <i>Actual or intended</i>	
<i>NB: Copy/paste this section for each additional actions and insert here</i>			
38. Are you attaching any documents?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
<i>If yes, add to Section 1F Complete for Attachments.</i>			



References

TOOCS – Type of Occurrence Classification System.

The *Type of Occurrence Classification System, Version 3.0* (TOOCS3.1) was developed to improve the quality and consistency of data. This system aligns with the International Classification of Diseases – Australian Modification (ICD10-AM). Type of occurrence classification system (TOOCS) 3rd Edition May 2008 | Safe Work 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. 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.govtocs.au.